

# The CANS: More to like... than you might think

▶▶ George W. Eckart, Ph.D.



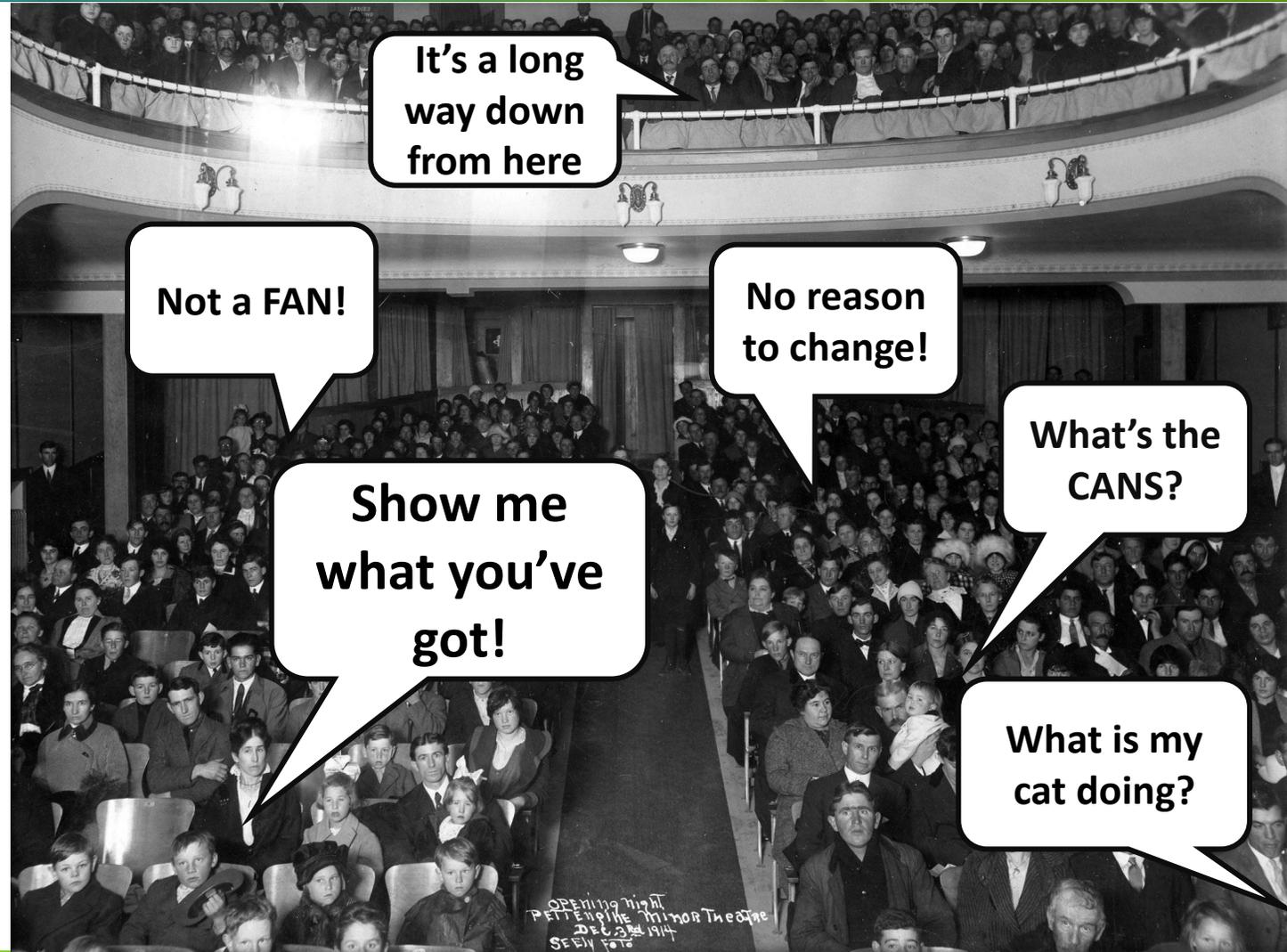
LOS ANGELES COUNTY  
DEPARTMENT OF  
MENTAL HEALTH  
hope. recovery. wellbeing.

# ▶▶ The CANS and YOU?

Not everyone likes the CANS??

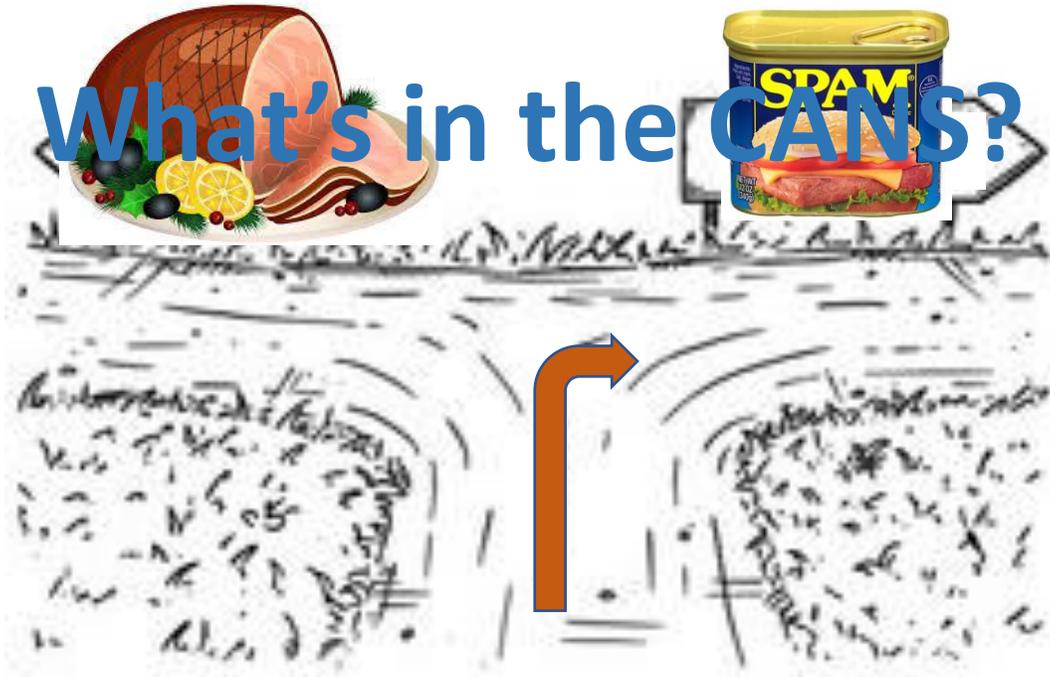
How would you help someone adapt to an undesirable yet unavoidable situation?

Despite the many and varied issues any of us might have against the CANS, there really are some benefits to its use.



# ▶▶ My introduction to the CANS

The CANS and I...in the beginning



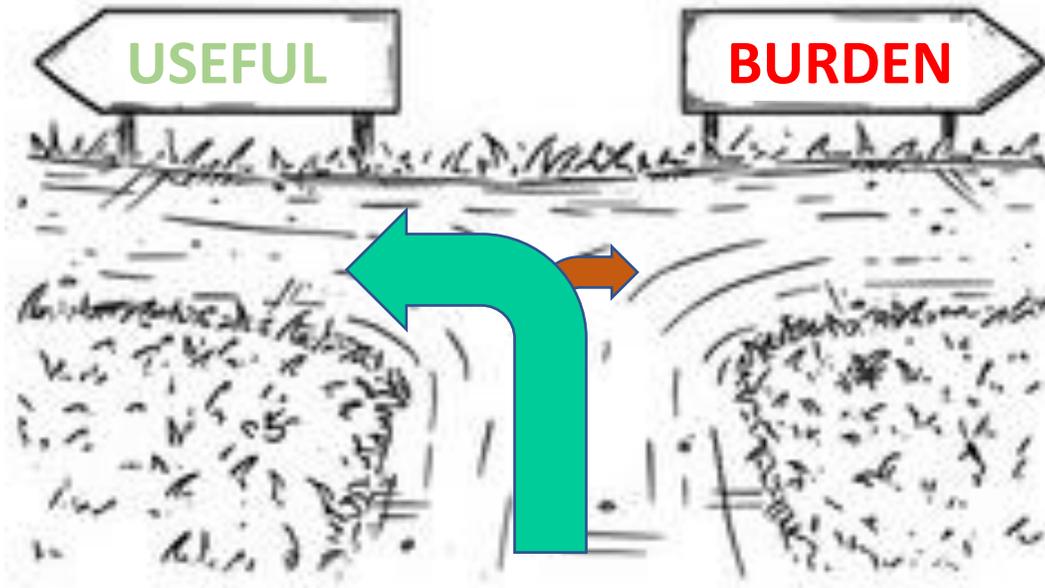
# ▶▶ My introduction to the CANS

Have you ever noticed....



# ▶▶ My introduction to the CANS

## The CANS and I...Today



- ▶▶ My introduction to the CANS

“There certainly is  
a lot Like”



# ▶▶ The CANS and YOU?



LATE SHOW  
**TOP  
TEN**

George's

---

- ▶▶ Strengths the CANS brings to practice

The CANS is...

**#1**

**Comprehensive**



# ▶▶ Strengths the CANS brings to practice

**CULTURAL FACTORS DOMAIN**

0=no evidence  
1=history or suspicion; monitor  
2=interferes with functioning; action needed  
3=disabling, dangerous; immediate or intensive action needed

	0	1	2	3
29. Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Traditions and Rituals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Cultural Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**STRENGTHS DOMAIN**

0=Centerpiece strength  
1=Useful strength  
2=Identified strength  
3=No evidence

	0	1	2	3
32. Family Strengths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Interpersonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Educational Setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Talents and Interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Spiritual/Religious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Cultural Identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Community Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Natural Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Resiliency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CAREGIVER RESOURCES AND NEEDS**

A. Caregiver Name: \_\_\_\_\_  
Relationship: \*\* \_\_\_\_\_

0=no evidence; this could be a strength  
1=history or suspicion; monitor; may be an opportunity to build  
2=interferes with functioning; action needed  
3=disabling, dangerous; immediate or intensive action needed

	0	1	2	3
41a. Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42a. Involvement with Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43a. Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44a. Social Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45a. Residential Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46a. Medical/Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47a. Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48a. Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49a. Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50a. Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- ▶▶ Strengths the CANS brings to practice

The CANS is...

**#2**  
**Flexible**



# ▶▶ Strengths the CANS brings to practice

Can be completed over one or many sessions

No set questions

Lets clinicians be clinicians

Need to use your skill and training to gather the information

Can start where you choose

The image shows a person's hands holding a California Integrated Practice Child and Adolescent Needs and Strengths (CANS) form. The form is titled "CALIFORNIA INTEGRATED PRACTICE CHILD AND ADOLESCENT NEEDS AND STRENGTHS" and is divided into several sections. The left page, labeled "Page 1 of 4 California IP-CANS", includes sections for "RISK BEHAVIORS" and "CAREGIVER RESOURCES AND NEEDS". The right page includes sections for "STRENGTHS DOMAIN" and "CAREGIVER RESOURCES AND NEEDS". The form is being held open, showing the left page with "Page 1 of 4 California IP-CANS" and the right page with "Child's Name" and "Caregiver(s)". The person holding the form is wearing a dark blue shirt and a gold ring on their left hand.

- ▶▶ Strengths the CANS brings to practice

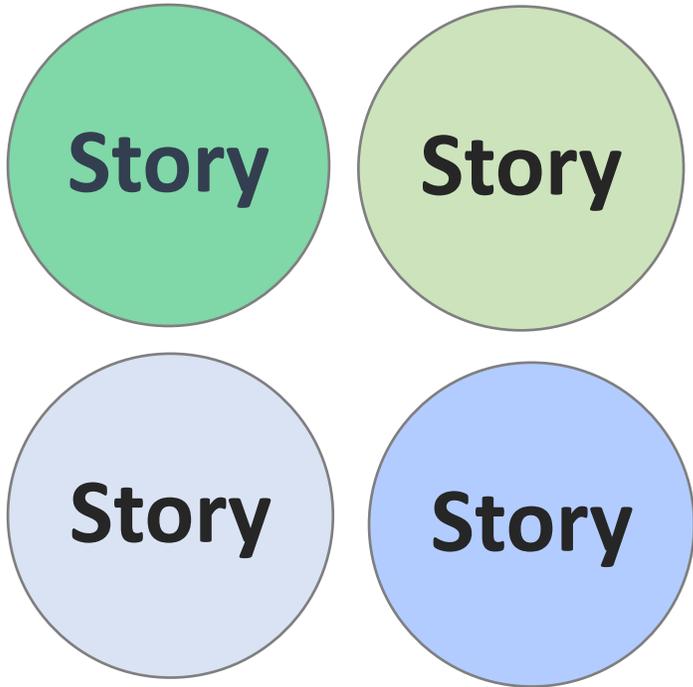
The CANS is an...

**#3**

# **Information Integration Tool**



## ▶▶ Strengths the CANS brings to practice



The CANS is designed to be completed in the company of other stakeholders

## ▶▶ Strengths the CANS brings to practice



The CANS is designed to be completed in the company of other stakeholders

It allows the building of the “one” story...that captures the essence of the shared experience

## ▶▶ Strengths the CANS brings to practice



Greater stakeholder consensus increases the odds that all share...

- \*a common language
- \*common goals
- \*agreed upon tasks
- \*an understood need for change
- \*an implied commitment to work together

- ▶▶ Strengths the CANS brings to practice

The CANS is a...

**#4**

**Therapeutic  
“Call to Action”**



▶▶ Strengths the CANS brings to practice

**CANS**

**“Typical” Measures**

Designed to identify the need  
for **intervention**

Measures relative points of  
**significance**

# ▶▶ Strengths the CANS brings to practice

A Score of 2 indicates

**The Need for  
Timely Intervention**

A Score of 3 indicates

**The Need for  
Urgent Intervention**

## DEPRESSION

This item rates symptoms such as irritable or depressed mood, social withdrawal, sleep disturbances, weight/eating disturbances, and loss of motivation, interest or pleasure in daily activities. This item can be used to rate the symptoms of the depressive disorders as specified in DSM-5.

### Questions to Consider

- Is child/youth concerned about possible depression or chronic low mood and irritability?
- Has the child/youth withdrawn from normal activities?
- Does the child/youth seem lonely or not interested in others?

