

Using the CANS in Trauma Informed Planning: A TIP Sheet

Below are excerpts from the Trauma Informed Treatment Guidelines, a resource developed by the Center for Child Trauma Assessment and Treatment Planning, a National Child Traumatic Stress Network Center, located at Northwestern University in Chicago

To download the full guidelines please go to our website at: cctasp.northwestern.edu

1) All of the child's needs and strengths must be considered:

Nothing in trauma-informed treatment planning suggests that traumatic stress symptoms 'trump' the other needs in a child's life. Rather, trauma-informed planning, especially when initiated through a comprehensive trauma assessment process (e.g., with the use of the CANS Trauma) involves a consideration of all of the child's presenting symptoms (needs) as well as their strengths.

2) Include the child and family in the treatment planning process:

Once the CANS has been completed, the clinician and child's family should work collaboratively to determine an appropriate course for treatment planning. Alternately, caregivers or older youth can be engaged in the completion of CANS ratings as appropriate and as part of the engagement process. Successful treatment intervention depends on the child and family's investment in treatment, as well as the child and family's needs and strengths. To increase such investment, the child's self-identified needs and the family's preferences for treatment planning should be given considerable weight. In ideal cases, the child's therapist, the child's caregiver, and the child (if developmentally appropriate) should together discuss and determine the focus and goals of treatment. Other professionals such as a child's case manager would also be beneficial in this process.

3) Collaborate with other professionals serving the child:

When planning for treatment, all resources in the child's life should be considered. For instance, the clinician should consider what roles the other professionals in the child's life (e.g., case worker, teachers, school counselors, coaches) can have in helping the child address some of the needs identified on the CANS, or increasing some of the child's strengths in need of development.

4) The needs on the CANS are sometimes related to one another, as you are looking at your CANS Score sheets ask yourself how the items marked as 2 or 3 may be related. Consider the following:

- Which of these needs are actually the youth's coping responses?
- Which of these needs are surfacing when the child is faced with trauma triggers?
- Which of these needs have to do with the youth's difficulty in forming or maintaining healthy relationships?

- Which of these needs are related to the youth's difficulty with emotional regulation (e.g., difficulty in identifying and describing internal emotional states, problems labeling or expressing feelings, difficulty or inability in controlling or modulating his/her emotions, and difficulty communicating wishes and needs)
- Which of these needs might be related to the youth's current perception of their own safety?

By grouping the needs together in this way, you are able to formulate treatment plans that address several needs at once. You can also help youth, caregivers and other adults in the child's life see the connection between trauma experiences and behavioral issues.

- 5) **Remember that you can rely on other professionals working with the child (e.g., case worker) to address some of the needs identified in the CANS**
- 6) **Only include the number of needs you can realistically address in a service/treatment plan;** these should ALWAYS include the items rated 3 for intensive or immediate intervention. You should consider completing the CANS and revising the treatment plan on a frequent and regular basis (every 45 days) if you are unable to include all of the remaining needs in the plan.
- 7) Finally, if the child presents with needs that are too great to address in outpatient treatment, the assessor and /or clinician should consider the need to get the child into a more intensive service (e.g., day treatment, residential treatment program).