

Strategies to Support the Use of the CANS in Trauma-Informed Care and Evidence-based Practice

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Objectives of Presentation

Overview rationale and strategies to support use of the CANS in trauma informed services, with both providers and caregivers/families.

Demonstrate and apply CANS –Trauma Resources for use in clinical practice settings *that can assist with caregiver/family engagement and trauma-informed treatment planning, and in relation to evidence-based practices.*

Brainstorm additional strategies and resources and barriers to overcome to support the more effective use of the CANS in trauma informed practice

Audience Poll



- What **service systems and roles** are represented?
- What is your background in **trauma-informed practice** at your agency?
- What are you hoping to **address /take away from this session** related to the CANS and trauma-informed practice?



The Center for Child Trauma Assessment and Service Planning
at Northwestern University

The Center for Child Trauma Assessment and Service Planning (CCTASP)

University-based/Treatment Services and Adaptation Center of the National Child Traumatic Stress Network; funded by SAMHSA since 2010

Focus on dissemination and translation of comprehensive, trauma-focused assessment strategies (e.g., CANS) for families, providers, and service settings

Application of the CANS in practice - in relation to Trauma-informed Treatment Planning , Psychoeducation, and in relation to Evidence-Based Practices

Analysis of local and national large scale data sets to further understand complex trauma and support Developmental Trauma Disorder diagnosis

Enhance education on complex, developmental effects of trauma: offering resources and training/consultation to support providers in child welfare, residential, and juvenile justice settings