0	No current need; no need for further assessment or intervention. No evidence of problems with depression.
1	Identified need requires monitoring and preventive activities. History or suspicion of depression or evidence of depression associated with a recent negative life event with minimal impact on life domain functioning. Brief duration of depression, irritability, or impairment of peer, family, or academic functioning that does not lead to pervasive avoidance behavior.
2	Action or intervention is recommended to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Clear evidence of depression associated with either depressed mood or significant irritability. Depression interfered significantly in child/youth's ability to function in at least one life domain.
3	Clear evidence of disabling level of depression, dangerous or disabling, requiring immediate intervention. Clear evidence of disabling level of depression that interfered significantly in child/youth's ability to function in any life domain. This would include a child/youth who stays at home or in bed all day due to depression or one whose emotional symptoms prevent any participation in school, friendship groups, or family life. Disabling forms of depressive diagnoses would be rated here.

## ▶▶ Strengths the CANS brings to practice

### CANS

Designed to identify the need  
for **intervention**

Can help put clinicians and supervisors  
back into the **transformation** business

### “Typical” Measures

Measures relative points of  
**significance**

- ▶▶ Strengths the CANS brings to practice

The CANS is a...

**#5**

# Treatment Planning Tool



## ▶▶ Strengths the CANS brings to practice

Treatment Planning can be very challenging

The task is to use the data to build a theory of change for the client

Identify those factors which create or help to main the core concerns (using CANS needs data) and define a path to change these values (may involve building upon existing or to be developed strengths)

## ▶▶ Strengths the CANS brings to practice

Typically, goals would include a reduction in the level of timely and urgent needs (2 & 3s to become 0 or 1s)

NOTE: a successful outcome may not see a reduction in every elevated score to a 0 or 1.

Treatment objectives may shift as additional data is gathered

The CANS and the PSC 35: Consider PSC 35 another reporter

# ▶▶ Strengths the CANS brings to practice

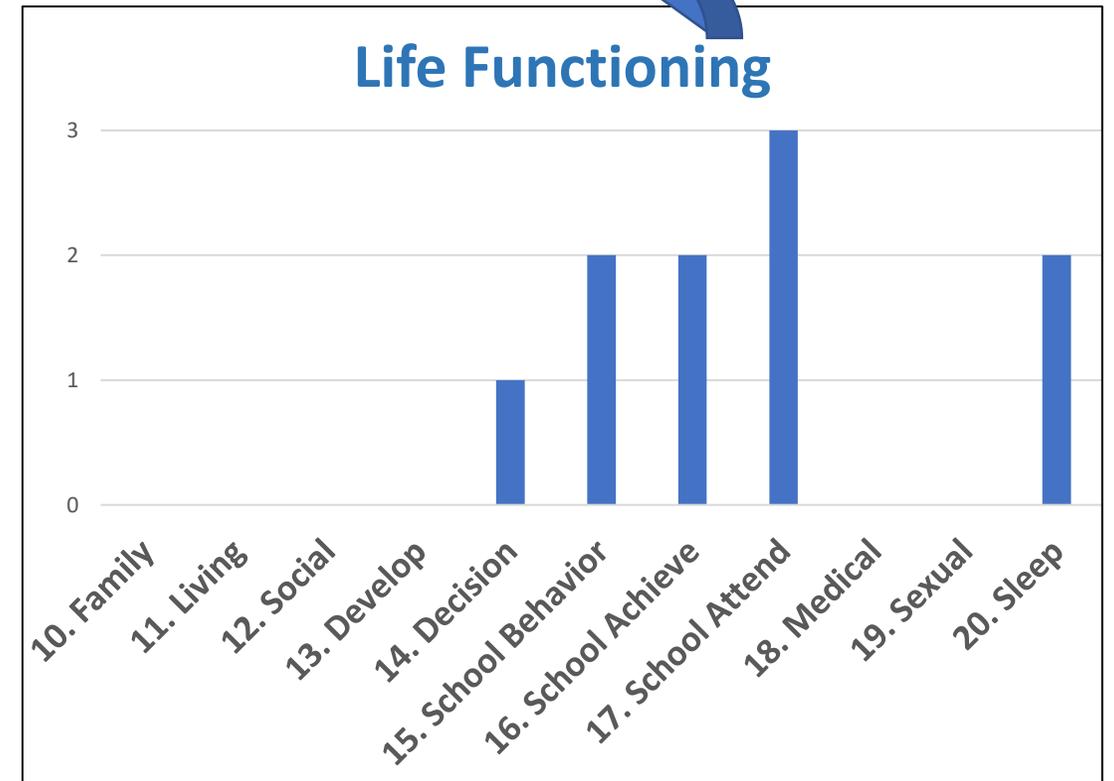
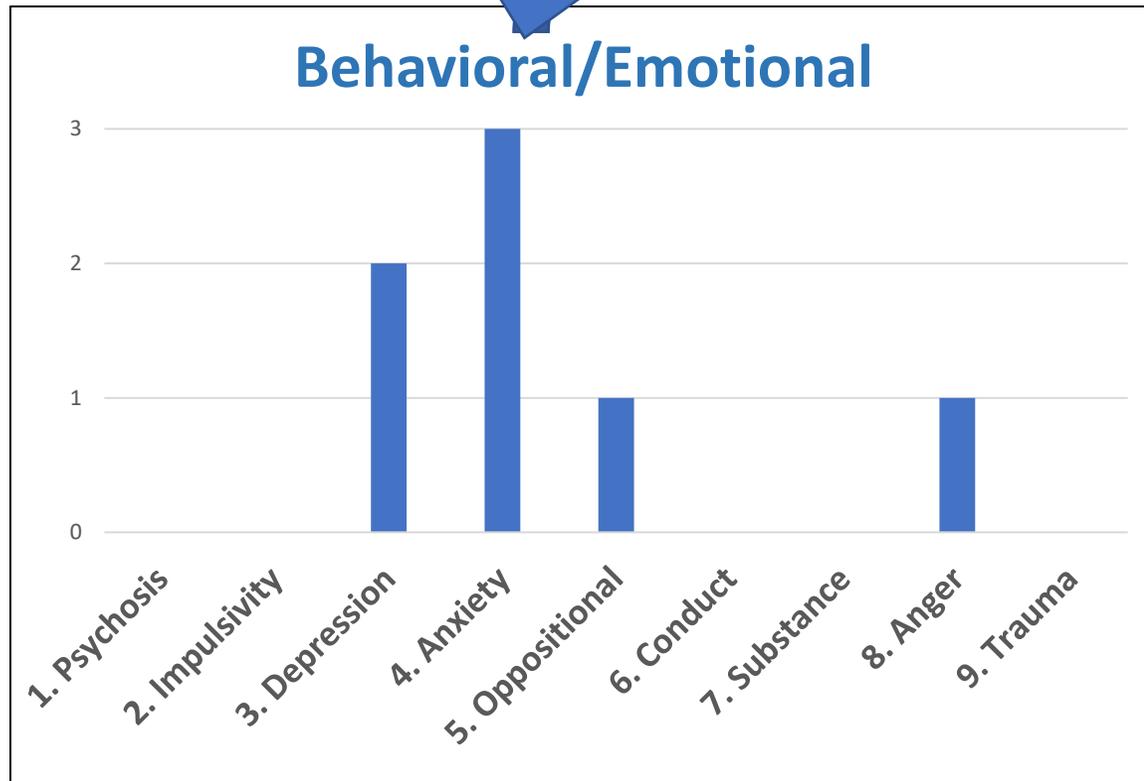
## You might be able to build a Causal Model of change

(if possible)



# ▶▶ Strengths the CANS brings to practice

## Causal Modeling



# ▶▶ Strengths the CANS brings to practice

13 Year-old

Hates the move

Parents don't seem to understand

Misses old friends

**Emily**

Argues with parents

Hates new school

Depressed

Isolated-alone

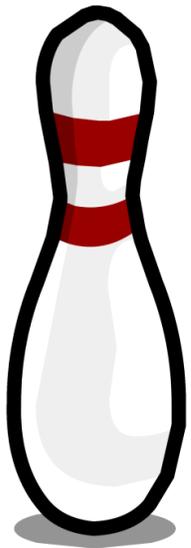
Issues really started after move

Sleep poor

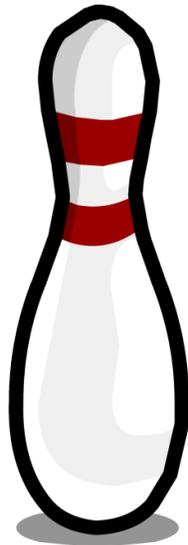
Family conflict

- ▶▶ Strengths the CANS brings to practice

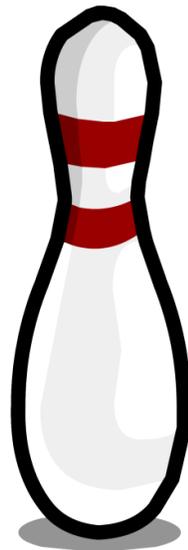
## Treatment Targets



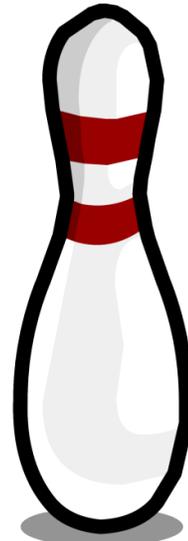
**Depression**



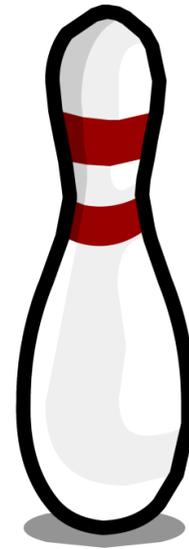
**Sch Attend**



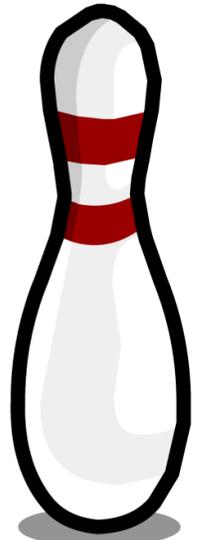
**Fam Life**



**Sleep**



**Lack Know**

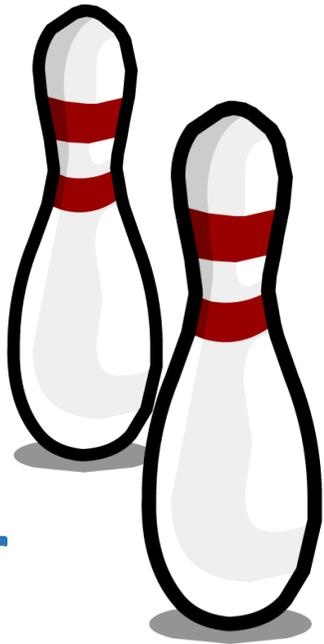


**Peer**

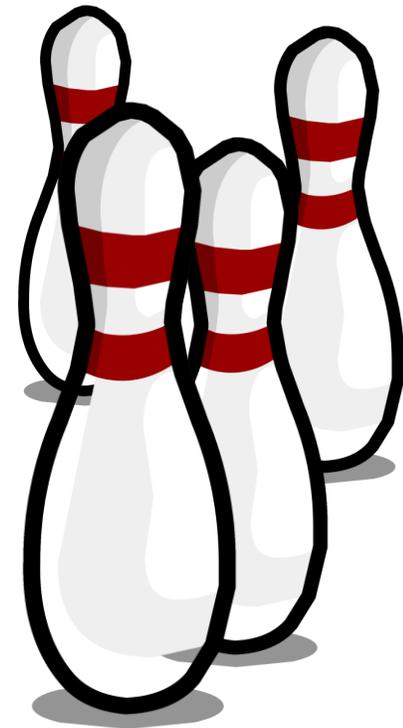
# ▶▶ Strengths the CANS brings to practice

## Tactical Interventions

Sch Attend  
Peer



Sleep  
Depression  
Fam Life  
Lack Know



- ▶▶ Strengths the CANS brings to practice

The CANS is a...

**#6**

**Useful Engagement  
Tool**



## ▶▶ Strengths the CANS brings to practice

Many clients and families are won or lost to treatment during the period of engagement

A failure to complete “role induction” was a common clinical pitfall prompting some families to leave treatment early

“Role induction” helps clients and families acclimatize to the treatment process and the clinic as a whole

## ▶▶ Strengths the CANS brings to practice

The collaborative nature of the CANS provides clinical staff the opportunity to answer the important questions about the treatment:

What is the CANS, how is it to be used, what information is gathered, what is an actionable item and how will it be treated, introduce support material, how might each stake-holder contribute, when do we know we are done, etc.

Can also take time to answer the important questions about the clinic and what is necessary to be successful in treatment

What is expected of the family/client in the clinical, likely obstacles the client and families will face and how to navigate them, etc. It may also include a walk through of the facility.

- ▶▶ Strengths the CANS brings to practice

The CANS...

**#7**

**Translates clinical  
material into useful  
data**

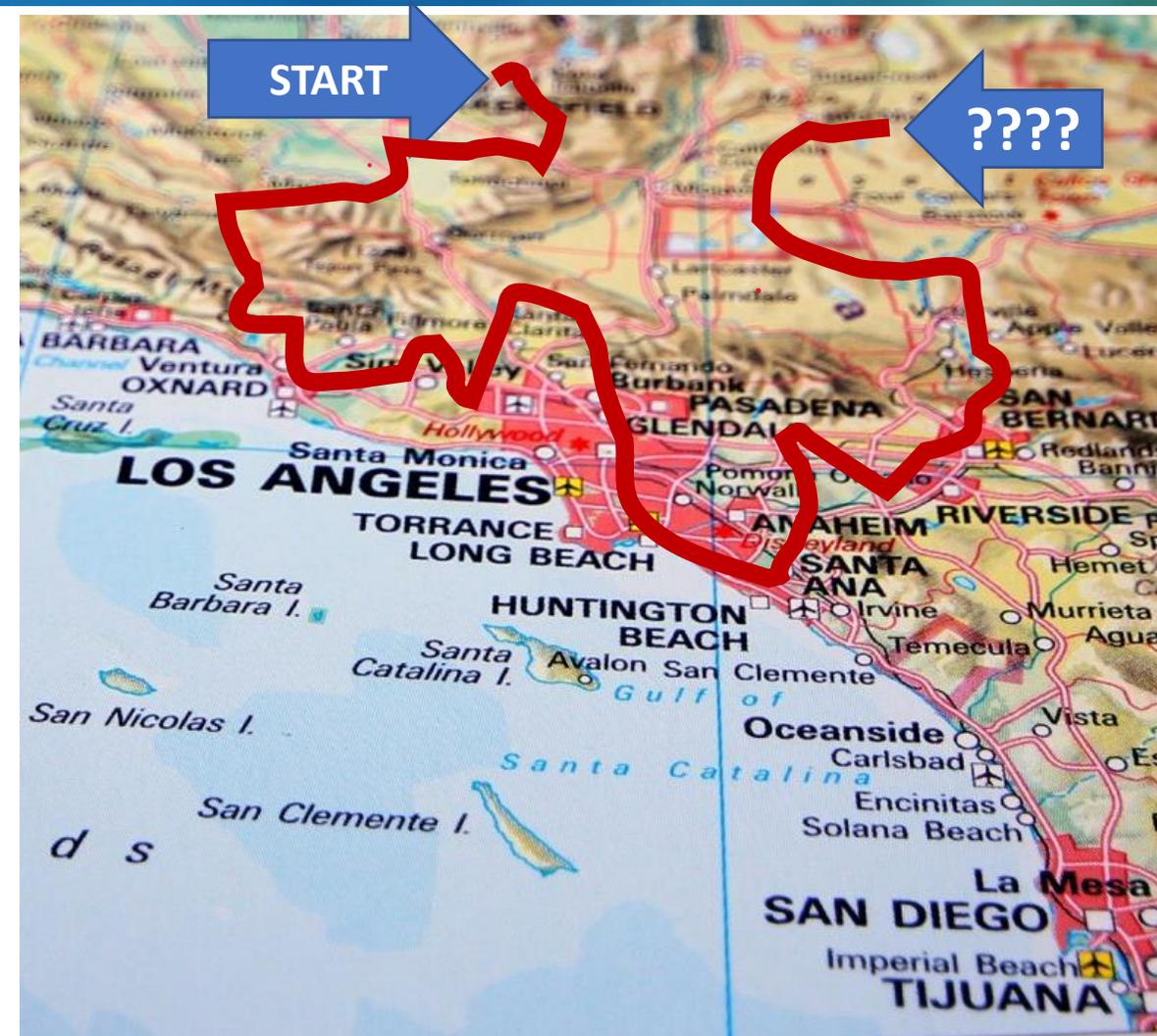


# ▶▶ The importance of data

live measurement  
rich environment!



