

# CANS Pre-certification Training

Everything you need to know to get CANS certified



# Agenda

- Introducing the CANS: Concepts, characteristics, items, ratings and domains
- Why Use the CANS
- Troubleshooting
- Practice Vignette
- Next Steps
  - Getting certified
  - Learning Collaboratives

# Starting with What Matters

- What do you do/does your program do well for clients and families?
- When working with other providers or across systems, what do you do well for clients and families?
- What helps you successfully collaborate?
  - With clients, caregivers and families?
  - With other providers, partners?
- How do you incorporate strengths in the work that you do?

# Comprehensive Care

Beyond basic Behavioral and Emotional Needs

- Trauma
- Risk Behaviors
- Strengths
- Developmental Factors
- Cultural Factors
- Life Functioning

# Introducing the CANS

Child and Adolescent Needs and Strengths

# What is the CANS?

## Framework

- Customized for the population
- Covers areas already part of your assessment process: life functioning, strengths, emotional & behavioral needs, trauma, risk behaviors, cultural factors, developmental factors, caregiver needs

## Information Integration Tool

- Helps to organize information to improve **communication**
- Helps build consensus in an integrated and collaborative service context

# Basic Structure

**ALAMEDA COUNTY**  
Behavioral Health Care Services

**ADULT NEEDS AND STRENGTHS-Transition to Adulthood (ANSA-T)**  
Alameda County BHCS

Date: \_\_\_\_\_ Type:  Initial  Reassessment  Discharge

Assessor ID: \_\_\_\_\_ RU#/Program: \_\_\_\_\_

Client Name: \_\_\_\_\_ Client ID: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Grade: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**LIFE DOMAIN FUNCTIONING**

0 = No evidence of problems; no reason to believe item requires action  
 1 = Watchful waiting; monitoring or possibly preventive action  
 2 = Need for action. Some strategy needed to address problem/need  
 3 = Need for immediate action. Safety concern; priority for intervention.

	N/A	0	1	2	3
1) Family Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Residential Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) School (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Social Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Recreational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Caregiving Roles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Developmental Functioning (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Self-Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Knowledge of illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Job Functioning (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Medication Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) Legal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) Sexual Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17) Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18) Intimate Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19) Independent Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20) Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**INDIVIDUAL STRENGTHS**

0 = Well developed or centerpiece strength; may be a protective factor.  
 1 = Useful strength but requires effort to maximize; useful in treatment.  
 2 = Strength identified but requires significant strength-building efforts.  
 3 = No current strength identified; no strength in this area.

	0	1	2	3
21) Family Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22) Interpersonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23) Optimism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24) Educational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25) Vocational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26) Coping and Savoring Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27) Talents/Interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28) Spiritual/Religious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29) Community Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**INDIVIDUAL STRENGTHS continued**

0 = Well developed or centerpiece strength; may be a protective factor.  
 1 = Useful strength but requires effort to maximize; useful in treatment.  
 2 = Strength identified but requires significant strength-building efforts.  
 3 = No current strength identified; no strength in this area.

	0	1	2	3
30) Relationship Permanence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31) Individual Involvement in Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32) Natural Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33) Resilience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34) Resourcefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**BEHAVIORAL/EMOTIONAL NEEDS**

0 = No evidence of any needs.  
 1 = History or sub-threshold, watchful waiting or prevent activities.  
 2 = Need causing problems, consistent with diagnosable disorder.  
 3 = Need causing severe/dangerous problems; requires immediate/intensive action.

	0	1	2	3
35) Psychosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36) Impulse/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37) Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38) Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39) Interpersonal Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40) Anti-Social Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41) Anger Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42) Substance Use (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43) Eating Disturbance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44) Adjustment to Trauma (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES**

0 = No evidence of any trauma of this type.  
 1 = Mild exposure, a single incident or suspicion of this trauma type.  
 2 = Moderate degree or multiple incidents of this trauma type.  
 3 = Repeated and severe incidents of this trauma with medical/physical consequences.

	0	1	2	3
45) Sexual Abuse (5a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46) Physical Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47) Neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48) Emotional Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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BHCS ANSA-T Jan-2015

- Domains: Groups of items
- Items: Strengths or Needs
- Extension Modules: Helps us gather more in-depth information on particular items

# Basic Structure

Domain

## BEHAVIORAL/EMOTIONAL NEEDS

0 = No evidence of any needs.  
 1 = History or sub-threshold, watchful waiting or prevent activities.  
 2 = Need causing problems, consistent with diagnosable disorder.  
 3 = Need causing severe/dangerous problems; requires immediate/intensive action.