Trauma-Informed Practice

Brainstorming Discussion

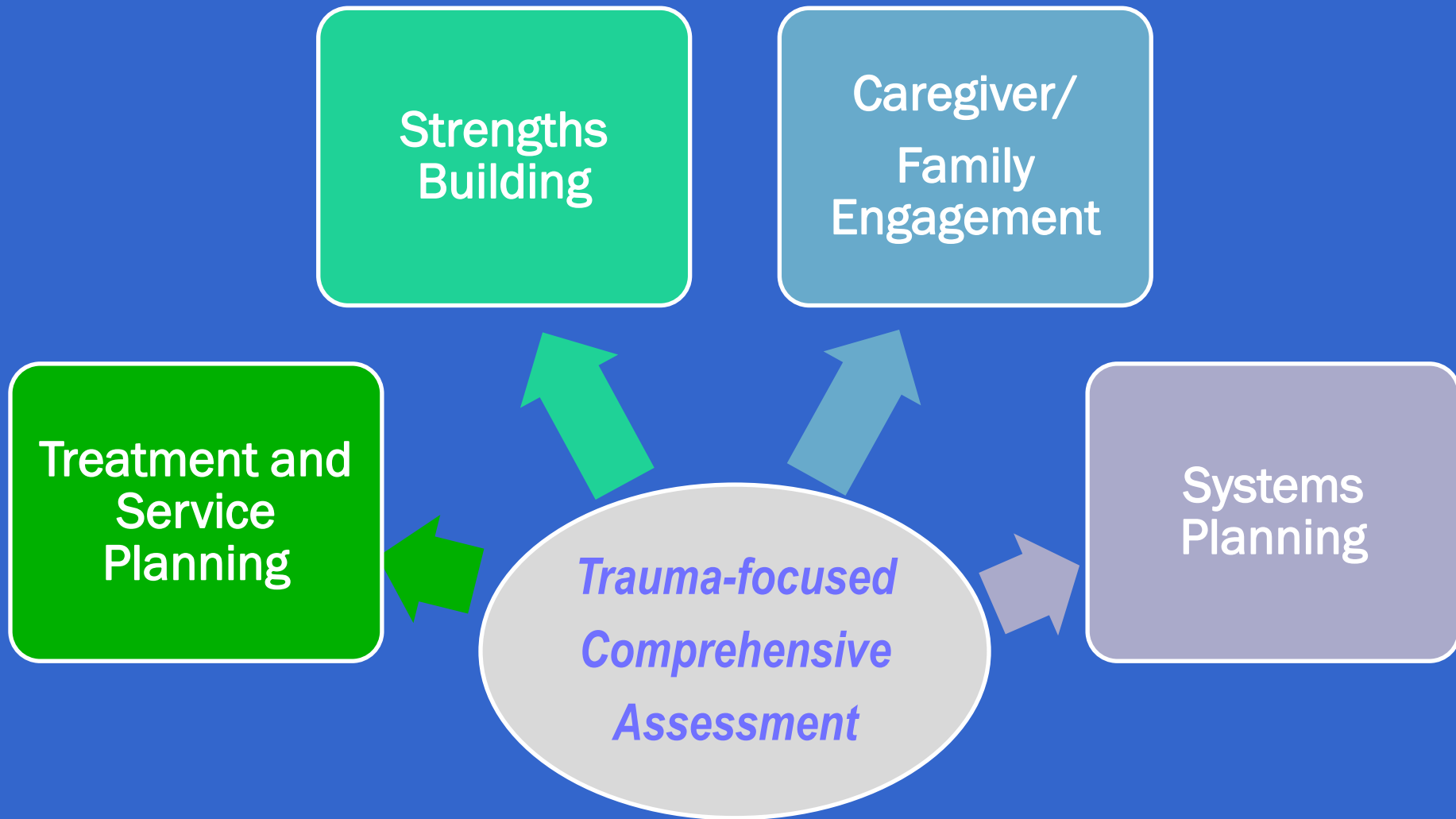


How are you using the CANS:

- 1) ... for client engagement and/or psycho-education?
- 2) ...with caregivers and families?
- 3) ... to inform and guide agency practice (direct service, supervision, training)?