# ►► The importance of data



## ►► The importance of data in treatment

Clinical intuition: not everything it's cracked up to be

Clients do better when treatment is data inclusive

Therapists grow more and develop expertise when data inclusive



- ▶▶ Strengths the CANS brings to practice

The CANS is ...

**#8**

**Useful in assessing  
change**

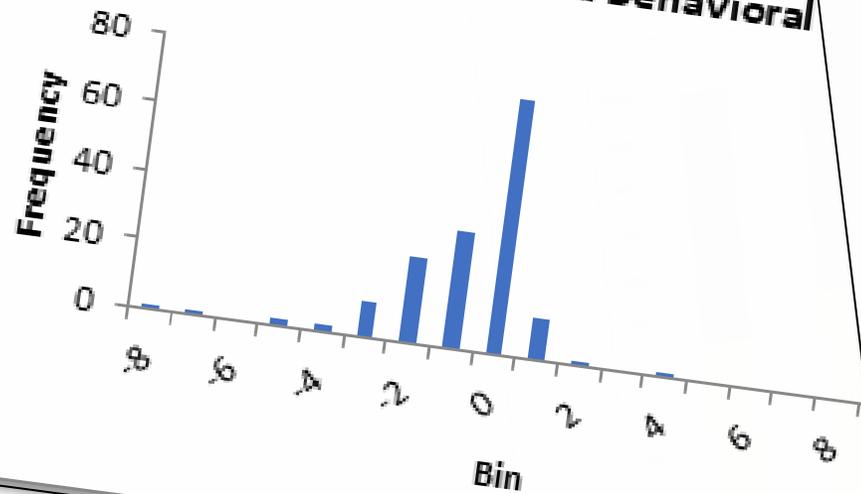


# ▶▶ Strengths the CANS brings to practice

## CANS data can be explored in many ways

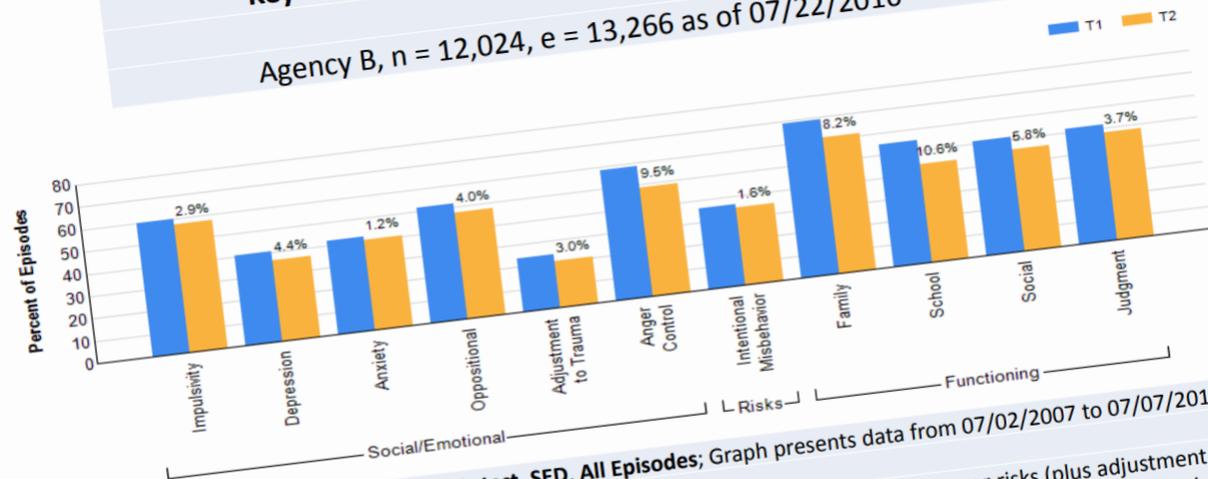
### CHANGE ACROSS CANS DOMAINS

#### Total Needs Matched Behavioral



#### Key Interventions over Time for Children & Youth

Agency B, n = 12,024, e = 13,266 as of 07/22/2016

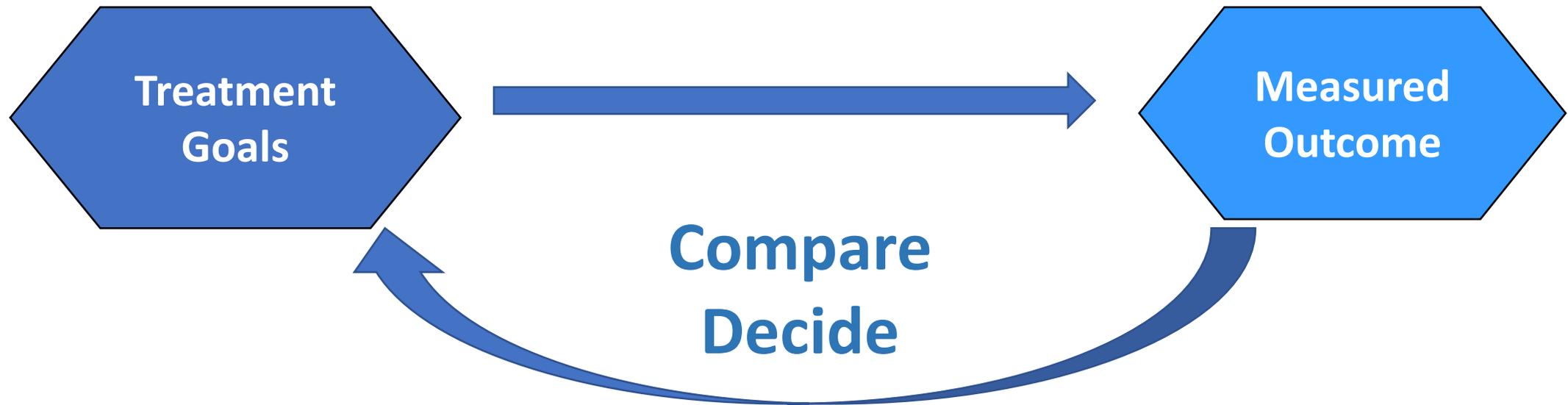


Selected Filters: Agency B, T1=Baseline, T2=Latest, SED, All Episodes; Graph presents data from 07/02/2007 to 07/07/2016.

This report presents a dashboard of the most frequently identified behavioral health symptoms or risks (plus adjustment to trauma) and the most frequently identified functional needs for this population. For each item, the first bar reports the percentage actionable needs (rated 2 or 3) at Time 1 (T1), and the second bar reports the percentage at Time 2 (T2). The numeric percentage reflects change from T1 to T2. n = number of individuals; e = number of episodes.

- ▶▶ Strengths the CANS brings to practice

## Goals vs Achievement



# ▶▶ Strengths the CANS brings to practice

## Compare and Decide

- |                                    |  |
|------------------------------------|--|
| 1. All or most goals have been met | Is client ready for graduation?  |
| 2. Some goals have been met        | Is client ready for graduation?<br>Might client benefit from a review of goals, strategic conceptualization or treatment plan? |

# ▶▶ Strengths the CANS brings to practice

## Compare and Decide

3. No goals have been met but there has been movement in the desired direction

Might client benefit from a review of goals, strategic conceptualization or treatment plan?

Should client be released to a different level of care?

4. No goals have been met and there has been no movement in the desired direction

Should client be released to a different or higher level of care?

# ▶▶ Visualizing your data

**BEHAVIORAL/EMOTIONAL NEEDS DOMAIN**

0=no evidence  
2=interferes with functioning;  
action needed

1=history or suspicion; monitor  
3=disabling, dangerous; immediate  
or intensive action needed

**Pre**

	0	1	2	3
1. Psychosis (Thought Disorder)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Impulsivity/Hyperactivity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Anxiety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Oppositional	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Conduct	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Anger Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Adjustment to Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**BEHAVIORAL/EMOTIONAL NEEDS DOMAIN**

0=no evidence  
2=interferes with functioning;  
action needed

1=history or suspicion; monitor  
3=disabling, dangerous; immediate  
or intensive action needed

**Update**

	0	1	2	3
1. Psychosis (Thought Disorder)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Impulsivity/Hyperactivity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Depression	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Oppositional	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Conduct	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Substance Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Anger Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Adjustment to Trauma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compare CANS data by the boxes

# ▶▶ Strengths the CANS brings to practice

	Domain	
	<b>Behavioral/Emotional Needs</b>	T1
	Psychosis (Thought Disorder)	0
	Impulsivity/Hyperactivity	0
	Depression	2
	Anxiety	3
	Oppositional	0
	Conduct	0
	Anger Control	0
	Substance Use	0
	Adj to Trauma	3

	Domain	
	<b>Behavioral/Emotional Needs</b>	T2
	Psychosis (Thought Disorder)	0
	Impulsivity/Hyperactivity	0
	Depression	1
	Anxiety	2
	Oppositional	0
	Conduct	0
	Anger Control	0
	Substance Use	0
	Adj to Trauma	1

Compare CANS data by the numbers

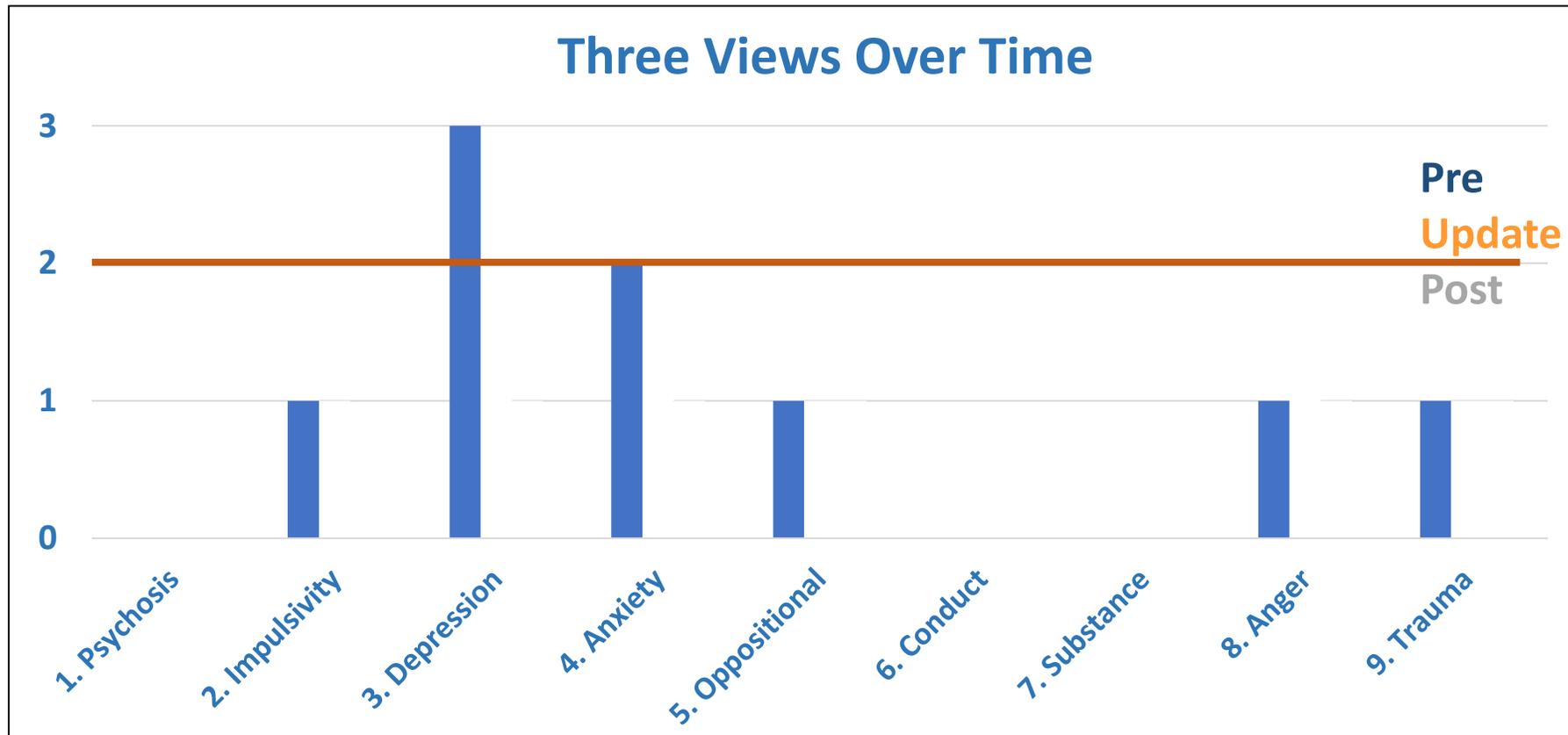
# ▶▶ Strengths the CANS brings to practice

	Domain	T1	T2
	<b>Behavioral/Emotional Needs</b>		
	Psychosis (Thought Diso	0	0
	Impulsivity/Hyperactivity	0	0
	Depression	2	1
	Anxiety	3	2
	Oppositional	0	0
	Conduct	0	0
	Anger Control	0	0
	Substance Use	0	0
	Adj to Trauma	3	1