General Rating Key

Items

	0	1	2	3
28) Psychosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29) Impulse/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30) Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31) Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32) Oppositional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33) Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34) Anger Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35) Substance Use (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36) Eating Disturbance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37) Adjustment to Trauma (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trigger Item

Extension Module

5. TRAUMA	0	1	2	3
<i>Traumatic Stress Symptoms</i>				
Affective/Physical Dysregulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intrusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traumatic Grief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Re-experiencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hyper arousal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Action Oriented Ratings

## NEED ACTION LEVELS

**0 - No Evidence.** Indicates that there is no reason to believe that a particular need exists. This rating does not state that the need categorically does not exist, it merely indicates that based on current assessment information there is no reason to address this need.

**1 - Watchful Waiting/Prevention.** Indicates the need to keep an eye on this area or think about putting in place some preventive actions to make sure things do not get worse.

**2 - Action Needed.** Indicates that something must be done to address the identified need. The need is sufficiently problematic that it is interfering in the child or family's life in a notable way.

**3 - Immediate/Intensive Action.** Indicates a need that requires immediate or intensive effort to address. Dangerous or disabling levels of needs are rated with this level.

## STRENGTH ACTION LEVELS

**0 - Centerpiece Strength.** Indicates a dimension where strengths exist that can be used as a centerpiece for a strength-based plan.

**1 - Strengths Exist.** Indicates dimension where strengths exist but require some strength building efforts in order for them to serve as a focus of a strength-based plan.

**2 - Strengths Identified/Strengths to Build.** indicates a dimension where strengths have been identified but that they require significant strength building efforts before they can be effectively utilized in as a focus of a strength-based plan.

**3 - No Strength Identified.** Indicates a dimension in which efforts are needed in order to identify potential strengths for strength building efforts.

## Item: Provides a definition of the particular need or strength

**33. RESILIENCE** - This item rates individual's ability to recognize his or her internal strengths and use them in times of need or to support his or her own healthy development. The concept of resiliency evaluated here is strongly related to supporting individual's problem solving, or utilizing his/her own special skills and talents to advance one's healthy development.

### Questions to Consider

- What does the individual do well?
- Does s/he recognize those skills as strengths?
- Is s/he able to use strengths and problem-solve for her/himself?

### Ratings & Definitions

- 0** This level indicates an individual who is able to identify and use internal strengths to better him/herself and successfully manage difficult challenges.
- 1** This level indicates an individual who can identify most of his/her internal strengths and is able to partially utilize them.
- 2** This level indicates an individual who can identify internal strengths but is not able to utilize them effectively.
- 3** This level indicates an individual who cannot identify internal personal strengths.

Questions to consider: Questions that could help with information gathering and rating decisions

Anchor Text: Provides descriptions of each Action Level for the item

**22. INTERPERSONAL** - This item is used to identify an individual's social and relationship skills. Interpersonal skills are rated independently of Social Functioning because an individual can have social skills but still struggle in his or her relationships at a particular point in time. This strength indicates an ability to make and maintain long-standing relationships.

### Questions to Consider

- Does the individual have the trait ability to make friends?
- Do you feel that the individual is pleasant and likeable?
- Do adults or other individuals like him/her?

### Ratings & Definitions

- 0** Significant interpersonal strengths. Individual has well-developed interpersonal skills and healthy friendships.
- 1** Individual has good interpersonal skills and has shown the ability to develop healthy friendships.
- 2** Mild level of interpersonal strengths. Individual requires strength building to learn to develop good interpersonal skills and/or healthy friendships.
- 3** There is no evidence of observable interpersonal skills or healthy friendships at this time and/or individual requires significant help to learn to develop interpersonal skills and healthy friendships.