- 4) to inform and guide goal setting and service planning?
- 5) ... in a way that supports trauma-informed services?

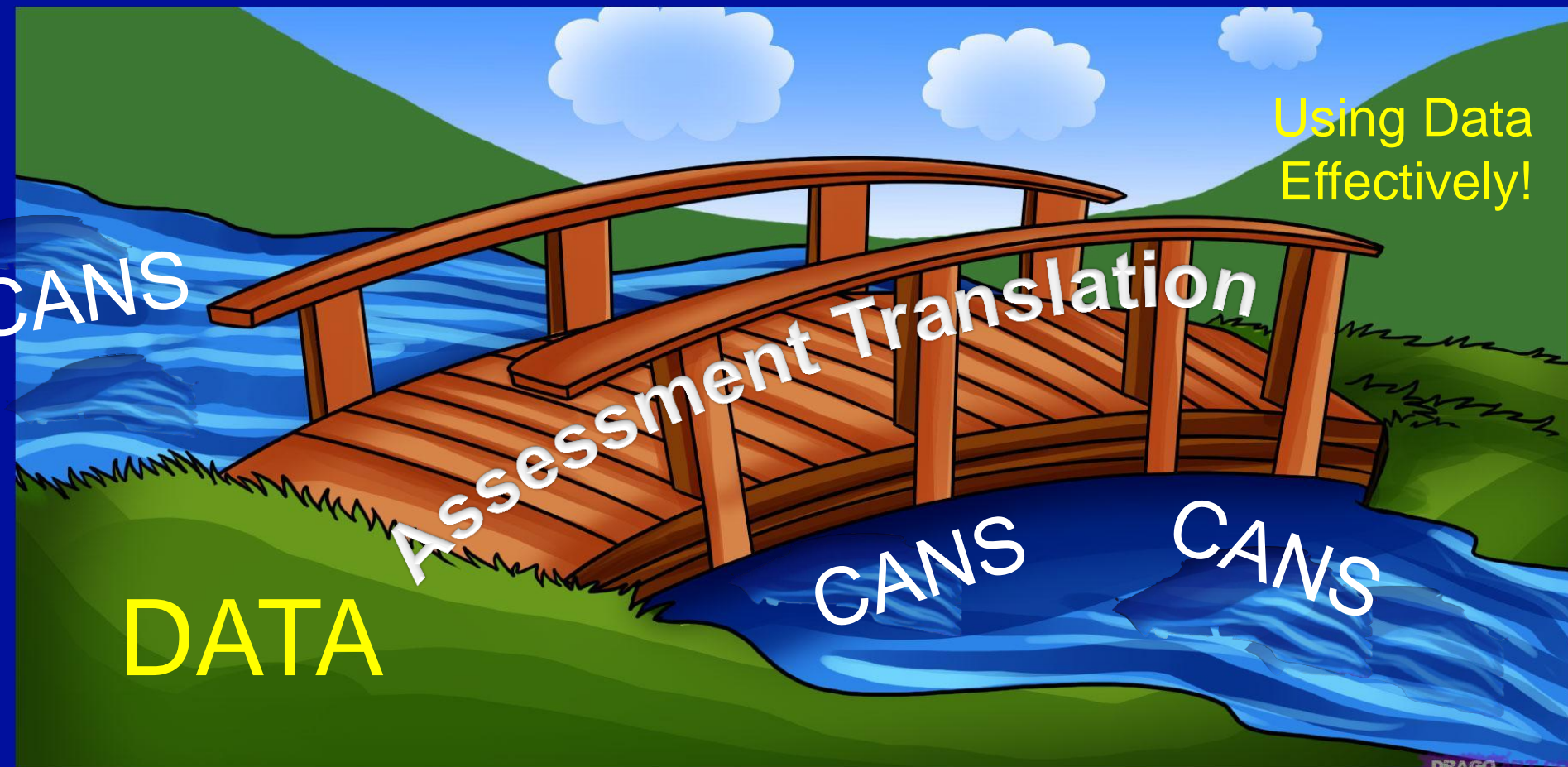
What are the barriers you have encountered to using the CANS in any of these ways?