**Compare CANS data by the numbers**

# ▶▶ Strengths the CANS brings to practice

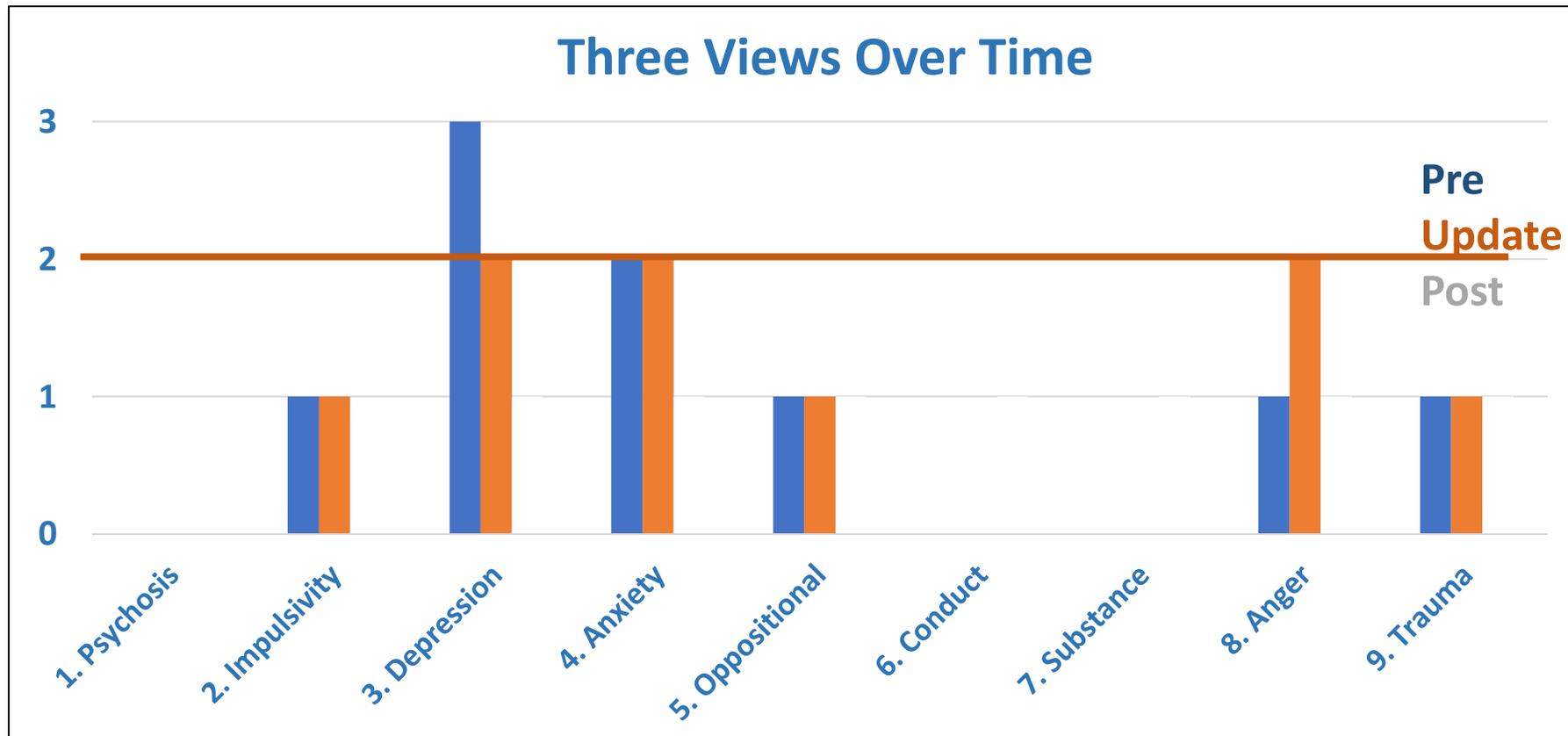
## Individual Assessment (Raw Scores)



Compare CANS data by the numbers

# ▶▶ Strengths the CANS brings to practice

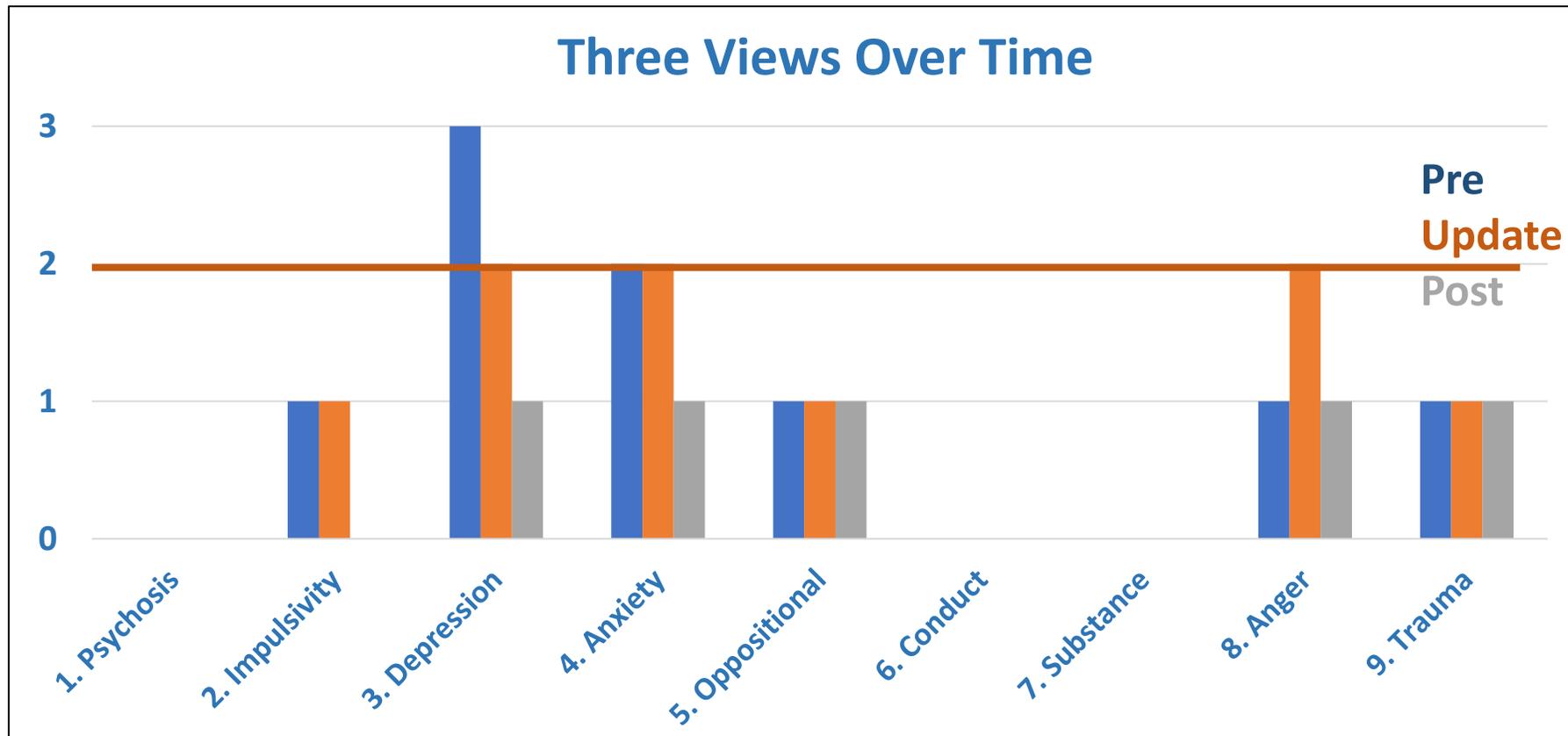
## Individual Assessment (Raw Scores)



Compare CANS data by the numbers

# ▶▶ Strengths the CANS brings to practice

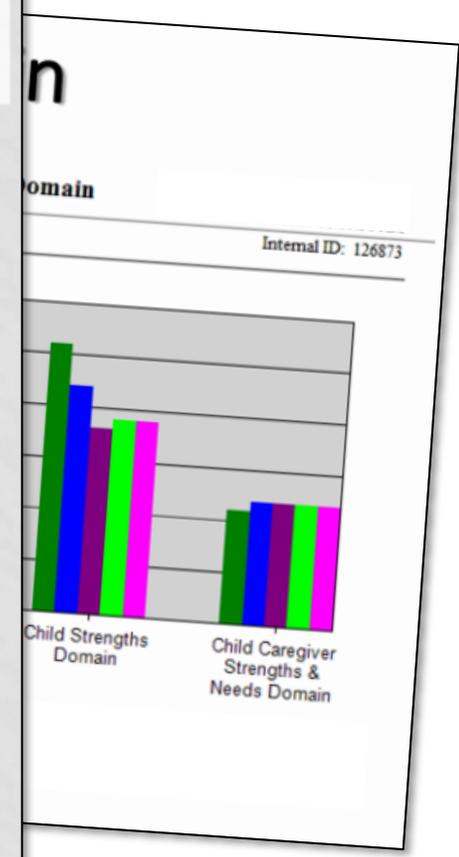
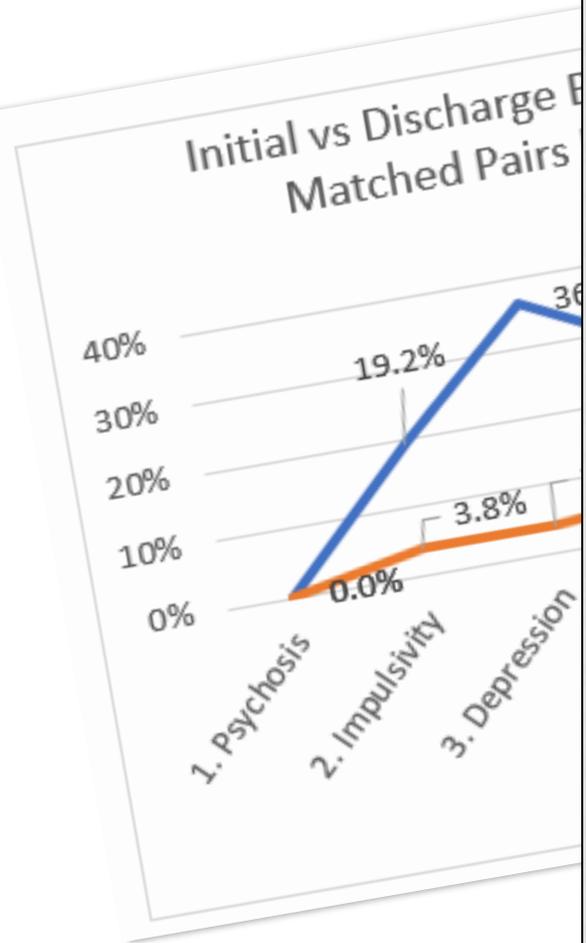
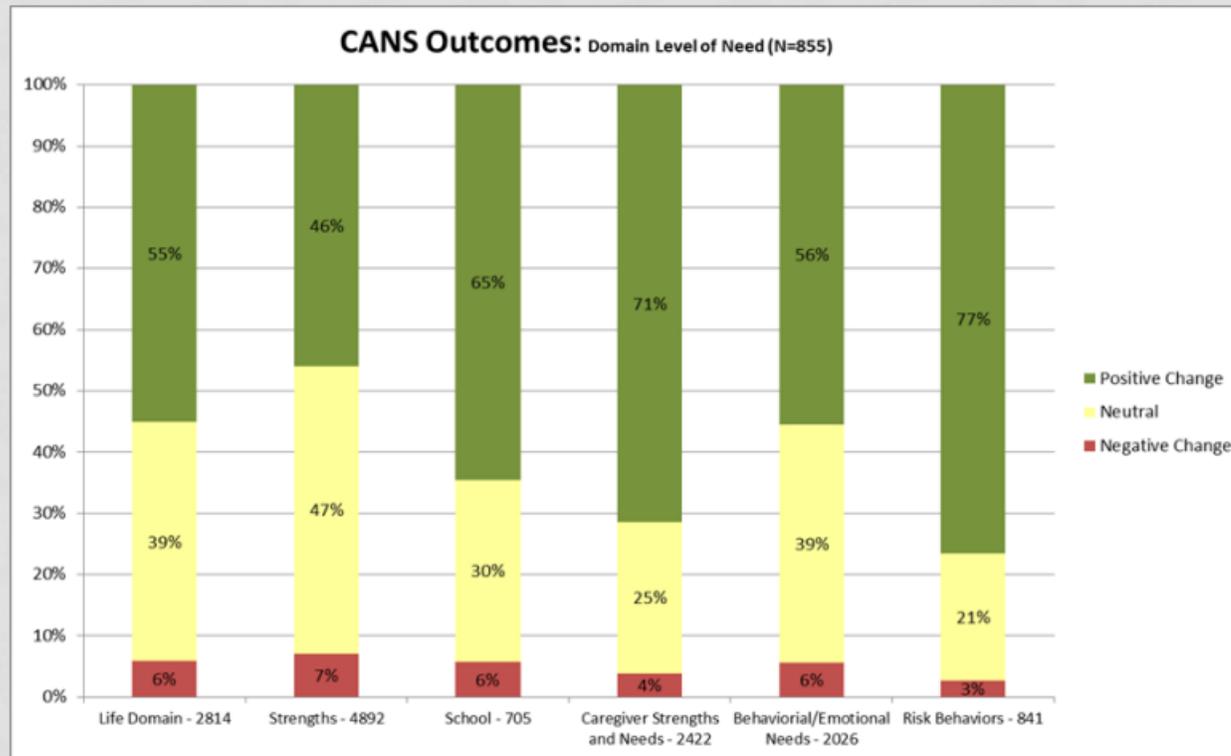
## Individual Assessment (Raw Scores)