# Main Goal: Communication

## Measurement as communication = Communimetrics

- The way a client's status (e.g., needs and strengths) is measured is seen as a communication tool
- Communication is the primary means to creating a shared meaning with clients, families, providers and policy makers
- Succinctly communicates the client's status, the focus of care and the level of intervention needed
- Easy to use and results are actionable

# What the CANS Does

- Facilitates conversations about shared vision for family
- Centralizes the people we are trying to serve
- Allows us to define and manage transformational change as a team
- Serves as a tool to monitor, measure and assess
- Moves us from information gathering into action
- Numeric shorthand allows us to aggregate information from complex, individualized stories across programs and systems

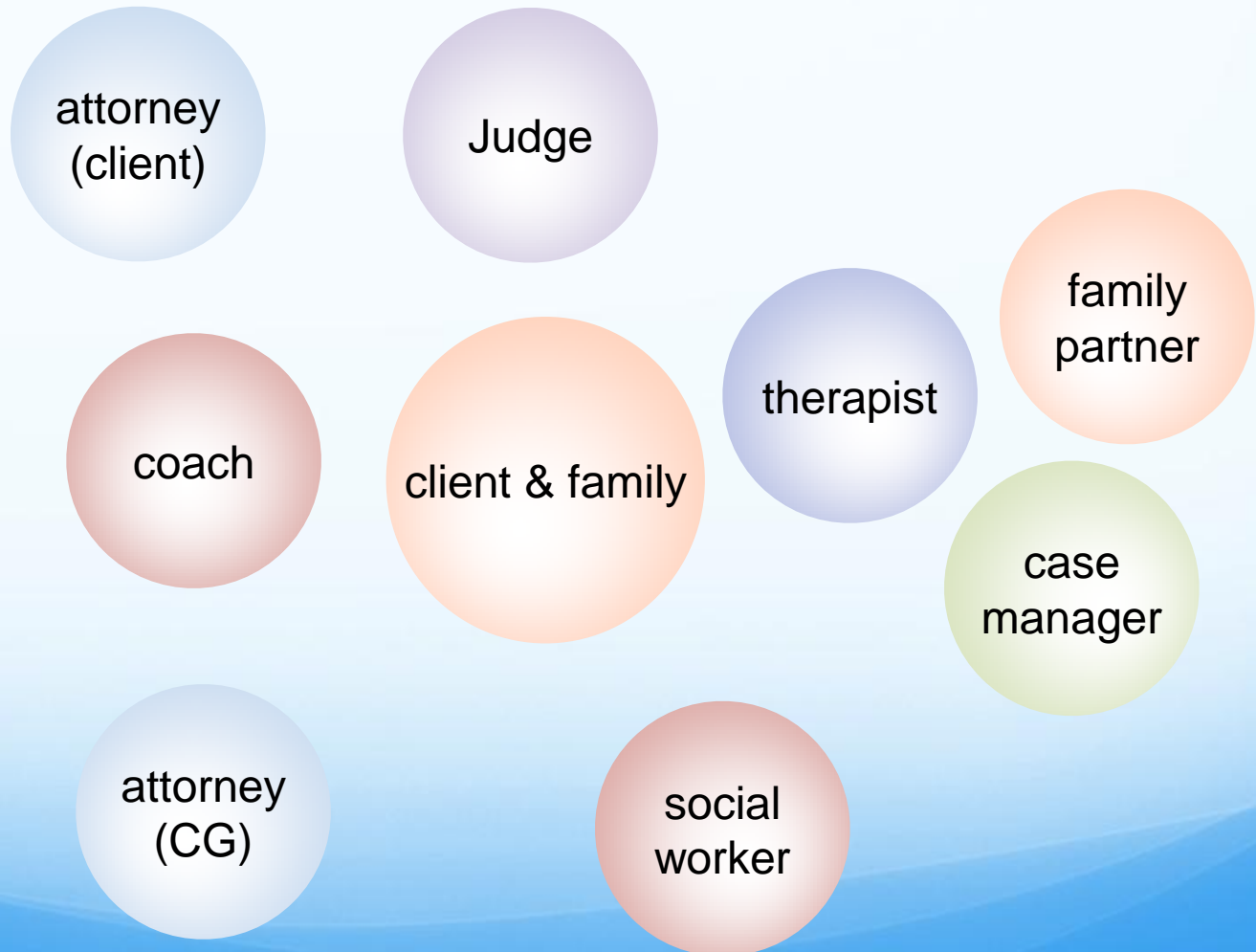
# What the CANS Does Not Do

- Resolve current challenges with funding sources, timelines, and documentation requirements
- Diminish the importance of the relationship or therapeutic alliance
- Reduce the importance of the clinical formulation or clinical experience
- Prescribe a cookie cutter treatment plan or mandate particular interventions