Trauma-Informed “Data Driven” Planning and Engagement

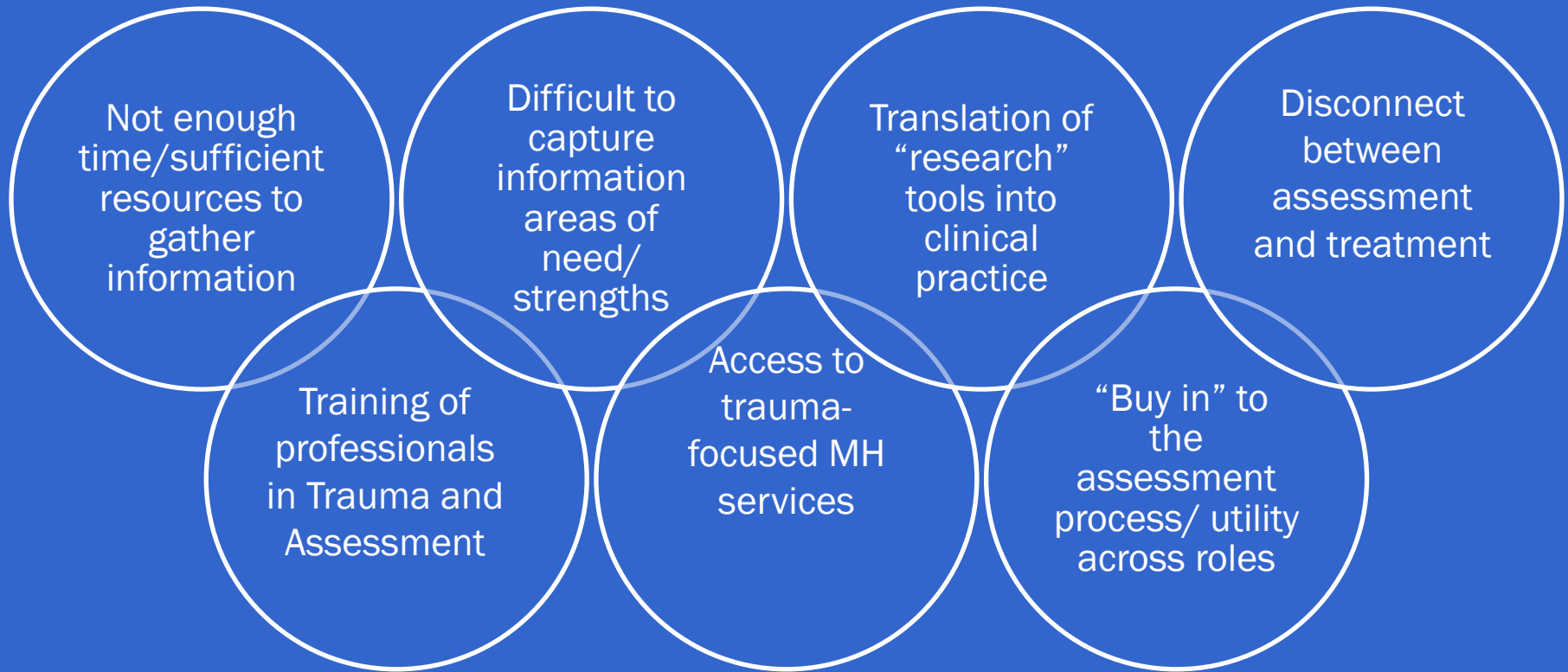


What is Assessment Translation?

Assessment translation is like a bridge between assessment data and the application of that data to improve clinical practice.



Summary of Existing Challenges from the Child Trauma Field: Use of Assessment Information in Practice



What can I DO to improve my trauma-informed practice?

Helping to Support Trauma-Informed Practices across Settings through use of the CANS



Trauma-Informed Practice

The trauma-informed professional:

- Understands the impact of trauma on a child or adult's behavior, development, relationships, and survival strategies
- Can integrate that understanding into planning for the child, adult, and family
- Understands his or her role in responding to child traumatic stress

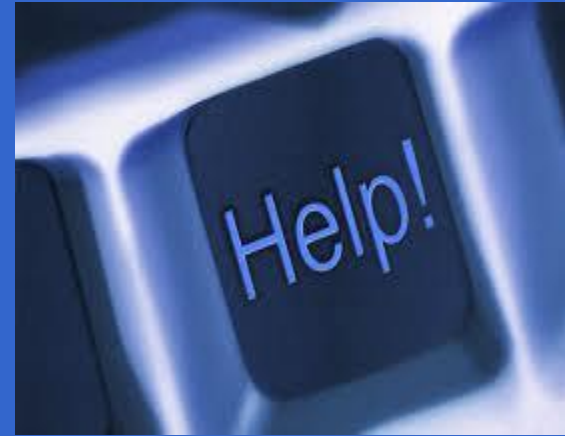
*NCTSN Child Welfare Trauma
Training Toolkit, 2008*

Utilizing a Trauma-informed Perspective involves...

- Routinely screening for trauma exposure and related symptoms
- Using culturally appropriate, evidence-based assessment and treatment
- Making resources available to children, families, adults and providers on trauma exposure, its impact and treatment
- Engaging in efforts to strengthen the resilience and protective factors of children/families and adults impacted by and vulnerable to trauma
- Addressing parent trauma and its impact on the family system
- Emphasizing continuity of care and collaboration across child or adult service systems
- Maintain an environment of care that addresses and minimizes secondary trauma and increases staff resilience

www.nctsn.org

CANS Resources and “Tip Sheets”



*Making the CANS
Feel Useful.....*

*To help with client
engagement and treatment
planning .*

Resources developed to support use of the CANS and Trauma-Informed Practice

CANS 'Cheat Sheet' A Guide for using CANS with Clients and Families

Concrete Guidelines to Treatment Planning and Clinical Application

Guidelines for Trauma Informed Assessment, Treatment Planning and Treatment with the CANS Trauma Version

Creative Applications for Different Provider Roles: Using the CANS with Complexly Traumatized Children and Adolescents

CANS VIDEO: Use of the CANS in Trauma-Informed Clinical Practice

CANS MAPPING with Evidence-based Practices: Trauma-informed Treatment Planning with ARC and SPARCS

Focus on CANS-Trauma Resources:

