

Using the CANS in Working with Complexly Traumatized Children and Adolescents: Creative Applications for Different Professional Roles

1. Clinicians: Use of the CANS for Clinical Treatment Planning & Intervention

A clinician may consider these questions at multiple points during treatment and as the CANS is (re)administered throughout treatment:

Beginning Treatment:

- ❖ Has a CANS been previously completed on this child by another professional? If yes, would it benefit me to get a copy of this?
- ❖ Which CANS items are elevated (scored a 2 or 3)?
- ❖ Which items on the CANS need to be prioritized in treatment (all items scored 3 must be prioritized, some or all scored as 2)?
- ❖ Which strengths are notable (scores of 1 and 0)? Which strengths are underdeveloped (scores of 2 and 3)? Which strengths can we work on building in treatment?
- ❖ What CANS needs or strengths reflect what the child is currently doing to self-regulate or cope with trauma or other difficulties (e.g., use of substances, eating, etc.)?
- ❖ Are the caregiver, caseworker, school, and other service providers sufficiently trauma-informed to manage traumatic behaviors? If not, what resources can I provide to increase their understanding of the impact of trauma and the role it plays in the child's behavior?
- ❖ What type of plan needs to be developed to address safety and self-regulation if the client goes into crisis or acts out dangerously?
- ❖ How did the caseworker score the CANS? Are trauma-related symptoms appropriately identified?
- ❖ Has the child and/or caregiver(s) been educated about the child's needs as a reflection of their potential responses to trauma exposure (e.g., trauma-related symptoms, coping responses)?

During treatment:

- ❖ What items on the CANS are changing? Which areas are improving? Which areas are showing more difficulty?
- ❖ Have these areas of change been shared with the caregiver(s) and youth in the context of treatment?
- ❖ Do the CANS scores suggest that the child's methods of coping, or self-regulation, are changing?
- ❖ What interventions have I tried so far? Which have been successful?
- ❖ Are there needs on the CANS that suggest this child would benefit from another type of intervention?
- ❖ Who else working with the child would benefit from receiving a copy of the CANS I complete?

2. Clinical Supervisors: Use of the CANS in Supervision

A clinical supervisor may ask the following as a method of incorporating the CANS into supervision:

- ❖ Were there any items on the CANS you struggled to score for this child/family?
- ❖ Did the child have any elevated scores in the trauma domains?
- ❖ Were there elevated scores across other domains that you believe are somehow related to his/her history of trauma exposure?
- ❖ Do you need additional support around 'connecting the dots' across areas of need on the CANS using a complex trauma lens, and understanding how these needs may fit together?
- ❖ Did your CANS scores drive your treatment plan? How or why not?
- ❖ Do any of the treatment goals fit into core areas of needs/core components of complex trauma?
 - If yes, what types of interventions might you try incorporating into your work with this child to address these needs?
- ❖ What have you done or plan to do to address safety and self-regulation in therapy with this child (two very common needs for children with complex trauma)?
- ❖ Are there other key people in this child's life that can assist in addressing any of the child's needs or building his/her strengths (community/family supports, other professionals)?
- ❖ Have the CANS scores been shared with the child and/or caregiver? Why not or how did this go?
- ❖ Have you done any psychoeducation with the child's caregivers, parents, school, or other child welfare staff to assist them in understanding (and managing) the child's behavior in the context of complex trauma?
- ❖ How often do you plan to repeat the CANS during therapy? What is your plan for sharing feedback about client change overtime as a way of discussing both areas of growth and continued need?
- ❖ Have you focused on the caregiver section of the CANS to identify the areas for building family resilience?

- ❖ Are you keeping in mind the importance of your own self-care while doing this work? What are you doing to take care of yourself?

3. Casework Staff: Use of the CANS in Service Planning

Caseworkers can consider the following questions when using the CANS to inform their practice:

- ❖ Is it possible that a CANS has been previously completed on this child by another professional? If yes, how can I get a copy of this?
- ❖ If you have a copy of the CANS the therapist completed, does it reflect the same information and a similar understanding of the child's needs and strengths? Would it benefit us to complete a CANS together or at least share the CANS each of us has completed?
- ❖ Are there any areas of the CANS I am struggling to score because I need more information? If yes, can I gather this from the child, caregivers (biological parents, foster parents), therapist, teacher, etc.?
- ❖ Do I know enough about the family's resources and child's strengths (based on information that can be completed in Strengths section)?
- ❖ Which of the needs items reflects actions that need to be taken in the child's care plan or the caregiver's service plan?
- ❖ How might the needs on the CANS "fit" or "cluster" together for this particular child/family? Meaning, can a single goal address multiple needs identified on the CANS?
- ❖ What is the best method for sharing the CANS scores with youth and their caregivers? How can I use the CANS scores to help the youth/caregiver understand the goals in the care or service plan?
- ❖ Which of the child or caregivers strengths can be highlighted in the plan or incorporated into the plan as a target for growth?
- ❖ How can I use the CANS scores to inform my recommendations to the court and the court's decisions?
- ❖ Do this family's CANS scores suggest the needs for services other than therapy, such as mentoring, tutoring, extracurricular activities?
- ❖ Based on CANS scores (needs and strengths), are there any community activities that might help the child improve their ability to regulate their emotions, behaviors and/or and build strengths (dance, karate, theatre, YMCA, sports, art class, yoga, meditation)?
- ❖ Based on scores in the caregiver section, what type of work can be done with the foster and biological parent(s) or others in the child's community to support the child's service and treatment plans?

4. Case Work Supervisors: Use of the CANS in Supervision of Caseworkers

Casework supervisors may find the following questions helpful as they integrate the CANS into their supervision process:

- ❖ Is the Caseworker bringing the CANS to supervision?

- ❖ Does the casework supervisor agree with the caseworkers scoring of the CANS? Given the verbal description of cases in supervision are the scores valid: too high or too low?
- ❖ Has the caseworker identified all actionable items and usable strengths and incorporated these into service plan outcome/goal statements?
- ❖ Is all pertinent information discussed in supervision reflected in the CANS?
- ❖ Before signing off on any significant decisions, has the casework supervisor reviewed the CANS to determine if CANS scores support placement or other decisions (e.g. return home, adoption, and foster care)?
- ❖ Is the caseworker identifying changes in CANS item scores over time (up or down) by comparing sequential CANS and discussing the utility of contracted service provision in relation to specific CANS scores (i.e. no change in school achievement over 12 months—is tutoring effective)?
- ❖ How does the caseworker completed CANS compare to other completed CANS (e.g. the therapist CANS or the IA screener?)

5. Working with Other Professionals / Multi-disciplinary Team Approach

Providers may consider the following questions in relation to the CANS when working with a team:

- ❖ Do all members of the team have a copy of the last CANS completed on the child to develop a common understanding of the unique picture of the child’s needs and strengths?
- ❖ Are all members of the team informed about the child’s trauma experiences and symptoms as identified by the CANS?
- ❖ Are all team members aware of, and in agreement with, the safety plan and aware of the key safety issues?
- ❖ Are all team members aware of the child’s methods of coping or self-regulating?
- ❖ How can the CANS scores be used to inform the team’s decision regarding this case (e.g., placement)?
- ❖ Which strengths can be supported or further developed by each team member in their professional role?
- ❖ Which needs can be addressed by each team member in their professional role?