# Why Use the CANS?

Transformational Collaborative Outcomes Management

# Systems and Intended Supports: Not Always Connected





# A Roadmap for Collaborative Decision Making

Many Paths ... One Journey

- Many different people are involved in the lives of the clients we serve
- Each has a different perspective and, therefore, different agendas, goals and objectives
- Honest people, honestly representing different perspectives will disagree — creating inevitable conflict
- This reality can create a significant amount of distrust

# Complexity and Trust

- When partners have different aims, and these aims are not clear, families may not know what to do or whom to trust to help their family thrive
- When this confusion occurs across people and situations, whole communities may come to distrust social services



TRUST

# Clients and Providers Say:

**Clients:** “We opened up about our lives, and then felt that same information was used against us by professionals, undermining any work we did together.”

**Providers:** “Services were so confusing and disempowering that caregivers doubted whether getting formal help was even the right thing to do.”



# Re-thinking Our Work: TCOM

**Transformational**

Our work is focused on the **personal change** that is the reason for intervention.

**Collaborative**

A **shared vision** approach is used — not one person's perspective.

**Outcomes**

The measures **are relevant to the decisions** about the approach or purpose of the interventions.

**Management**

The information is used in **all aspects** of managing the system from individual family planning to supervision to program and system operations.

# Transforming What?



**We have to transform our system so that we can better transform our lives.**

# Purpose

- The purpose of the CANS is to accurately represent the **shared vision** of the child/youth/adult serving systems (includes the perspective of families, clients and service providers)
- Ensures that the vision covers broad range of relevant areas that can impact client and family well-being
- Focuses on:
  - (a) the degree of strength or impairment, and
  - (b) the degree of urgency for intervention
- Designed for use at 3 levels: (1) individual child and family, (2) program, (3) system of care

Let's try  
rating some items...

# Items & Modules

Dara is 14 years old. She suffers from impulsivity and attention deficit. At school she squirms and fidgets constantly. She gets very distracted and has trouble participating. Her teacher reprimands her regularly. This sometimes embarrasses Dara and she “Blows Out” (e.g. kicks over her chair and leaves class). She has been suspended for this behavior at least twice. She sometimes cuts school to avoid the frustration. She is missing about 1 day per week in each class.



## LIFE DOMAIN FUNCTIONING

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2 = Need for action. Some strategy needed to address problem/need.

3 = Need for Immediate action. Safety concern; priority for intervention.

	N/A	0	1	2	3
1) Family Relationships		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Living Situation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3) School (1)</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4) Social Functioning		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. SCHOOL	0	1	2	3
<b>Educational Attributes</b>				
Academic Persistence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tardiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class Avoidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non Classroom Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Students Needs</b>				
Self Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision-Making Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Pay Attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bullied by Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Student Life Domain Needs</b>				
Parenting Responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gang Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Student Strengths</b>				
Clubs/ Athletics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The **School Item** rated 1, 2 or 3 triggers the **School Module** to be completed

# Six Key Characteristics

Communitics: Measurement as Communication

# Characteristic 1

**Items are Included Because They  
Might Impact Service Planning**

- The version you will use will include items that are relevant to your purview
- The treatment plan you develop for each client/family will focus on those items that are important to meeting their goals ... with the intensity indicated by the rating

Note: There is increasing evidence that providing high supports and intensive intervention to low risk individuals can cause harm.

# Characteristic 2

**Level of Items Translate  
Immediately Into Action Levels**

- No summing of scores is required
- Provides a way to communicate the immediacy/intensity of effort currently needed
- Allows us to understand together what needs to be addressed

# Action Levels

## NEED ACTION LEVELS

**0 - No Evidence.** Indicates that there is no reason to believe that a particular need exists. This rating does not state that the need categorically does not exist, it merely indicates that based on current assessment information there is no reason to address this need.

**1 - Watchful Waiting/Prevention.** Indicates the need to keep an eye on this area or think about putting in place some preventive **actions to make sure things do not get worse.**

**2 - Action Needed.** Indicates that something must be done to address the identified need. The need is sufficiently problematic that it is interfering in the child or family's life in a notable way.

**3 - Immediate/Intensive Action.** Indicates a need that requires immediate or intensive effort to address. Dangerous or disabling levels of needs are rated with this level.

Treat

# Action Levels

## STRENGTH ACTION LEVELS

Build On

**0 - Centerpiece Strength.** Indicates a dimension where strengths exist that can be used as a centerpiece for a strength-based plan.