Enhancing our Trauma-Informed Lens
and Skill-Building



Steps to support Trauma-Informed Practice with the CANS

1. Initial and Ongoing Engagement and Psychoeducation about the Effects of Trauma with Youth/Caregiver
CANS Completion/Introducing Trauma / Review of Trauma Domains/Scores
2. Collaboration across Providers /Families and Goal Setting
Creating Trauma-Informed Goals with Caregivers/ Youth
3. Creating Trauma-Informed Service Plans
Establish plans using a trauma framework and staged approach
4. Monitoring and Sharing Progress Over Time
Share and translate CANS data with families using a trauma lens

The CANS 'CHEAT SHEET'

A Guide for Using the CANS with Youth, Caregivers and Families

... provides the therapist and/or family members with the following:

1. *A summary of the CANS and simple explanation of scores*
2. *Ideas about using the CANS at beginning of treatment – how to introduce and use for client engagement*
3. *Client-friendly description of why it's important to collect CANS data and strategies for using the CANS*
4. *A one-page summary (at the end) that can torn off and given directly to families*

Using the CANS in Working with Complexly Traumatized Children and Adolescents:

Creative Applications for Different Professional Roles

How can the CANS be used for:

1. Clinical Treatment Planning and Intervention
2. Clinical Supervision
3. Casework Planning
4. Working with Other Professionals /a Multi-disciplinary Team Approach

Small Group Discussion: Application of Resources



Questions to Consider

- How might this be a useful resource to your trauma-informed work, based on your role?
- Do you engage in these activities currently – if so, how?
- Are there ways these efforts could be improved upon in your role?
- Can you generate 2-3 ideas for how this might be applied to enhance your trauma-informed practice?
- Do you foresee any challenges? Any additional suggestions you might have for helpful resources?

Guidelines for Trauma-Informed Assessment, Treatment Planning and Treatment with the Trauma CANS

Three Parts:

1. CANS in Trauma-Focused Assessment
2. CANS Scores in Trauma-Informed Treatment Planning
3. Trauma-Focused Treatment



Guidelines for Trauma-Informed Assessment, Treatment Planning and Treatment with the Trauma CANS

Part 1: Use of the CANS in Trauma-focused Assessment

CANS General Scoring Guidelines

- Domain Specific Scoring and Action Levels
- Scoring Challenges, Making Difficult Decisions

Scoring Issues: The Trauma Domains

- Exposure to Potentially Traumatic/Adverse Childhood Events
- Symptoms Related to Potentially Traumatic/Adverse Childhood Events
- Pointers for Specific Trauma Symptom Items

CANS Scoring Issues: Child and Caregiver Strengths

- Using CANS Child Strengths in Trauma-focused Treatment

Guidelines for Trauma-Informed Assessment, Treatment Planning and Treatment with the Trauma CANS

Part 2: Use of the CANS Scores in Trauma-informed Treatment Planning

General Recommendations for Trauma-informed Treatment Planning

Use of the CANS Scores in Developing Trauma-informed Treatment Goals

- Incorporating Child Needs and Strengths
- Incorporating Caregiver Needs and Strengths

Potential Challenges with using the CANS in Trauma-informed Treatment Planning

Questions to Guide Development of Trauma-informed Treatment Planning

Guidelines for Trauma-Informed Assessment, Treatment Planning and Treatment with the Trauma CANS

Part 3: Trauma-focused Treatment

Phases of Trauma Treatment

Common Core Components of Trauma-focused Treatments

Suggested Treatment Tasks for Each Core Component

How to Identify Appropriate, Trauma-focused Treatments

Concrete Guidelines to Planning with the CANS:

‘CANS Pointers’/ Give priority to ...