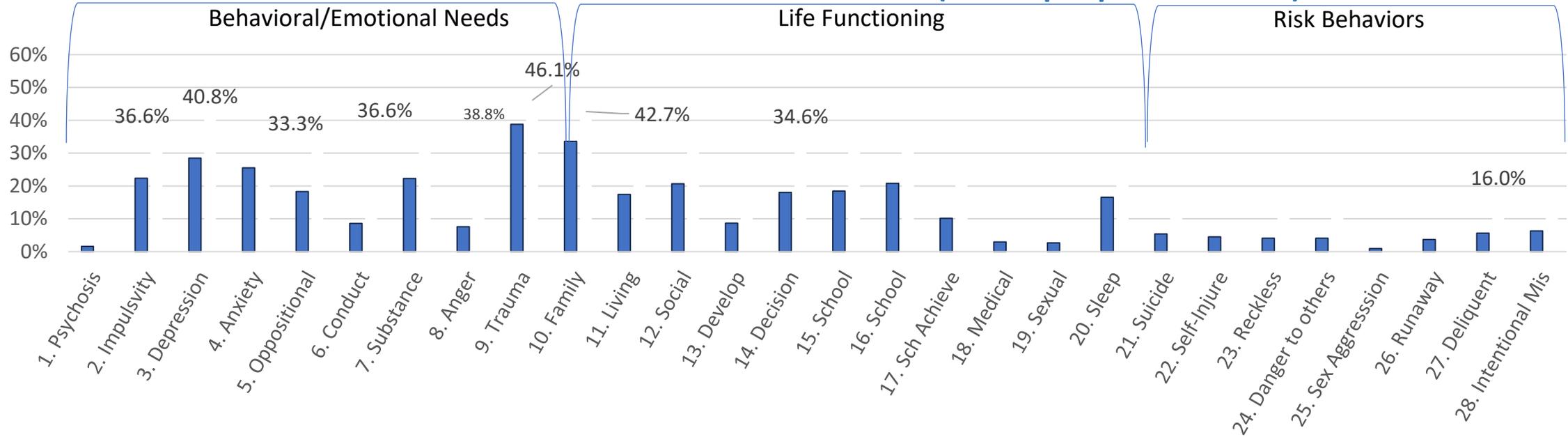
Compare CANS data by the numbers

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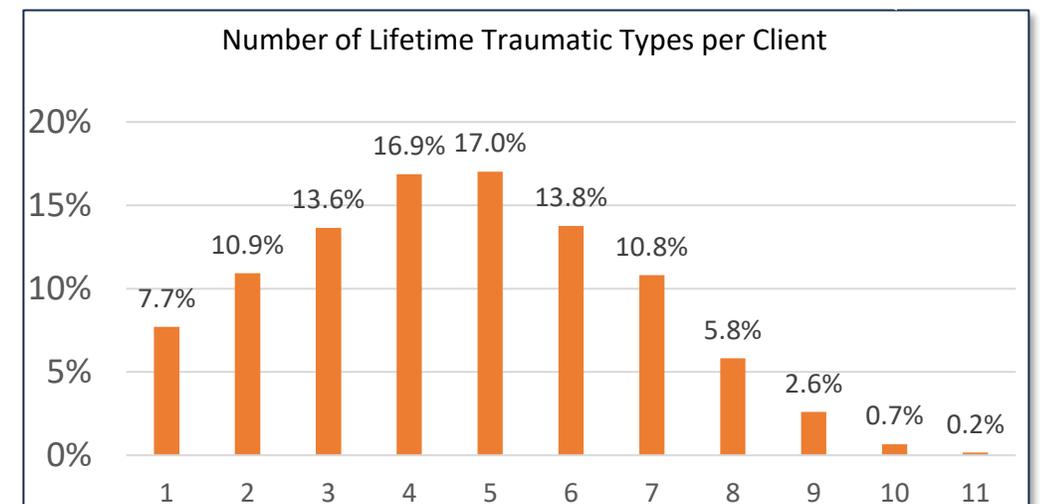
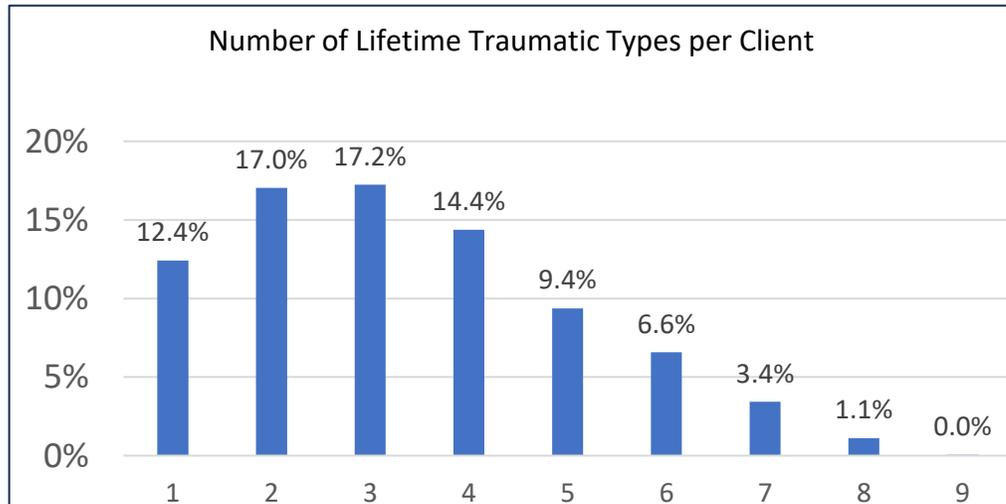
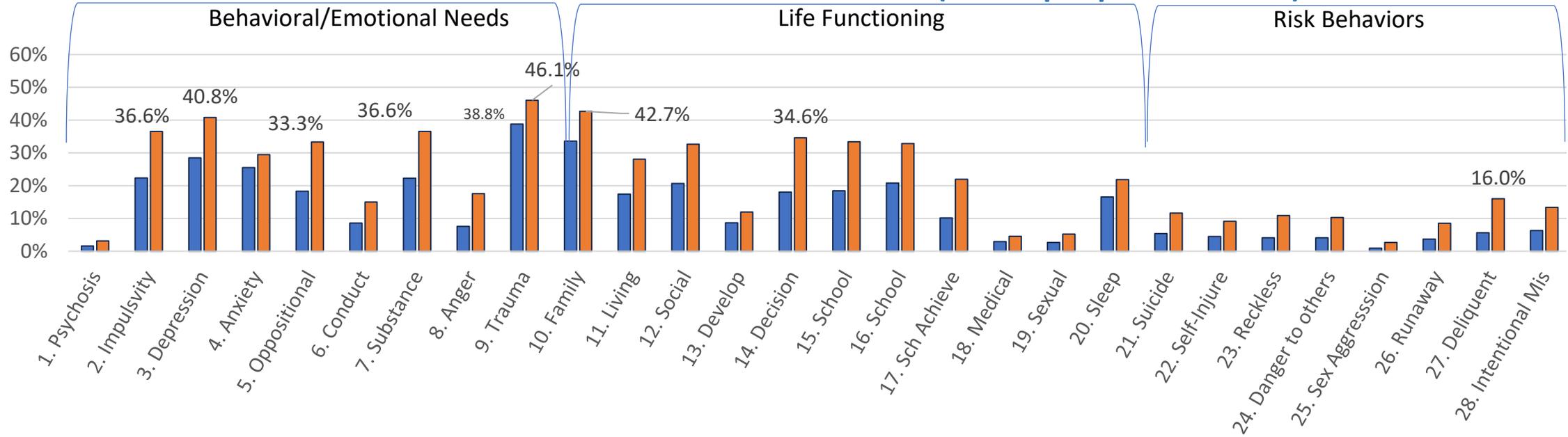
## CHANGE ACROSS CANS DOMAINS



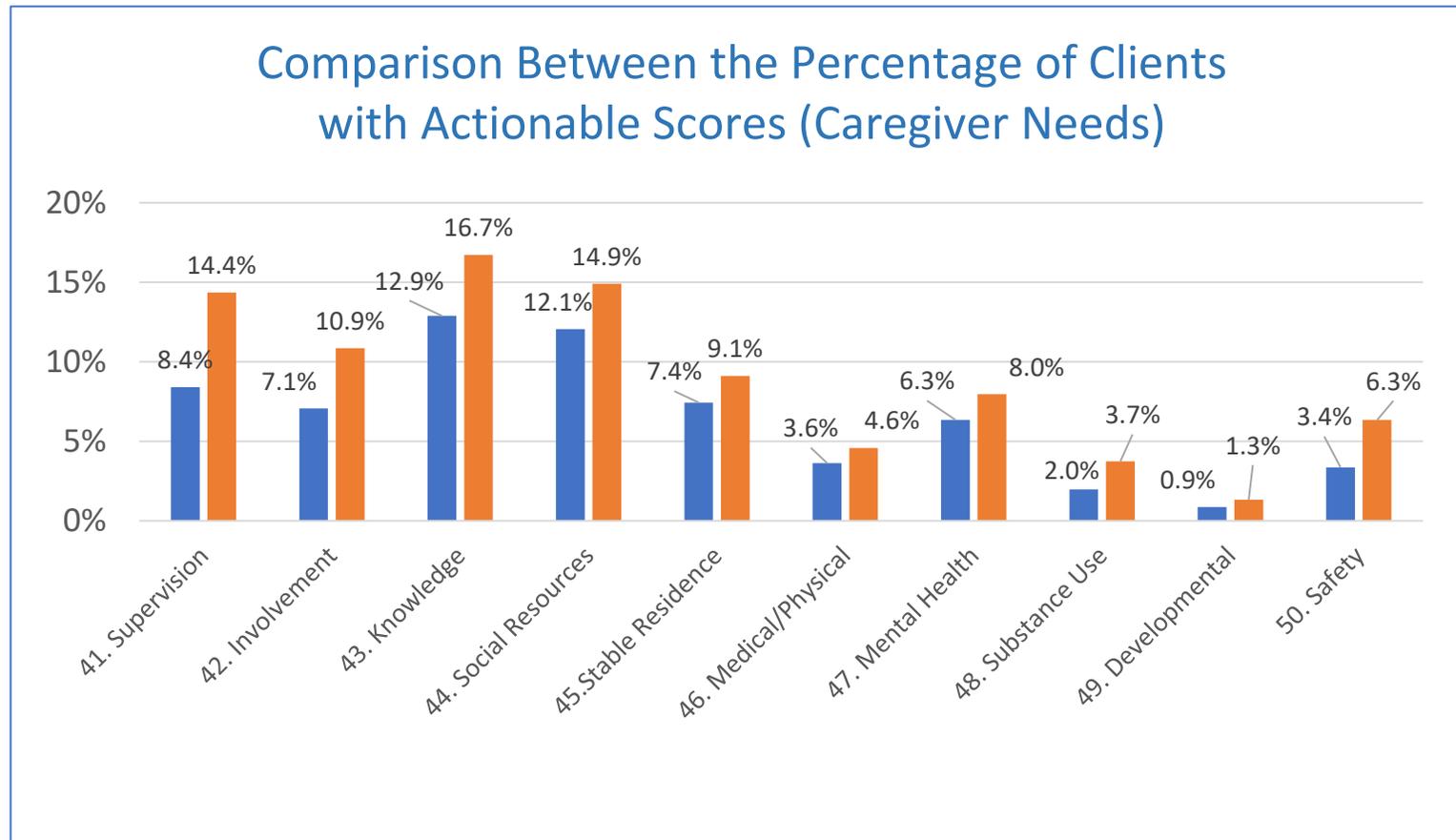
# Comparison Between the Percentage of Clients with Actionable Scores (two populations)



# Comparison Between the Percentage of Clients with Actionable Scores (two populations)



# ►► Strengths the CANS brings to practice



- ▶▶ Strengths the CANS brings to practice

The CANS is...

**#9**

**Useful in deciding  
when it's time to say  
“goodbye”**



# ▶▶ Strengths the CANS brings to practice

## Transition

The struggle to achieve

***FLOW....***

CANS data may help in deciding  
when treatment is at an end



- ▶▶ Strengths the CANS brings to practice

The CANS is...

**#10**

**Useful tool for  
Supervisors**



- ▶▶ Strengths the CANS brings to practice

~~Super Winstris the CANS is the key!~~  
Super Winstris the CANS is the key!

**A Form**



The Goal is...  
**get it done**

**Vs**

**A Tool**



The Goal is...  
**help the client!**

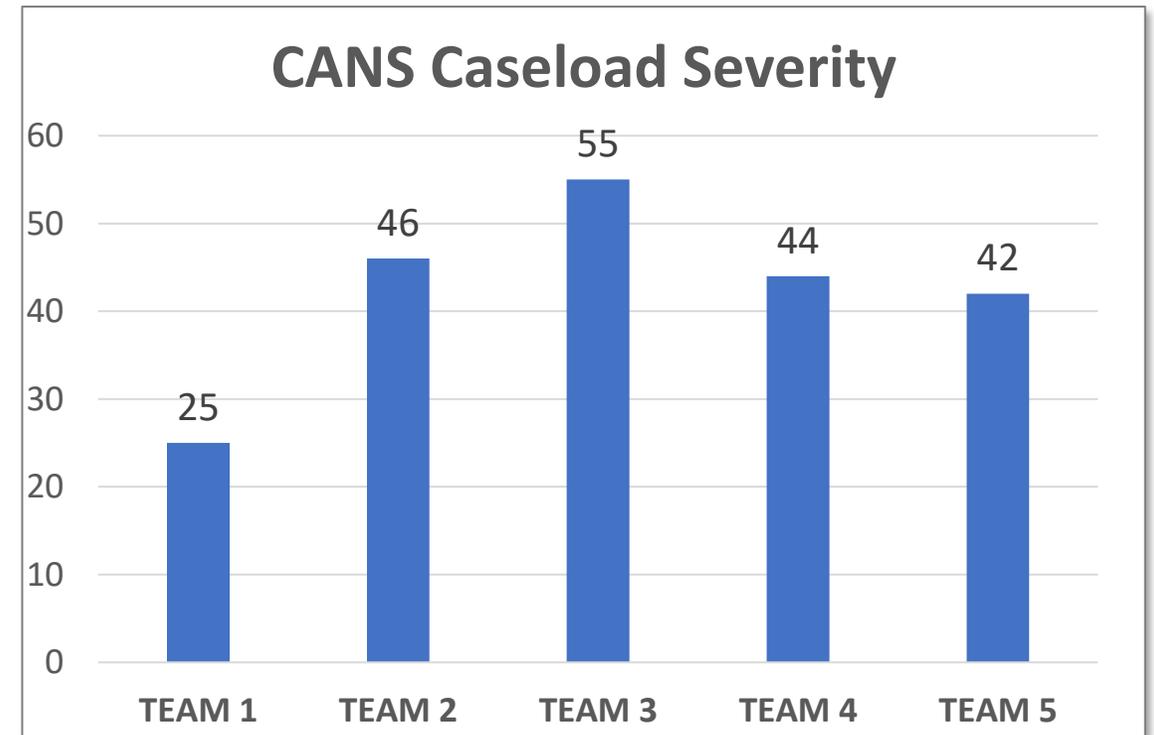
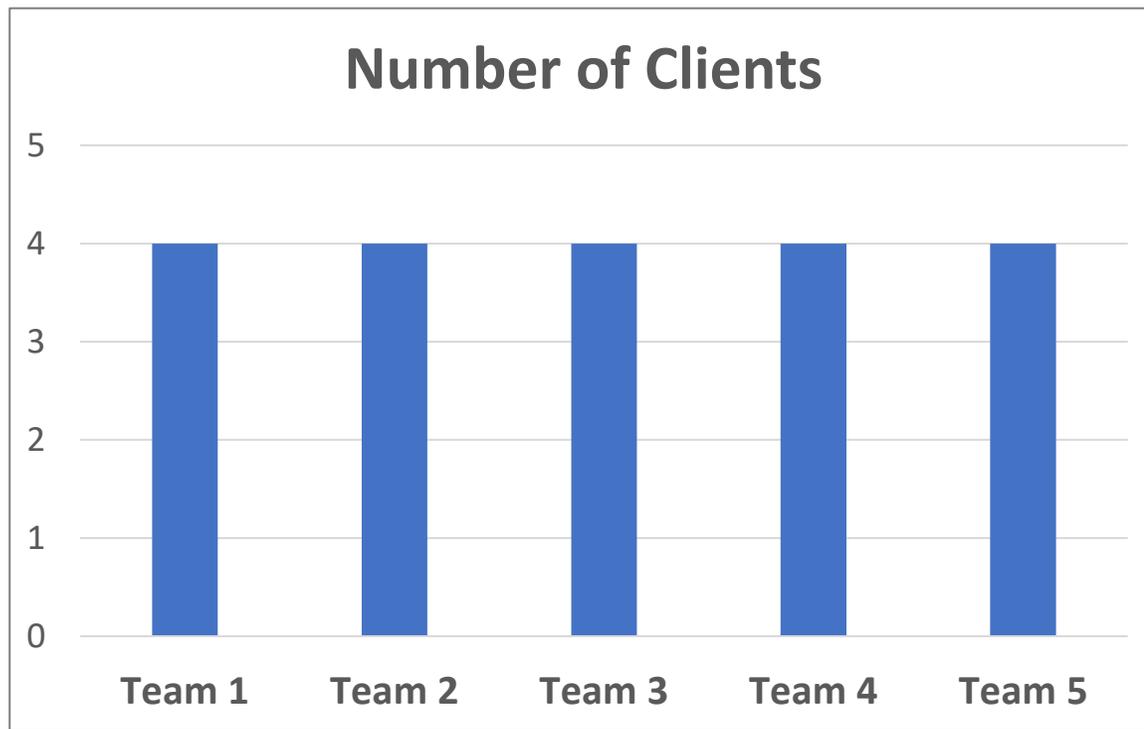
## ▶▶ Strengths the CANS brings to practice