**1 - Strengths Exist.** Indicates dimension where strengths exist but require some strength building efforts in order for them to serve as a focus of a strength-based plan.

Develop

**2 - Strengths Identified/Strengths to Build.** Indicates a dimension where strengths have been identified but that they require significant strength building efforts before they can be effectively utilized in as a focus of a strength-based plan.

**3 - No Strength Identified.** Indicates a dimension in which efforts are needed in order to identify potential strengths for strength building efforts.

# Characteristic 3

**It's About the Client,  
Not The Service**

- Services may mask needs:
  - Environments with intensive supervision may limit certain behaviors
  - How has the client been prepared for functioning outside of that environment
- Interventions may also mask needs (e.g., medication for ADHD)
- Want to understand the client independent of the service – “Without this level of service, how much of a need is this?”
- Consistent with the goal of understanding the client in the community with natural supports

# Example: Service Masks Needs

Jane is engaging in dangerous polysubstance abuse and frequently runs away. She is placed in Juvenile Hall where she cannot engage in these behaviors – even if she really wants to.

- This is a ***Temporary Service***. (i.e. this youth will not live here forever)
- When rating the items for Runaway and Substance Use, rate the needs ***as they appeared before they were masked by the Service (Juvenile Hall)***
- Identifying the need is more useful in helping us prepare Jane for success after she leaves Juvenile Hall



# Characteristic 4

**All Ratings Should Consider the Cultural and Developmental Context**

- How concerns are described by clients and families may be a function of culture
- Whether or not something is a concern may be a function of culture
- Development: Account for age-normative behavior (e.g. tolerance for distress; aggressive/unregulated behavior)
- Changing implications of behavior

# Characteristic 5

**It is Agnostic as to Etiology—  
Ratings are About the ‘What’, Not  
About the ‘Why’**

- The CANS is a descriptive tool and does not imply cause and effect
- The ‘why’ is important and critical to the services you provide, but the CANS is about getting to consensus on the ‘what’ in order to address the why

# Characteristic 6

**A 30-day Window Reminds Us to  
Keep Assessments Relevant and  
Fresh**

- Clients: Focus on the present, not the past
  - Can you understand where I am at? Do you hear me now?
- Thinking about overrides
  - Seriousness: trumps timeframe
  - Returning concerns: Is there a good reason to believe that this problem/concern is going to require support so that it doesn't become an issue again?

# The Domains

# Strengths

- Increasing a child's strengths while also addressing his or her behavioral/emotional needs leads to better functioning and better outcomes than does focusing just on the child's needs
- Identifying areas upon which strengths can be built is a significant element of service planning
- These items are the only ones that use the Strength Rating Scale with action levels
- **Overall question to consider:** What are the child's assets that can be used in treatment planning to support healthy development?

# A Few Notes on Strengths

- **Strengths are NOT the Opposite of Needs.** Increasing strengths while addressing behavioral/emotional needs leads to better functioning and outcomes than just focusing on the needs. Identifying areas where strengths can be built is an important element of service planning.
- **Do not rush to use Strengths to meet Needs.** There may be a downside.
- **Building Strengths.** Not all strengths need to be a focus of services, it depends on the client and family.

# Life Functioning

- Life functioning represents the different arenas of social interaction found in the lives of children and their families.
- This domain rates how children and youth are functioning in the individual, family, peer, school, and community realms.
- This section is rated using the needs scale and therefore will highlight any struggles the child and family are experiencing.
- **Overall question to Consider:** How is the child functioning in individual, family, peer, school, and community realms?

# Behavioral/Emotional Needs

- These items support the diagnoses, but items are not diagnostic
- **Overall question to consider:** What are the presenting social, emotional and behavioral needs of the child?



# Traumatic/Adverse Childhood Experiences

- These items are designed to understand and communicate about any adverse life events the child may have experienced
- These items ensure communication about critical experiences that may impact a child's behavior and support trauma informed practices
- Overall question to consider: Has the child experienced adverse life events that may impact his/her behavior?

# Child Risk Behaviors

- CANS 6 – 17 years-old and ANSA-T versions only
- Identifies behaviors that may put a child at risk for serious harm
- The time frame in which the individual engaged in the risk behaviors is critical in determining the level of the need. Many items in this domain include specific time frames within the definitions.
- Note that these items will not replace a detailed risk assessment
- **Overall question to consider:** Does the child's behaviors put him/her at risk for serious harm?

