

Child and Adolescent Needs and Strengths (CANS) Tool and Wraparound

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CANS Philosophy

- It is trauma- and resiliency-informed tool that offers an opportunity to introduce adverse childhood experiences (ACES) and the relationship between ACES and trauma, thereby normalizing symptoms and adaptations.
- It is a collaborative process that includes engagement and partnership with family members.
- It provides a framework and connects the dots.
- It develops a common language.

Systems Theory

- Objects
- System of attributes
- Internal relationships
- Environment

Multi-Level Outcomes Management

	Family and Youth	Program	System
Decision support	Identification of strengths and needs	Collaborative plan of care	Community resource management
Quality improvement	Care coordination/ family team meeting/informal supports	Reflective supervision/SMART goals/family satisfaction survey	Transformation
Outcome monitoring	Celebrations and transitions	Evaluation	Performance contracting: Measuring impact on youth and families

A Communimetric Approach

The CANS was developed based in part on communication theory. It is a communimetric tool. Communimetric is a process that facilitates communication between:

- Consumer and wraparound facilitator
- Consumer and family members
- Case worker and supervisor
- Initiative and county/tribe and state

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Six Key Principles

1. It is an item-level tool. (Items were selected because they are each relevant to service/treatment planning.)
2. Each item uses a four-level rating system that translates into action.
3. Rating should describe the child, not the child in services.

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Six Key Principles

4. Culture and development should be considered prior to establishing the action levels.
5. The ratings are generally “agnostic as to etiology.”
6. A 30-day window is used for ratings in order to make sure assessments stay relevant to the child’s present circumstances.

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CANS Action Levels

Needs action levels

0 = No evidence of need

1 = Significant history of possible need that is not interfering with functioning

2 = Need interferes with functioning

3 = Need is dangerous or disabling

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CANS Action Levels

Strengths action levels

0 = Centerpiece strength for plan of care

1 = Strength present; useful for planning

2 = Identified strength, but needs building

3 = No strength identified in this area

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Cultural/Developmental Factors

CANS ratings may be different for similar situations for children dependent on the cultural context of those situations and the developmental level of the children.

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Trauma

- Trauma experience
- Adjustment to trauma

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Life Functioning

Different arenas of social interaction found in the lives of children and families

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School

Focus on elements/experiences impacting functioning in daycare, school, or educational setting

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Child/Youth and Family Acculturation

How does the child's membership in a particular cultural group impact their stress and well-being?

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Child/Youth Behavioral/Emotional Needs

The CANS is not a diagnostic tool, but it is designed to be consistent with diagnostic communication.

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Child/Youth Risk Behaviors

- This section focuses on behaviors that can get children in trouble or put them in danger of harming themselves or others.
- Risk behaviors should suggest fairly specific considerations such as formal safety plans, etc.

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Child/Youth Strengths

- Assets of the child that can be used to advance healthy development.
- Strengths are not the opposite of needs.
- Increase a child's strengths while also addressing their needs leads to better functioning, and better outcomes.

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Current Caregiver

- Rate unpaid caregiver or caregivers.
- If placed out-of-home, rate child's current out-of-home care provider.
- When there are multiple caregivers, make rating based on needs of set of caregivers as they affect child.

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Identified Permanent Resource Strengths and Needs

- Who is the permanent resource that the child will be living with?
- If the child is placed out-of-home, rate the permanent caregiver resource.
- If there is no community caregiver, this section might need to be left blank with an indication that no caregiver is identified.

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Assessment Summary

- www.wicollaborative.org (Coordinated Services Teams Initiatives Assessment Summary of Strengths and Needs)
- Comprehensive narrative