### **How might you use the CANS in individual or group supervision?**

- \*Develop assessment and scoring skills
- \*Build treatment conceptualization skills
- \*Help supervisees hon engagement skills
- \*Monitor the clinical status of clients under your license
- \*Help make sure the work-load is equitably distributed

# ▶▶ Strengths the CANS brings to practice

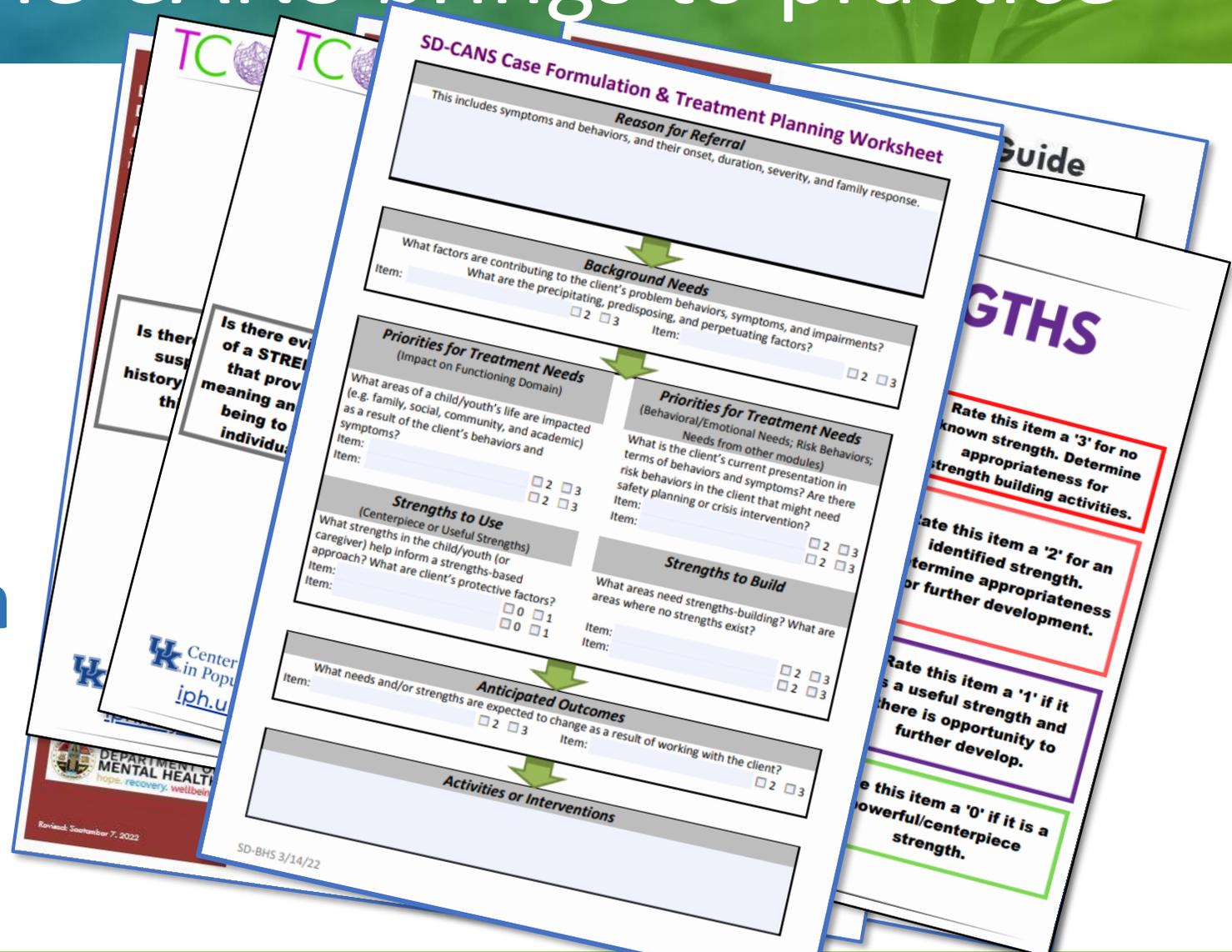
## Which team should get the next new client?



# ►► Strengths the CANS brings to practice

Tools to help Supervisors

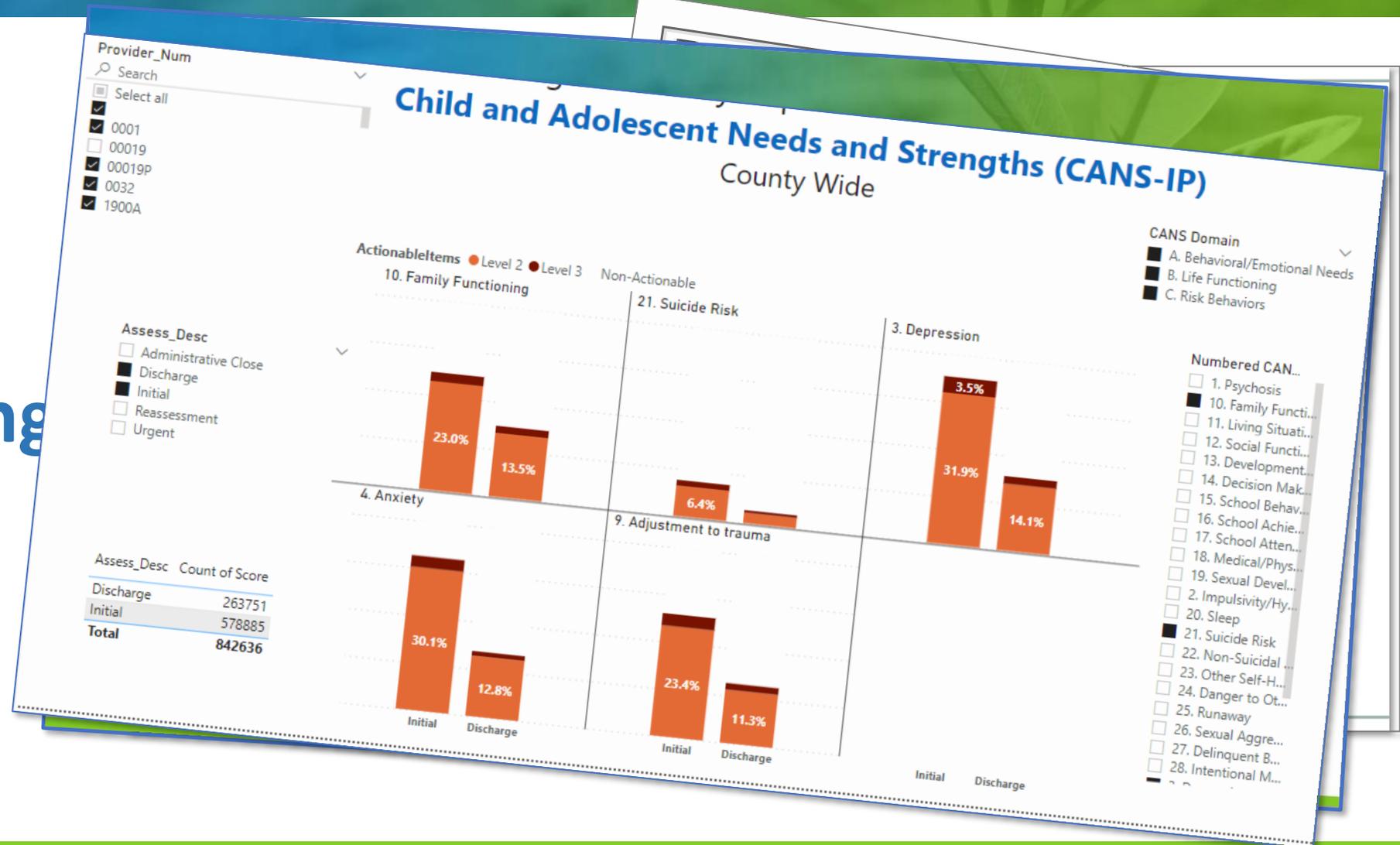
Decision Trees  
Quick Guides  
Conceptualization  
Strengths



# ▶▶ Strengths the CANS brings to practice

Tools to help Supervisors

Data reporting & analysis

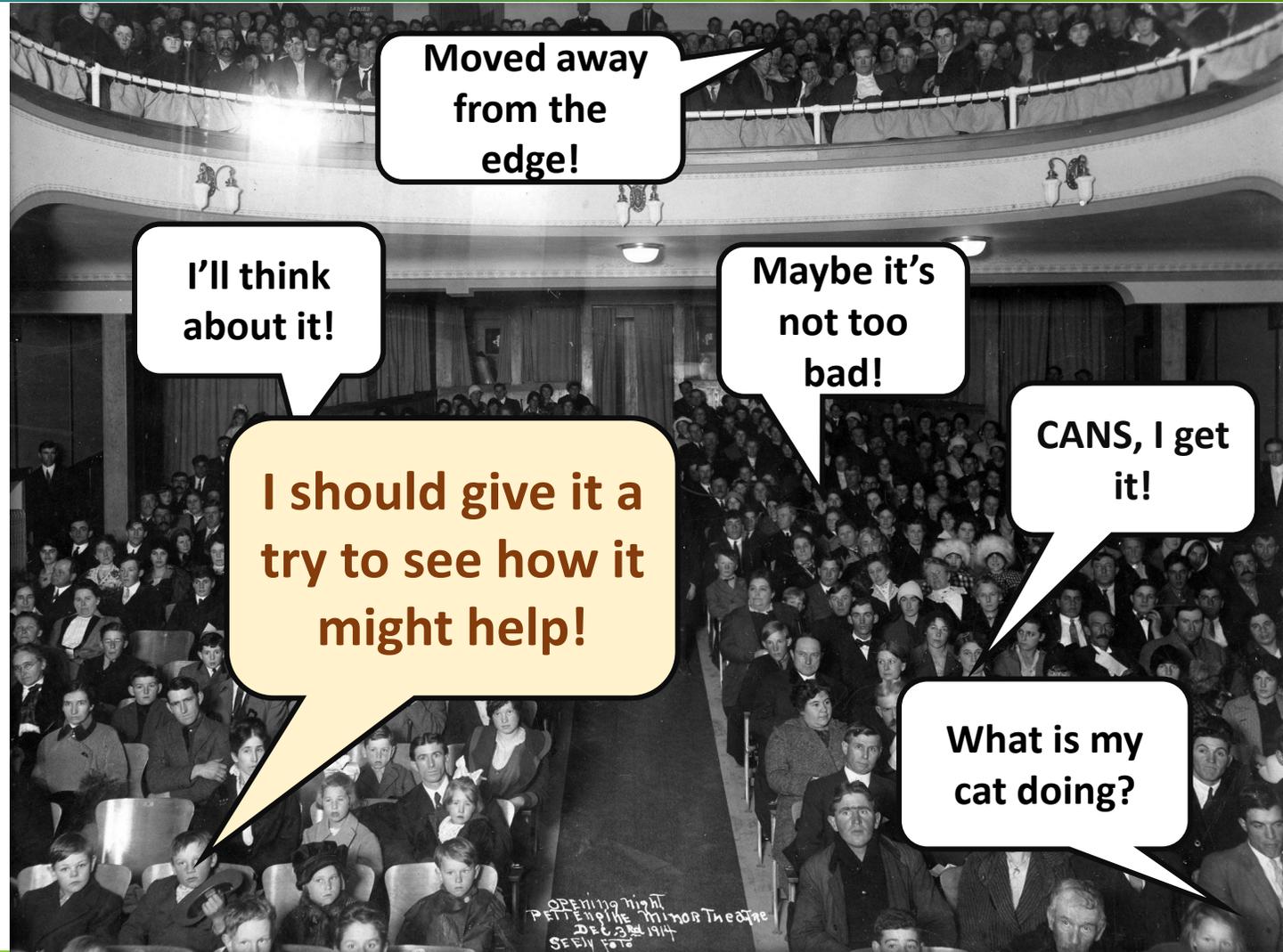


# ▶▶ The CANS and YOU?

So, do you feel a little bit better about the CANS?