# Cultural Factors

- These items are designed to understand various cultural and acculturation aspects from the client's perspective to ensure meaningful communication and service planning
- **Overall question to consider:** How does the child's membership to a particular cultural group impact his or her stress and wellbeing?

# Developmental Factors

- These items are designed to understand and build a comprehensive understanding of the client's developmental history and experience
- **Overall question to consider:** what is the developmental history of the client?

# Caregiver Needs

- The items in this section represent potential areas of need for caregivers while simultaneously highlighting the areas in which the caregivers can be a resource for the child
- In general, it is recommended that the caregiver or caregivers with whom the child is currently living is rated
- **Overall question to consider:** What are the needs of the child's caregiver(s)?

# Extension Modules

- Items completed only when trigger items are rated on the core items
- Drills down and allows for critical information to understand needs
- Can be useful for targeted services and programs

# Trouble Shooting

Ratings and Vignettes

# I get stuck rating these items ...

## When you are having trouble rating items:

1. Read the description/definition of the item to make sure you understand it.
2. Get more information – talk to the client, caregiver or other providers
3. While most items are rated in the last 30 days, some are not. Make sure you know what period of time you are rating the item.
4. Determine the level of action that you need to take regarding the item.
5. Use the anchors for each rating level for the item, if they are helpful (remember – the anchors are not going to describe every possible situation).





# Practice Vignettes

- Designed to help you think about the child in the fuller context of the family and their environment (systemically)
- Often require you (the rater) to fight an instinct to go beyond the information on the vignette.
- Reliability coefficients (your test score) are affected by 'distance' from the correct score, leaving opportunities to be off by a few points.

**ALAMEDA COUNTY Behavioral Health Care Services**

**ADULT NEEDS AND STRENGTHS-Transition to Adulthood (ANSA-T)**  
Alameda County BHCS

Date: \_\_\_\_\_ Type:  Initial  Reassessment  Discharge

Assessor ID: \_\_\_\_\_ RU#/Program: \_\_\_\_\_

Client Name: \_\_\_\_\_ Client ID: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Grade: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**LIFE DOMAIN FUNCTIONING**  
0 = No evidence of problems; no reason to believe item requires action  
1 = Watchful waiting; monitoring or possibly preventive action  
2 = Need for action. Some strategy needed to address problem/need  
3 = Need for immediate action. Safety concern; priority for intervention.

	N/A	0	1	2	3
1) Family Relationships		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Residential Stability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) School (1)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Social Functioning		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Recreational		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Caregiving Roles		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Developmental Functioning (2)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Self-Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Knowledge of Illness		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Judgment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Job Functioning (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Medication Involvement		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) Legal		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Medical		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) Physical		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) Sexual Development		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17) Sleep		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18) Intimate Relationships		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19) Independent Living		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20) Transportation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**INDIVIDUAL STRENGTHS**  
0 = Well developed or centerpiece strength; may be a protective factor.  
1 = Useful strength but requires effort to maximize; useful in treatment.  
2 = Strength identified but requires significant strength-building efforts.  
3 = No current strength identified; no strength in this area.

	0	1	2	3
21) Family Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22) Interpersonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23) Optimism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24) Educational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25) Vocational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26) Coping and Savoring Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27) Talents/Interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28) Spiritual/Religious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29) Community Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	0	1	2	3
30) Relationship Permanence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31) Individual Involvement in Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32) Natural Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33) Resilience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34) Resourcefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**BEHAVIORAL/EMOTIONAL NEEDS**  
0 = No evidence of any needs.  
1 = History or sub-threshold, watchful waiting or prevent activities.  
2 = Need causing problems, consistent with diagnosable disorder.  
3 = Need causing severe/dangerous problems; requires immediate/intensive action.

	0	1	2	3
35) Psychosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36) Impulse/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37) Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38) Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39) Interpersonal Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40) Anti-Social Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41) Anger Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42) Substance Use (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43) Eating Disturbance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44) Adjustment to Trauma (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES**  
0 = No evidence of any trauma of this type.  
1 = Mild exposure, a single incident or suspicion of this trauma type.  
2 = Moderate degree or multiple incidents of this trauma type.  
3 = Repeated and severe incidents of this trauma with medical/physical consequences.