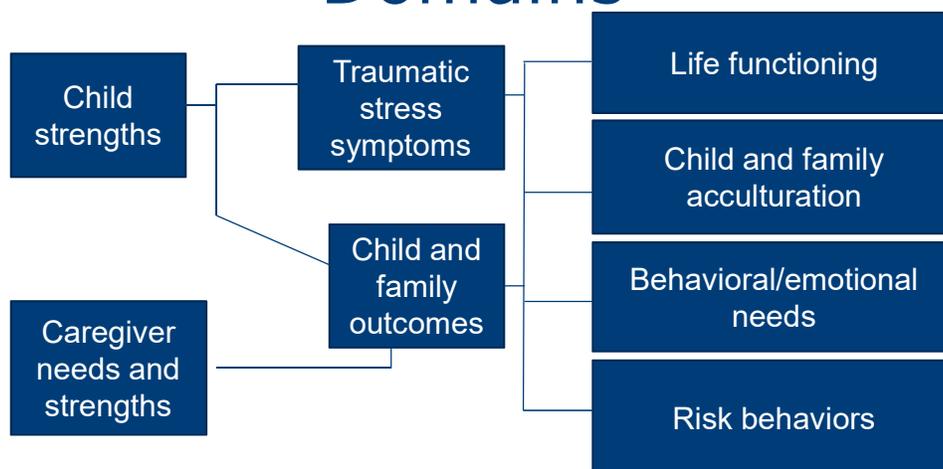
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Looking for Patterns of Needs and Strengths

- Use actionable needs to create a causal model to explain the individual's current situation.
- For example Trauma - Anxiety – Self Injury
- Self-Injury is an attempt to self regulate the anxiety
- Puzzle Strategy = Pathway needs, not address but shift when intervention is provided
 - Target Intervention
 - Anticipated Outcome, needs that are expected to respond as a result of effectively targeting the treatment needs.

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Relationship Between CANS Domains



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Confirmation from CANS Data

- Statistical correlations reveal associations between CANS items.
- Correlation does not mean causation, but....
 - The strength and direction of relationships revealed.
 - CANS rating relationships = if one CANS item rating is high, a second item rating is high (and vice versa)

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Grouping of Needs Within a CANS Domain

TRAUMA

Emotional abuse
Physical abuse
Neglect
Family violence

RISK BEHAVIORS

Suicide
Self-injurious

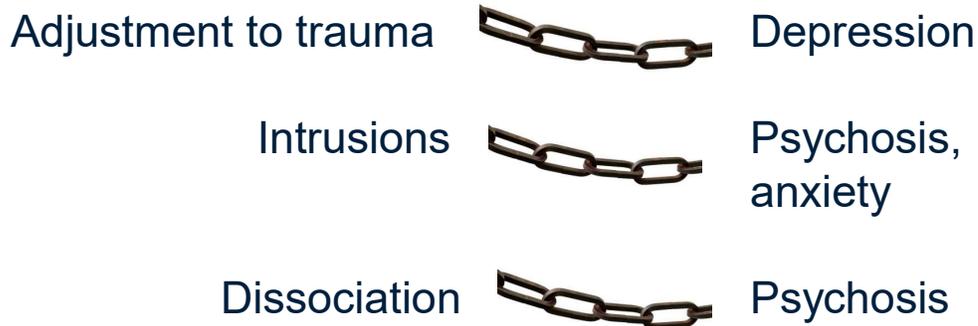
Danger to others
Bullying
Intentional misbehavior

CAREGIVER NEEDS

Supervision
Problem solving
Involvement with care
Empathy
Organization
Social resources
Mental health
Family stress

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Trauma and Mental Health Symptoms Relationship



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Mental Health Symptoms and Risk Behaviors Relationship



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Mental Health Symptoms Relationship to School Behavior

ADHD, Anger Control,
Oppositional



School Behavior

Oppositional



Relationship with
Teachers

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Mental Health Symptoms and Life Functioning Relationship

Oppositional, conduct
disorder, anger control



Family function,
living situation,
social functioning
with adults

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Family Substance Use Influence