The benefits do seem to outweigh the cost for most

Yet, you might not fully realize the potential until you implement the CANS yourself



# Questions?

[pei@dmh.lacounty.gov](mailto:pei@dmh.lacounty.gov) | [@lacdmh](https://www.instagram.com/lacdmh)



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# Application of the CANS

- ▶▶ Christine Tanimura, Psy.D.



## ▶▶ Case Example

Jessica is a 15-year-old Hispanic female currently living with her mother and three older siblings. Her father currently is disabled and living in a nursing home. He is immobile and unable to talk. He had a long history of experiencing psychotic episodes and struggling with substance abuse. Jessica reported feelings of sadness and constant worry when she transitioned to virtual schooling during COVID-19. She also stated that she has daily suicidal thoughts. In addition, Jessica shared she experiences the following: feels extremely tired on most days, where she feels too tired to eat, drink, bathe, or brush her teeth; sleeps all day; daily headaches and backaches; feelings of hopelessness due to her father's declining health and her own mental health; irritability towards her family; difficulty concentrating and staying motivated to complete her schoolwork. Jessica admitted to cutting her right wrist with a razor twice, once last year and the second time occurred 2 weeks ago. Jessica used to enjoy playing softball, but she no longer has the energy or interest. According to mother, Jessica has witnessed domestic violence between her parents for most of her childhood.

# ▶▶ Jessica's CANS Initial

BEHAVIORAL/EMOTIONAL FUNCTIONING		POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERS	
Depression	3	Witness to Family Violence	Yes
Anxiety	2	Disruption in Caregiving/Attachment Losses	Yes
Adjustment to Trauma	2	STRENGTHS DOMAIN	
LIFE FUNCTIONING DOMAIN		Family Strengths	3
Family Functioning	2	Educational Setting	3
Social Functioning	2	Talents and Interests	1
School Achievement	2	Community Life	3
Sleep	2	Natural Supports	1
RISK BEHAVIORS		Resiliency	3
Suicide Risk	3	CAREGIVER RESOURCES AND NEEDS	
Non-Suicidal Self-Injurious Behavior	1	Knowledge	2
		Mental Health	2
		Substance Use	2

# ▶▶ Jessica's Case Example: Organized Needs and Strengths

Areas Needing Action (2)		Areas Needing Immediate Action (3)
<ul style="list-style-type: none"> <li>-Anxiety</li> <li>-Adjustment to Trauma</li> <li>-Family Functioning</li> <li>-Social Functioning</li> <li>-School Achievement</li> <li>-Sleep</li> </ul>	<ul style="list-style-type: none"> <li>-Caregiver Mental Health</li> <li>-Caregiver Substance Use</li> </ul>	<ul style="list-style-type: none"> <li>-Depression</li> <li>-Suicide Risk</li> </ul>
Useful Strengths (0, 1)		Strengths to Build (2, 3)
<ul style="list-style-type: none"> <li>-Talents &amp; Interests</li> <li>-Natural Supports</li> </ul>		<ul style="list-style-type: none"> <li>-Family Strengths</li> <li>-Educational Setting</li> <li>-Community Life</li> <li>-Resilience</li> </ul>
Trauma Experience		
<ul style="list-style-type: none"> <li>-Witness to Family Violence</li> <li>-Disruption in Caregiving/Attachment Losses</li> </ul>		

# ►► Organize Needs

Treatment Targets (Causes)	Background Needs (Needs)	Anticipated Outcomes (Effects)
<ul style="list-style-type: none"><li>• Treatment Targets are the root cause of the problem.</li><li>• Items that are changeable.</li><li>• These needs are the intended target of the intervention.</li></ul>	<ul style="list-style-type: none"><li>• Background Needs guide an intervention.</li><li>• These are typically more static.</li><li>• They are also historical/developmental needs.</li></ul>	<ul style="list-style-type: none"><li>• Anticipated Outcomes are effects.</li><li>• These are the change you expect to achieve.</li><li>• <i>Treatment Target</i> can sometimes be the same item identified as the <i>Anticipated Outcome</i>.</li></ul>

## ▶▶ Jessica's Case Example: Organize Needs for Treatment

Treatment Targets (Causes)	Background Needs (Needs)	Anticipated Outcomes (Effects)
Depression	Family Violence & Attachment Losses	Depression, Suicide Risk

# ►► Organize Strengths

Useful Strengths	Strengths to Build
<p>Strengths can be useful in either of the following ways:</p> <ul style="list-style-type: none"><li>➤ Resolving identified needs</li><li>➤ Building protective factors</li></ul>	<ul style="list-style-type: none"><li>➤ An identified, but not useful strength (rated a 2), that should be built into useful strengths.</li></ul> <p>OR</p> <ul style="list-style-type: none"><li>➤ An identified, but not useful strength (rated a 2), that should be built into useful strengths.</li></ul>

## ▶▶ Jessica's Case Example: Organize Strengths for Treatment

Useful Strengths	Strengths to Build
<ul style="list-style-type: none"><li>-Talents &amp; Interests</li><li>-Natural Supports</li></ul>	<ul style="list-style-type: none"><li>-Family Strengths</li><li>-Educational Setting</li><li>-Community Life</li><li>-Resilience</li></ul>

# ▶▶ Using the CANS to create a care plan

## When planning around needs:

1. Focus on the Treatment Target
  - Depression
2. Define an intervention, activity, or series of action steps that address the treatment target.
  - Safety planning
  - Refer to Interpersonal Therapy (IPT)
  - Identify and express feelings connected to loss of father
  - Verbalize the way this loss has impacted life and feelings about self
3. Articulate the targets you expect to hit or change you expect to see.
  - Jessica's feelings of depression and suicide risk will decrease

# ▶▶ Using the CANS to create a care plan

## When planning around strengths:

1. Identify the strength that is useful or that you would like to build.
  - Talents/Interests (softball)
2. Define the presumed benefit of using or developing the strength.
  - Jessica's involvement in softball will help her to build self-confidence and give her a healthy way to cope with her stressors and past trauma.
3. Articulate the steps related to using or developing the strength.
  - Identify the responsible parties to facilitate participation in softball (getting on a team, transportation, cost).
  - Ensure that softball is NOT used as a punishment to address negative behavior or functioning.

# ▶▶ CANS Case Formulation & Planning Worksheet

<https://www.sfdph.org/dph/files/CBHSdocs/CANS-SF%20Case%20Formulation%20and%20Planning%20Worksheet.pdf>

<b>Reason for Referral</b>	
This includes symptoms and behaviors, and their onset, duration, severity, and family response.	
<b>Background Needs</b>	
What factors are contributing to the client's problem behaviors, symptoms, and impairments? What are the precipitating, predisposing, and perpetuating factors?	
Item: <input type="checkbox"/> 2 <input type="checkbox"/> 3	Item: <input type="checkbox"/> 2 <input type="checkbox"/> 3
<p style="text-align: center;"><b>Priorities for Treatment Needs</b> (Impact on Functioning Domain)</p> <p>What areas of a child/youth's life are impacted (e.g. family, social, community, and academic) as a result of the client's behaviors and symptoms?</p> <p>Item: <input type="checkbox"/> 2 <input type="checkbox"/> 3</p> <p>Item: <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>	<p style="text-align: center;"><b>Priorities for Treatment Needs</b> (Behavioral/Emotional Needs; Risk Behaviors; Needs from other modules)</p> <p>What is the client's current presentation in terms of behaviors and symptoms? Are there risk behaviors in the client that might need safety planning or crisis intervention?</p> <p>Item: <input type="checkbox"/> 2 <input type="checkbox"/> 3</p> <p>Item: <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<p style="text-align: center;"><b>Strengths to Use</b> (Centerpiece or Useful Strengths)</p> <p>What strengths in the child/youth (or caregiver) help inform a strengths-based approach? What are client's protective factors?</p> <p>Item: <input type="checkbox"/> 0 <input type="checkbox"/> 1</p> <p>Item: <input type="checkbox"/> 0 <input type="checkbox"/> 1</p>	<p style="text-align: center;"><b>Strengths to Build</b></p> <p>What areas need strengths-building? What are areas where no strengths exist?</p> <p>Item: <input type="checkbox"/> 2 <input type="checkbox"/> 3</p> <p>Item: <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>
<b>Anticipated Outcomes</b>	
What needs and/or strengths are expected to change as a result of working with the client?	
Item: <input type="checkbox"/> 2 <input type="checkbox"/> 3	Item: <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>Activities or Interventions</b>	

# ▶▶ CANS Case Formulation & Planning Worksheet

## *Reason for Referral*

Jessica is experiencing feelings of sadness, constant worry, and daily suicidal thoughts.

## *Background Needs*

Item: Witness to Family Violence

Item: Attachment Losses

### *Priorities for Treatment Needs (Impact on Life Functioning Domain)*

Item: Family Functioning  2  3

Item: Social Functioning  2  3

### *Priorities for Treatment Needs (Behavioral/Emotional Needs; Risk Behaviors; Needs from other modules)*

Item: Depression  2  3

Item: Suicide Risk  2  3

### *Strengths to Use*

Item: Talents and Interests  0  1

Item: Natural Supports  0  1

### *Strengths to Build*

Item: Family Strengths  2  3

Item: Resilience  2  3

# ▶▶ CANS Case Formulation & Planning Worksheet

## *Anticipated Outcomes*

Item: Depression

2  3

Item: Suicide Risk

2  3

Item: Talents and Interests

0  1

Item: Resilience

2  3



## *Activities or Interventions*

- Safety planning; refer to Interpersonal Therapy (IPT); work with Jessica to understand the impact of prior traumas on feelings of depression.
- Work with Jessica to get on a softball team; monitor how she is doing on the team.
- Schedule regular visits with Jessica's father and family sessions; work with family to determine ways they can support Jessica.

# CANS Case Formulation & Planning Worksheet

<i>Reason for Referral</i>			
Jessica is experiencing feelings of sadness, constant worry, and daily suicidal thoughts.			
↓			
<i>Background Needs</i>			
Item: Witness to Family Violence		Item: Attachment Losses	
↓			
<i>Priorities for Treatment Needs (Impact on Life Functioning Domain)</i>		<i>Priorities for Treatment Needs (Behavioral/Emotional Needs; Risk Behaviors; Needs from other modules)</i>	
Item: Family Functioning	<input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	Item: Depression	<input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3
Item: Social Functioning	<input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	Item: Suicide Risk	<input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3
<i>Strengths to Use</i>		<i>Strengths to Build</i>	
Item: Talents and Interests	<input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1	Item: Family Strengths	<input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3
Item: Natural Supports	<input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1	Item: Resilience	<input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3
↓			
<i>Anticipated Outcomes</i>			
Item: Depression	<input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	Item: Suicide Risk	<input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3
Item: Talents and Interests	<input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1	Item: Resilience	<input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3
↓			
<i>Activities or Interventions</i>			
<ul style="list-style-type: none"> <li>• Safety planning; refer to Interpersonal Therapy (IPT); work with Jessica to understand the impact of prior traumas on feelings of depression.</li> <li>• Work with Jessica to get on a softball team; monitor how she is doing on the team.</li> <li>• Schedule regular visits with Jessica's father and family sessions; work with family to determine ways they can support Jessica.</li> </ul>			



## ▶▶ Helpful Resources



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# CANS Conversation Guide



<https://www.cchealth.org/home/showpublisheddocument/16854/638285185612870000>

## Conversation Guide

### Child and Adolescent Needs and Strengths

<b>Name:</b>	<b>Respondents:</b>
<b>Date:</b>	<b>Assessor:</b>
<b>Behavioral/Emotional</b> Psychosis Impulsivity/Hyperactivity Depression Anxiety Oppositional Conduct Anger Control Substance Use Adjustment to Trauma	<b>Conversation Starters: Primary reason for referral? (i.e. precipitating event, symptoms, primary stressors)*</b> How would you describe your mood? Do you have trouble paying attention in school? Is it hard for you to sit still in class? Have you felt down or sad a lot recently? Do you feel lonely or like you don't want to do things you used to like? Do you worry a lot or feel fearful? What do you do when you are upset or angry? Is it hard for you to follow directions? A lot of people have had a scary or hurtful experience that still effects them today. Have you ever experienced something like that? its ok if you don't want to talk about it.
<b>Life Functioning</b> Family Functioning Living Situation Social Functioning Developmental/Intellectual Decision-Making School Behavior School Achievement School Attendance Medical/Physical Sexual Development	<b>Conversation Starters:</b> Can you tell me about some of the things you think you may need help with? How are things going with your family? What do you do together? How is school going? How do you get along with people your age? Do you feel supported by others? How is your health? How well do you sleep? Are you ever tired at school? Is there anyone special in your life right now? <b>What are the functional impairments?*</b>

# A Guide for Using the CANS with Clients & their Families (Cheat Sheet)

<https://cctasp.northwestern.edu/pdfs/CANS-Cheat-Sheet.pdf>

## 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 & using the CANS to engage clients and their 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 conceptualization of the case and 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. 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.

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 is completed in the moment, 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 an excessive amount 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 scoring sheet with the family, after the CANS is scored, as a concise way of illustrating the child's needs and strengths. Sharing the scoring sheet 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?).

Listed on the next page 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.



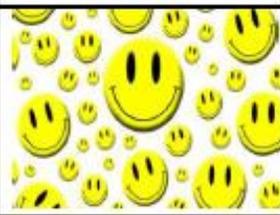
### CANS Rating Windowpane- Scoring Guide

Adapted from the original version created by:  
Mark Lardner & Neil Mallon  
of the Univ. of MD SSW

## NEEDS

<p><b>0 = No Evidence of a Need.</b></p>	<p><b>1 = Monitor; Let's Keep an Eye on It or Collect More Information. Suspicion or History of a Need.</b></p>	<p><b>2 = Take Action!</b> There is Information that this is an area of Need for the Youth/Family or an area of Need that Continues to Require an Intervention.</p>	<p><b>3 = ACT IMMEDIATELY!!!!</b> This is an intensive Need for the Youth/Family that should be addressed right away!</p>
			

## STRENGTHS

<p><b>0 = CENTERPIECE!</b> This is the Best Strength for the Youth/Family! I can build an entire plan around this!</p>	<p><b>1 = Identified Strength.</b> These are good strengths. Not the best, but good for the youth/family. Let's add these into our plan!</p>	<p><b>2 = Not Useful Right Now.</b> We need to build on these in order for them to be Strengths.</p>	<p><b>3 = Not a Strength.</b> I have no information about this area or I cannot find anything positive. It could be a weakness for the youth/family.</p>
			

## Needs



- 0 I don't want or need to change anything. There's no need in this area.
- 1 Let's keep an eye on this
- 2 We need help with this
- 3 We need help with this RIGHT NOW!