	0	1	2	3
45) Sexual Abuse (5a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46) Physical Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47) Neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48) Emotional Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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# Test Vignettes are Challenging

- Taking a test vignette can be very, very frustrating.
- If there is no information in the vignette related to a particular item:  
 rate a **NEED 0 (no need)**  
 rate a **STRENGTH 3 (no strength)**
- Take the vignette literally—don't make any assumptions or add extra information (from your knowledge base or experience) into the vignette.

**ALAMEDA COUNTY**  
Behavioral Health Care Services

**ADULT NEEDS AND STRENGTHS-Transition to Adulthood (ANSA-T)**  
Alameda County BHCS

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48) Emotional Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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# Action Levels

## Need Action Levels

**0 - No Evidence.** Indicates that there is no reason to believe that a particular need exists. This rating does not state that the need categorically does not exist, it merely indicates that based on current assessment information there is no reason to address this need.

**1 - Watchful Waiting/Prevention.** Indicates the need to keep an eye on this area or think about putting in place some preventive actions to make sure things do not get worse.

**2 - Action Needed.** Indicates that something must be done to address the identified need. The need is sufficiently problematic that it is interfering in the child or family's life in a notable way.

**3 - Immediate/Intensive Action.** Indicates a need that requires immediate or intensive effort to address. Dangerous or disabling levels of needs are rated with this level.

## Strengths Action Levels

**0 - Centerpiece Strength.** Indicates a dimension where strengths exist that can be used as a centerpiece for a strength-based plan.

**1 - Strengths Exist.** Indicates dimension where strengths exist but require some strength building efforts in order for them to serve as a focus of a strength-based plan.

**2 - Strengths Identified/Strengths to Build.** indicates a dimension where strengths have been identified but that they require significant strength building efforts before they can be effectively utilized in as a focus of a strength-based plan.

**3 - No Strength Identified.** Indicates a dimension in which efforts are needed in order to identify potential strengths for strength building efforts.

# Practice Using the CANS

Practice Vignette

# Getting Certified

And Next Steps

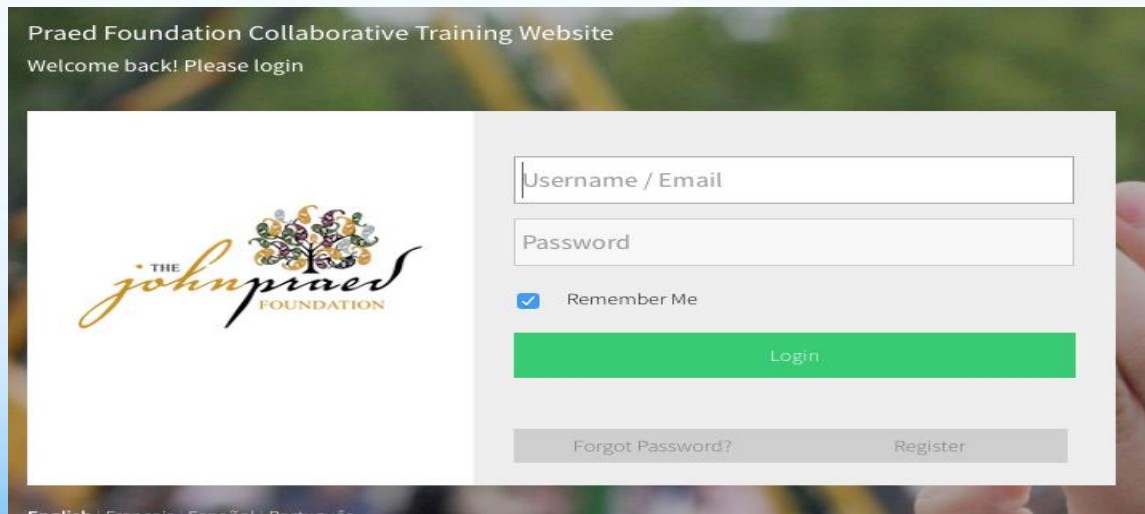
# Alameda County CANS Versions

- 3 versions of the CANS depending on client's developmental age:
  - Child and Adolescent Needs and Strengths: 0 to 5 years-old
  - Child and Adolescent Needs and Strengths: 6 to 17 years-old
  - Adult Needs and Strengths – Transition to Adulthood: 18 to 24 years-old
- Manuals and rating sheets are available for each version


# How to Get Certified

1. Complete a CANS Pre-certification training
2. Register with the Praed Foundation CANS Training site:

<http://www.canstraining.com>



Praed Foundation Collaborative Training Website  
Welcome back! Please login



Username / Email

Password

Remember Me

Login

Forgot Password? Register

English | Français | Español | Português

# How to Get Certified

## 3. Register:

- Under “Choose Jurisdiction”, select California-Alameda County
- Under “Choose Agency”, select your agency

## 4. Select the CANS module you will use the most: 0-5, 6-17, or ANSA -T

- Explore mini-trainings: video clips for items, and practice questions.
- Review the Caregiver Needs section and the Child Strengths sections. Both domains are common areas that new users cite as tricky on the test.
- Remember that scoring Child Strengths is different than scoring all other domains (which are needs).



