

A Guide for Using the CANS with Clients and Their Families ('Cheat Sheet')

This cheat sheet is meant to provide 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. *Some ideas about using the CANS at the beginning of treatment - introducing the CANS and using it to engage clients and families and keep them involved over time.*
3. *A client-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 the CANS and Using the CANS to Engage Clients and Families over time:

Therapists 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 therapist ideas about how to engage the family in treatment with the use of the CANS.

With regards to timing, therapists are encouraged to introduce the CANS early in the assessment process, shortly after the family presents for treatment and either complete the CANS together or discuss feedback in an effort to do collaborative treatment planning with the family. The information all family members provide as part of the initial intake and assessment over time should be reflected in the CANS scores, but this can be done in a number of ways. The CANS is a flexible assessment strategy and an information integration tool, and the process for completion is meant to be adapted based on the most effective strategy for a particular family.

For example, sometimes therapists show the CANS scoring sheet and the CANS manual to the family (either with the caregiver alone and/or with the youth). If this is the case, the CANS can be completed in the session, with the family present. While this approach is optional for all therapists, it may be best when used by therapists that have experience and familiarity with the CANS; otherwise, this process could take a great deal of time and may be overwhelming for the family. Alternatively, the CANS may be completed by the therapist alone, or with his/her supervisor, after meeting with the family. In this case, the therapist would review the CANS scores with the family, after the CANS is scored, as a concise way of illustrating the child's needs and strengths and discuss particular areas of need and areas of strength and see if this matches with the caregiver(s) and youth's understanding of the issues. This also offers an opportunity for trauma-focused psychoeducation for the child and caregiver in terms of how to understand the range of difficulties the child may be experiencing in relation to their trauma – in terms of the broad range of reactions that children manifest 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 CANS scores may be adjusted based on this feedback if this makes sense, but this also presents an important opportunity for engagement and collaborative treatment planning. 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?).

Benefits of the CANS – Why is using the CANS/other assessments critical to ensuring the best services for my child?

Listed below are some of the greatest benefits of the CANS. These are ideas that can be shared with families to help them understand the usefulness of the CANS. Therapists should feel free to use the exact language below, or to adjust it in a way that is more natural for them, in discussing the CANS with their clients.

DECISION MAKING: Some therapists 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. Therapists also sometimes use their gut to decide whether or not the treatment is helping their clients. In many therapy environments no formal assessment is conducted initially or repeated over time. This makes it difficult to plan appropriately for therapy and monitor progress in therapy in a way that can be shared with the client, families and other professionals in the child’s life.

- You can use the CANS to **show families how and why you made decisions** regarding specific treatment goals and types of treatment interventions and why you chose to work on 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.

COMMUNICATION & TRANSPARENCY: Remind the family that the CANS is a way of summarizing how the child is doing over all, across a broad range of areas so that we don’t overlook something important or spend time in therapy working on areas where the child has no problems. 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 both in therapy, at home and in other settings.

- In a nut shell, make sure families understand that the CANS helps you, in your role as a therapist, in the following ways:
 - Make sure the families you work with understand that you use the CANS because you recognize 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 - 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 the child has might be related or might fit together, so that if you focus on one area you might see improvements in other related areas. Also, looking together and highlighting which areas the parents might be able to **focus on at home**, with guidance from the therapist.

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

- By combining all of the information about a client in one place the therapist is able to get to most accurate picture of the child and **see the child in a holistic way.** By completing the CANS

with the help of the client 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.

On the following page is a simple summary of many of CANS scoring and many points made above.

This next page can be copied and shared with families.

The Child and Adolescent Needs and Strengths measure

A Brief Introduction:

Some of benefits of using the CANS, in a nutshell:

- It is **COMPREHENSIVE!** It includes trauma-specific items and also asks about the strengths a child and family may have, which makes it pretty unique.
- It **INTEGRATES A LOT OF INFORMATION.** It helps clinicians put all of the information they have in one place. This way a lot of information can be considered, and shared (with other professionals or family members) quickly.
- It **HELPS TO INFORM GOALS AND PLANS FOR TREATMENT.** It guides the therapist in making decisions about what to focus on in therapy and where to start, or how to prioritize treatment.
- It can be used to **TRACK PROGRESS** over time. If the CANS is repeatedly scored while a child is in therapy, we have a way of seeing how his or her needs and strengths change over time. A way of seeing how and if the therapy is working!
- The CANS keeps things **TRANSPARENT!** The CANS is purposefully direct and clear. It has simple scoring so that all important people in the child's life can review and use this measure it as a way to communicate about the child's case.

CANS Scores – Level of Needs

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 a lack of strength in a particular area. Items scored 2 and 3 should be addressed in the goals for a child's treatment. A score of 3 indicates a need for intensive and/or immediate attention.

CANS Scores – Level of Strengths

0 = A zero represents a significant area of strength for a child, it is the best rating a child can get in the area of strengths.

1 = a score of 1 implies a good strength that can be made even stronger.

2 and 3 = Scores of 2 and 3 indicate a lack of 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 need in this area.