- ✓ ‘Actionable’ items (rated 3 and 2) in all domains
- ✓ All Traumatic Stress Symptom items should be accounted for in a trauma-informed treatment plan
- ✓ Use “Adjustment to Trauma” as a gateway item to understand range of trauma-related needs and need for trauma-focused services
- ✓ Actionable Risks suggest need for specific plans (safety plans/level of care decisions)
- ✓ Incorporate child/CG strengths: well-developed strengths can be used to address needs; underdeveloped strengths can be targeted and built
- ✓ If multiple actionable needs, **group or cluster needs in plan** rather than addressing each need separately

Questions to Consider when Developing Trauma-Informed Plans with the CANS: *Strategies for Grouping CANS Items*

- *Which of these needs represent the youth's coping responses/efforts to cope with trauma?*
- *Which symptoms or difficulties were evident prior to trauma exposure? Did they worsen or change after exposure?*
- *Which of these needs surface or worsen when child is faced with triggers or reminders of the trauma?*
- *Which of these needs are related to the youth's difficulty with emotional regulation?*
- *Which of these needs are related to the youth's difficulty in forming/maintaining relationships?*

From Guidelines for Trauma-Informed Assessment, Treatment Planning and Treatment with the CANS

Utilizing a Trauma Framework in Treatment and Service Planning with Clients and Caregivers

- After conducting comprehensive assessment on needs and strengths, *SHARE* information with family members as appropriate
- Translate information with family members/ youth in a way that makes sense – helping them ‘connect the dots’ across various needs.
- Utilize information to educate, communicate, and advocate for client’s needs across settings– using a complex trauma ‘lens’
- If the child or adult has multiple needs or diagnoses, help family members and other systems make sense of these using a broader trauma framework
- *Regardless of specific intervention approach*, ensure that you are identifying and responding to the range of complex needs and building upon strengths that exist

CANS 2.0 & Evidence-based Trauma Practices

Attachment, Self-Regulation, & Competency (ARC)

- CANS 2.0 Items mapped onto ARC treatment “blocks” with related content (see next slide)
- Conceptual & empirical
- Clinical scoring template (see next slide)

Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)

- CANS 2.0 Items mapped onto SPARCS treatment components and skills with relevant/related content (see next slide)
- Conceptual
- Clinical applications in development

CANS 2.0/EBP Mapping Documents & Clinical Scoring Template

SPARCS/CANS 2.0 Mapping Project // 10-22-13

Skills Components Map Detail & Alpha Update

SOS/Mindfulness	LET'M GO	Distress Tolerance	Make a Link
15. Adjustment to Trauma 17. Re-experiencing 18. <u>Hyperarousal</u> 19. Avoidance 20. Numbing 21. Dissociation 22. Affective &/or Physiological <u>Dysreg</u> 24. Interpersonal 27. Coping & Savoring 34. Family 36. Social Functioning 42. Sleep 44. School Behavior 46. School Attendance 52. Attention/ Concentration	15. Adjustment to Trauma 17. Re-experiencing 18. <u>Hyperarousal</u> 20. Numbing 22. Affective &/or Physiological <u>Dysreg</u> 24. Interpersonal 27. Coping & Savoring 28. Optimism 29. Spiritual/Religious 34. Family 44. School Behavior 46. School Attendance	15. Adjustment to Trauma 16. Traumatic Grief 17. Re-experiencing 18. <u>Hyperarousal</u> 19. Avoidance 20. Numbing 21. Dissociation 22. Affective &/or Physiological <u>Dysreg</u> 27. Coping & Savoring 42. Sleep 44. School Behavior 46. School Attendance	24. Interpersonal 27. Coping & Savoring 34. Family 36. Social Functioning 44. School Behavior 46. School Attendance

Large Group Discussion

- What are some other ways you have used the CANS in the context of Treatment Planning?
- Are there any effective ways you have integrated the CANS with evidence-based practices?
- Any other challenges you have faced in this process?
- Any suggestions for resources that would be helpful to support these processes?



Ongoing / Future Collaborations and Resources: Supporting Application of the CANS and Trauma- Informed Practices

- Additional CANS Assessment Translation Resources for Staff and Caregivers/Family Members
- Focus groups with Caregivers/Family Members to support enhanced use of the CANS in clinical practice.
- Assessment-based curricula for application with specific trauma-focused clinical interventions
- CANS /FANS –Webinar and Learning Collaborative
- Fact sheets for a) Professionals in child-serving settings and b) Youth/ Caregivers on the developmental effects of trauma and its assessment.
- Training Videos/DVDs and briefer YouTube videos to enhance public awareness on the developmental effects of trauma

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