# How to Get Certified

## **5. After exploring, take a practice exam.**

- Give yourself time to take the exams.
- Know it is common to have lower scores on the practice exams as you get accustomed to taking them.
- Go back to item level trainings as needed.

## **6. Take a Final Exam and Certify!**

# What if I don't pass?

- **Rule of 3.**
  - Users have 3 opportunities to take the final exam and pass for certification.
  - If you don't pass the two times before the final test, give yourself some time before jumping back in to take your third.
  - If you don't pass your third test, you will be required to wait 24 hours to re-take the test, and will have the opportunity to consult with Praed Foundation on your areas of need.
- **Managing Certification Anxiety.**
  - Many test takers feel anxious about certification.
  - Remember to give yourself time, space and permission to focus on nothing else but the exam.
  - Recommended time to take the exam is one hour.

# Common Pit Falls:

Common test taking mistakes are:

- Not remembering different way of scoring Strengths and Needs
  - Strengths: **No evidence => 3 (or No Strength)**
  - Needs: **No evidence => 0 (or No Need)**
- Vignette bias
  - Reading too much into the vignette
  - Extrapolating/interpolating without evidence

# The CANS Provider Collaborative

**Supports all users to build competency with the CANS and exposure to all the ways it can bring value to all of our work:**

- Through content rich trainings that dig deeper as users gain experience:
  - CANS Pre-Certification Series
  - Post-Certification Trainings: CANS and Treatment Planning, CANS and Trauma-Informed Care, Case Conceptualization using CANS
- Through Learning Collaborative Groups and using provider feedback to inform county wide implementation and utilization

**Implementation as a phased process of learning and growing ...  
progress, not perfection.**

# Learning Collaborative

- A model that focuses on adoption of best practices in diverse service settings
- A learning process that brings together teams from multiple agencies working on improving a practice, learning from their collective experiences and challenges
- A model that requires focused work by each team to adapt effective practices
- A model that capitalizes on shared learning and collaboration

*\* Slide adapted from Learning Collaborative Framework: National Child Traumatic Stress Network*

# Learning Collaborative Outcomes

- Build county wide competency and confidence in the use of and management of the CANS
- Provide structures and supports at all stages/phases of the process (including preparation and planning, coaching and training, and initial and ongoing technical assistance)
- Develop and maintain county-wide expertise to support sustainability of the Alameda County CANS and ultimately improve family and youth engagement and outcomes

# Learning Collaborative Framework

**Teams will be formed specific to developmental framework of the CANS and will:**

- Meet regularly for two hour learning sessions over a 9-12 month period
- Emphasize interactive, participatory learning techniques
- Rotate meeting locations between agencies to promote cross-organizational collaboration and shared knowledge of the continuum of care for child-serving system
- Will cross-train in both CANS tool application and implementation competencies empowering learners so they can both use and coach others to use tool

# Learning Collaborative Groups\*

- Early Childhood Group
- School-Based Group (5-17 years-old)
- Clinic/Outpatient/Home and Community Based Group (5-17 years-old)
- Clinical Supervisor Group
- CANS Implementation Gurus and Early Adopters Group

\*proposed and may change after feedback



# Questions

# For More Information

For more information on the CANS, the CANS Provider Collaborative, Learning Collaborative Groups, please contact:

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Alameda County BHCS  
2000 Embarcadero Cove, Suite 400  
Oakland, CA 94606  
(510) 567-8123 Fax: 567-8130  
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Coordinator, CANS Provider  
Collaborative  
Chief of Clinical  
Operations, Research & Training  
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3301 E. 12th Street, Ste 259  
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Phone: 510.269.9098  
Fax: 510.269.9031  
[afernando@westcoastcc.org](mailto:afernando@westcoastcc.org)