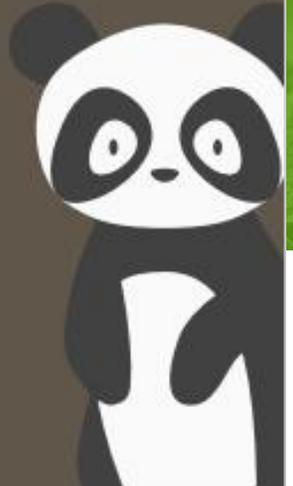


# CANS Score Cards

## Strengths



- 0 This is a centerpiece and very useful strength
- 1 This is a useful strength
- 2 This could be a potentially useful strength one day
- 3 This isn't a usable strength



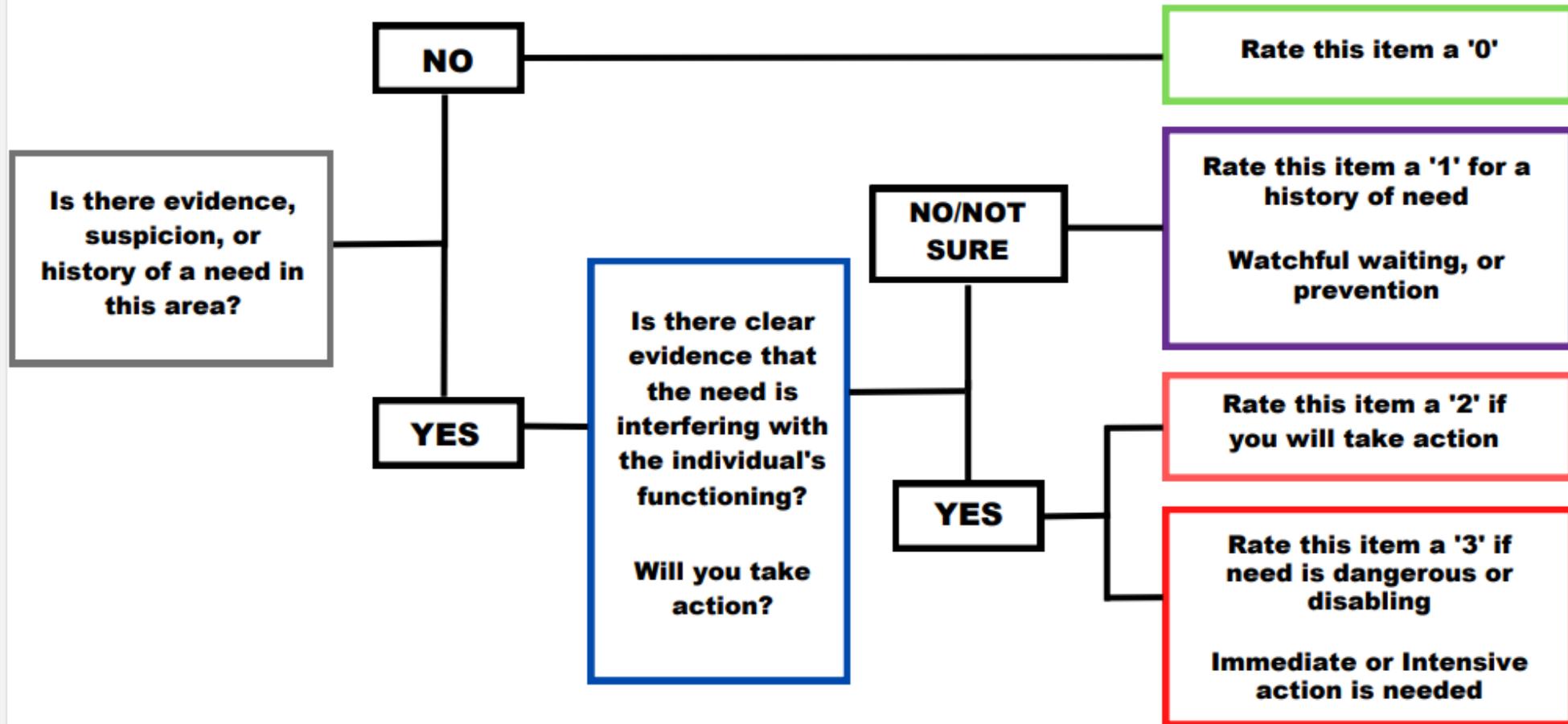
<https://www.alamedatcom.org/uploads/8/2/0/3/8/2031836/cans-cards-all.pdf>



# HOW to score the CANS

## ASSESSING FOR NEEDS

Does information represent a NEED?

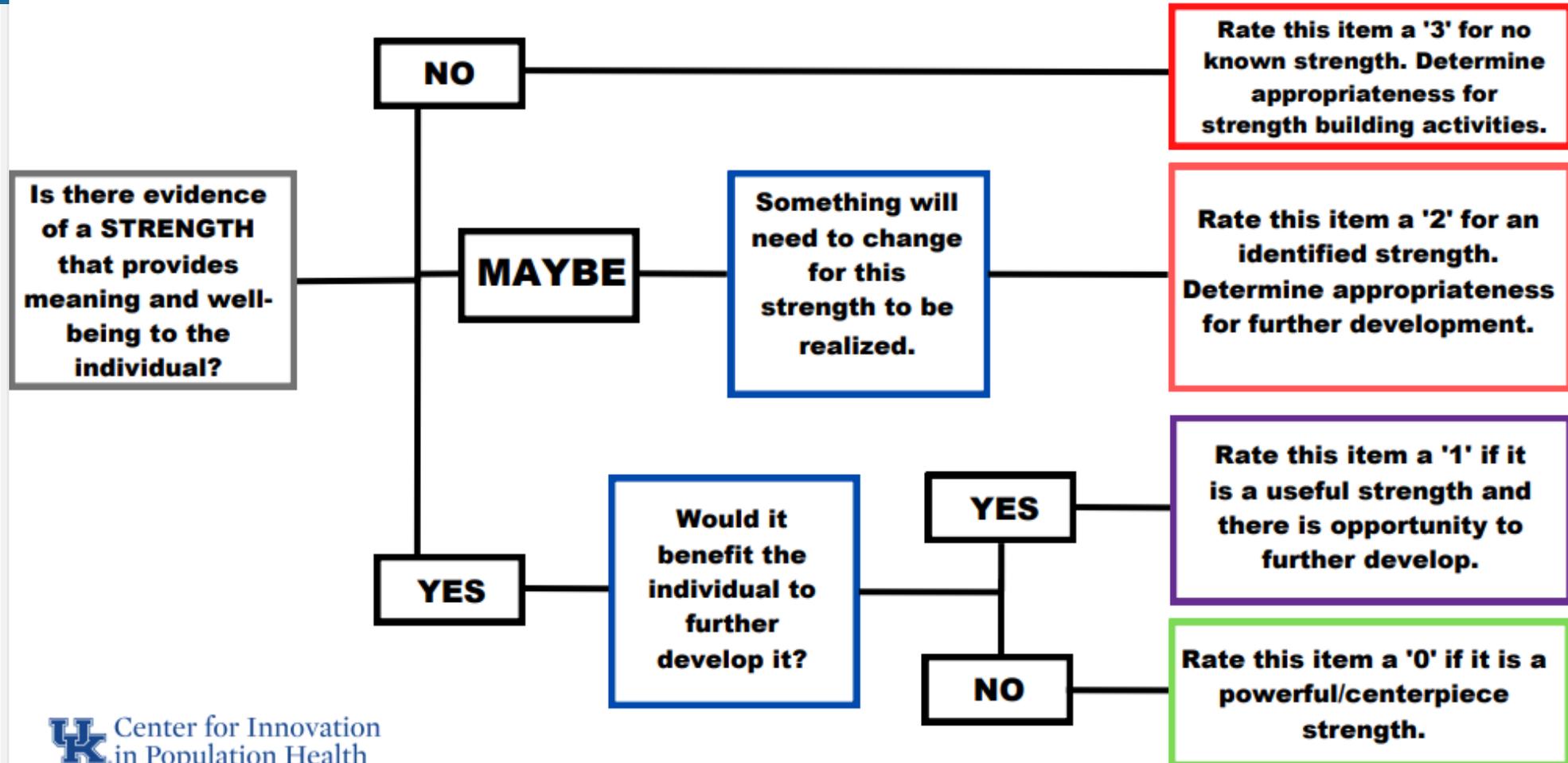




# ASSESSING FOR STRENGTHS

Does information represent a STRENGTH?

HOW to  
score the  
CANS



# CANS Resources



## CANS Resources

- **CANS Case Formulation & Planning Worksheet**  
Helpful worksheet that can be used to conceptualize a case and develop a plan through the use of the CANS. This form was taken from San Francisco's Health Network through their Community Behavioral Health Services.  
<https://www.sfdph.org/dph/files/CBHSdocs/CANS-SF%20Case%20Formulation%20and%20Planning%20Worksheet.pdf>
- **CANS Conversation Guide**  
This guide provides questions to ask to help score the CANS. The utilization of the guide turns the use of the CANS as a conversation tool. This guide was taken from Contra Costa County.  
<https://www.cchealth.org/home/showpublisheddocument/16854/638285185612870000>
- **A Guide for Using the CANS with Client & their Families**  
This guide discusses how to introduce and engage clients and their families through the use of the CANS. This guide was taken from Northwestern University  
<https://cctasp.northwestern.edu/pdfs/CANS-Cheat-Sheet.pdf>
- **CANS Rating Windowpane – Scoring Guide**  
This scoring guide can be used when doing the CANS with the client and family. It can be used as a point of reference to talk about the scores and it can help with having a conversation about the scores. This scoring guide was taken from Contra Costa County.  
<https://www.cchealth.org/home/showpublisheddocument/16872/638285185652530000>
- **CANS Score Cards**  
There are several different score cards that can be used when doing the CANS with the client and family. The link below provides different variations of the CANS score card for different age groups/interests. The score cards were taken from Alameda County.  
<https://www.alamedatcom.org/uploads/8/2/0/3/82031836/cans-cards-all.pdf>

## Other Helpful Resources from DMH Outcomes

- **CANS and PSC-35 FAQ**  
Lists frequently asked questions about the CANS and PSC-35 covering such topics as basic requirements and documentation; how to address different assessment types; forms, billing; data submission; training and certification.  
[https://file.lacounty.gov/SDSInter/dmh/1110046\\_CANS\\_PSC35FAQ7-7-21.pdf](https://file.lacounty.gov/SDSInter/dmh/1110046_CANS_PSC35FAQ7-7-21.pdf)
- **CANS Quick Guide**  
This quick guide provides information about the CANS-IP, administration and scoring tips, and some information about certification.  
[https://file.lacounty.gov/SDSInter/dmh/1132300\\_CANSQuickGuide102282022.pdf](https://file.lacounty.gov/SDSInter/dmh/1132300_CANSQuickGuide102282022.pdf)
- **PSC-35 Quick Guide**  
This quick guide provides information about the PSC-35, administration and scoring tips, scale descriptions, and how to manage missed items.  
[https://file.lacounty.gov/SDSInter/dmh/1133362\\_PSC-35QuickGuide04022020.pdf](https://file.lacounty.gov/SDSInter/dmh/1133362_PSC-35QuickGuide04022020.pdf)
- **PSC Scoring Sheet**  
This is an optional tool that staff can use to do a subscale analysis and give clinical meaning to the PSC ratings by helping to calculate the three subscales of the PSC-35.  
[1157103\\_PSC35-ScoringSheetfillin03122024.pdf \(lacounty.gov\)](https://file.lacounty.gov/SDSInter/dmh/1157103_PSC35-ScoringSheetfillin03122024.pdf)
- **CANS Recertification Tip Sheet**  
This tip sheet provides helpful tips on how to navigate through the CANS recertification process.  
[https://file.lacounty.gov/SDSInter/dmh/1138421\\_CANSRecertificationTipSheet.pdf](https://file.lacounty.gov/SDSInter/dmh/1138421_CANSRecertificationTipSheet.pdf)
- **CANS On Line Training Access and Quick Guide**  
This guide provides information on how to register as a new user for CANS certification and the process for getting certified and recertified for the CANS. It also includes the most current redemption code to enroll in the bundle of courses for CANS certification.  
[https://file.lacounty.gov/SDSInter/dmh/1109424\\_TCOMTrainingQuickGuide2-LAC.pdf](https://file.lacounty.gov/SDSInter/dmh/1109424_TCOMTrainingQuickGuide2-LAC.pdf)
- **TCOM Needs and Strengths Flowchart**  
This flowchart provides a decision tree in determining how to rate the needs and strengths for a client on the CANS.  
[1141464\\_CANSNeedsandStrengthsFlowchart.pdf \(lacounty.gov\)](https://file.lacounty.gov/SDSInter/dmh/1141464_CANSNeedsandStrengthsFlowchart.pdf)

For questions/information about the CANS or PSC, please contact DMH PEI Outcomes at [peioutcomes@dmh.lacounty.gov](mailto:peioutcomes@dmh.lacounty.gov).



▶▶ **Embarking towards a  
New Culture**



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# ▶▶ New Culture: CaAIM

## **Under CaAIM, overall goals:**

- For practitioners to focus on providing good clinical care rather than focusing on technicalities and administrative processes
- For supervisors and managers to help staff focus on providing good clinical care rather than spending time worrying about audit risk due to documentation technicalities.

# ▶▶ New Culture: CaAIM

- Practitioners can focus on treating the client, not the chart
- Even though certain requirements have been removed, standard of care does not change
  - Normal course of care:
    - 1) Assess/Diagnose
    - 2) Develop a plan
    - 3) Provide treatment

# ▶▶ New Culture: CANS

## How to support clinicians to be “transformative” clinicians in this New Culture through the use of the CANS?

- Communication tool - should reflect the story of the child/adolescent
- Assessment tool - organizes clinical information
- Gives a profile of specific current needs and strengths of the youth and family
- Used to develop a plan of care
- Decision-support tool - guide treatment and track changing strengths and needs over time

# ►► Topics of Discussion

- What are the challenges/barriers you as a supervisor/manager face at your program in implementing the CANS?
- How can we change the culture at your program where staff are able to embrace the use of the CANS?

# ▶▶ New Culture

**Goal:** Practitioners and providers can focus on providing appropriate clinical services as determined by the needs of the client instead of focusing on technicalities and administrative processes.

▶▶ Powerful aspects of the CANS  
The CANS is a...

**Therapeutic  
“Call to Action”**

▶▶ The importance of data to the art of  
therapy

**Data can also enhance, guide and  
protect our clinical efforts!**

**Thank you!**



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MENTAL HEALTH  
hope. recovery. wellbeing.