Caregiver substance use



Criminal delinquency

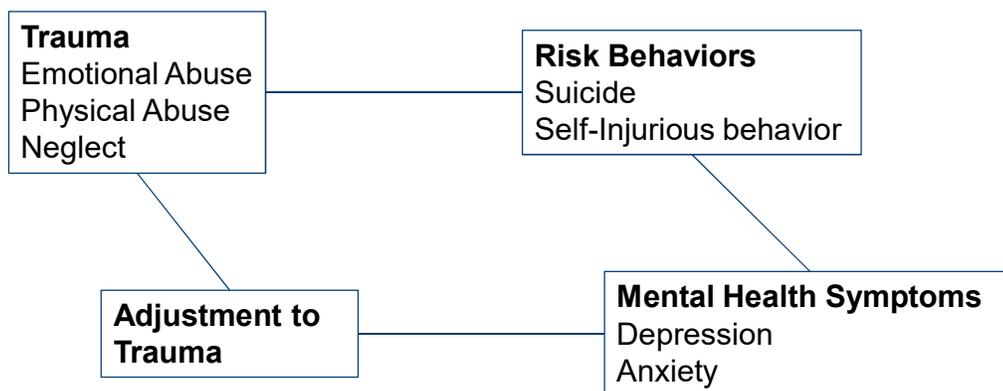
Youth substance use



Caregiver supervision, mental health, organization, involved with care

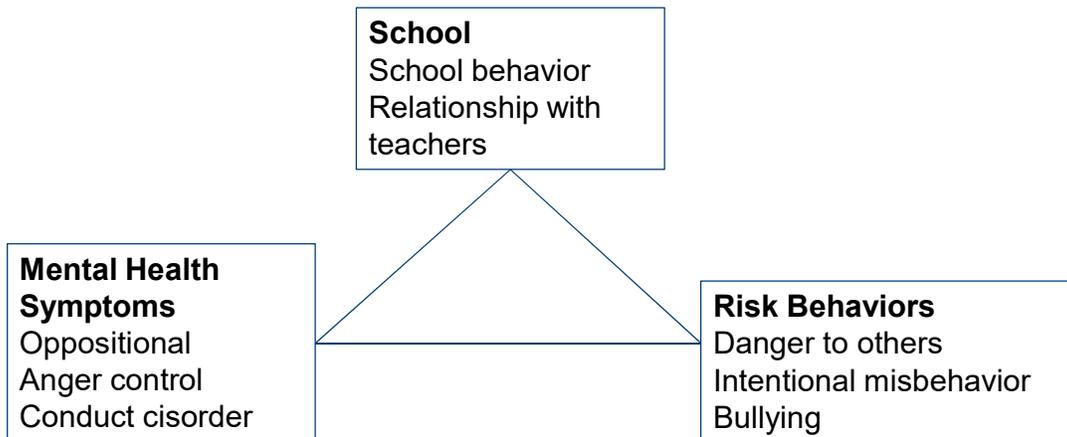
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Patterns of Needs – Example 1



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Patterns of Needs – Example 2



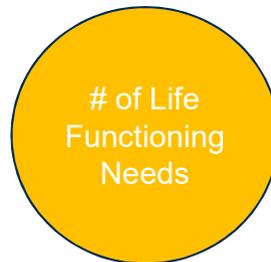
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The Impact of Strengths

- Individual strengths are related to mental health symptoms and functioning, but not as strongly as other items.
- Examined increase in intensity of need so far = an increase in one need associated with another.
- “Strength in numbers” means part of the impact of strengths is in their quantity.

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The Impact of Strengths – Example 3



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Treatment Planning

- The selection of the items in the CANS is designed to serve as the output of the assessment process to inform the creation of a plan.
- The CANS should be capturing the information you need to create a plan of care.
- Risk behaviors suggest specific considerations for a safety plan.

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Writing Measurable Goals

Background/
underlying needs

Physical abuse

Emotional abuse

Witness to family
violence

Treatment
targets

Attachment

Adjustment to
trauma

Traumatic
grief/separation

Anticipated
functional
outcomes

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Integrating CANS into Wraparound

- Underlying theory of CANS
- Family story
- It informs the written narrative
- Both are collaborative approaches.

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Planning Phase

- Needs statements in wraparound are not deficits or need for services or supports.
- Person's environment effects the expression of that need.
- Wraparound looks at "why" and TCOM is the "what."

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Implementation Phase

- Wraparound "4A's" of implementation phase
- Team mission
- Youth and family vision for the future
- Graphic representation

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Transition Phase

- True success
- Informal team meeting
- Finding voice
- Informal supports

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Integrating the CANS into Comprehensive Community Services Assessment

- Wisconsin Stats. § 46.56
- Wisconsin Admin. Code DHS ch. 36
- Domains
- Narrative
- Strengths/needs/barriers

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Questions/Suggestions