Therapeutic CANS Assessment
a Data Reflection Assist Workshop (DRAW)

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“Holding Environment”
of our Assessment

Why Data Reflection?
- To be data effective...
  we need to be data reflective

Storytelling with Data

Collaborative/
Therapeutic Assessment

Cultural Safety
& Humility
Use Data to improve Effective Effectives (Miller, 2015)

1. Give yourself ‘The Benefit of Doubt.’ This is also called Professional Self-Doubt. Reflecting on data to be aware and accept strengths and needs as a clinician or a program.

“Why Data Reflection?

“We are surprised that Family Functioning is barely above 50% improvement, and we reflected on why this may be. Clinicians discussed that we have a strong family focus in our approaches, but that we often target specific symptoms/disorders first, before we begin family therapy approaches.”

2. Slow and steady wins the race. Use reflection on data to inform Deliberate Practice.

“Overall, we did very well on improving our impact on functioning as well as improving several items on reducing risk behaviors. Where we could continue to improve upon is the area of strengths because many of our clients come in with low levels of self-esteem, which impacts various aspects of their lives.”
3. Engage or connect for Success. Use joint reflection of data to improve Therapeutic Alliance and Collaboration with client and program.

Why Data Reflection?

“Although there are many story tellers in people’s lives there is still just one person, and it is their story. The goal of the CANS is to represent a commonly understood story that integrates the perspectives of all story tellers. Just as there are many rivers (story tellers) there is ultimately one ocean (the person’s story). The assessor does not own the story. The assessor is not the story teller. Each individual owns their own story, and any effective helper knows this. The assessor gives information to be woven into that story, helps identify potential patterns and themes in the story and assists in organizing other perspectives. The process of integrating many rivers into one ocean—or many perspectives into one story owned by the person who is living it—is person-centered, consensus based assessment. This integration of stories is, simply, good care.”

~ John Lyons (2019) ~

Story-telling with the CANS
How do programs tell a story about their CANS data?

What’s the story here? Who are the hero/ines? Any villains?

Approach data (charts) in a similar way to how we generate narratives or draw interpretations from our clients’ sand play.
What is the title of this scene?
What is happening in here?
Are you in this scene? If you were, is there a miniature that might represent you?
What has the most power in here? Where is the energy here?

What is the title of this scene?
What is happening in here?
Are you, your client, or your program in this scene? Can you show me where?
Where is the energy here? What has the most power in here?
How has the Story Changed through Time?

- What's the story here? Who are the hero/ines? Villains?
- Use sandtray processing prompts:
  1) What is the title of this scene?
  2) What is happening in here?
  3) Are you, your client, or your program in this scene? Can you show me where?
  4) Where is the energy here? What has the most power in here?
CANS Performance Objectives

Strengths Objective

100% of clients will either maintain or develop at least two useful or centerpiece Strengths

Strength
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 - No usable strength

% of clients achieving the CANS Strengths benchmark Points

<table>
<thead>
<tr>
<th>Percentage Range</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>90-100%</td>
<td>5</td>
</tr>
<tr>
<td>80-89%</td>
<td>4</td>
</tr>
<tr>
<td>70-79%</td>
<td>3</td>
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<tr>
<td>60-69%</td>
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<tr>
<td>50-59%</td>
<td>1</td>
</tr>
<tr>
<td>&lt;50%</td>
<td>0</td>
</tr>
</tbody>
</table>

All Programs
FY18-19 Q3 Performance Objective A.2b
Strengths Outcomes Item-Level Report 7/1/2018 - 3/31/2019

The charts below display the Strengths items from the CANS. The stacked bars represent the total number of episodes for which at least two useful or centerpiece strengths were developed or maintained.*

Mean number of months between CANS: 12.3  •  Median number of months between CANS: 11.5
Number of children/youth: 1338  •  Number of CANS pairs in this report: 1410
Number of CANS pairs with strengths developed: 372  •  Number of CANS pairs with strengths maintained: 1264

**DEVELOPED**
Strength item that was rated as 2 or 3 at Time 1 and the child/youth was helped to develop it into a 0 or 1 at Time 2

**MAINTAINED**
Strength item that was rated as 0 or 1 at Time 1 and the child/youth maintained it as 0 or 1 at Time 2

**NOT DEVELOPED/REGRESSED**
Strength item that was rated as 2 or 3 at Time 1 and Time 2, or was rated as 0 or 1 at Time 1 and 2 or 3 at Time 2
Strengths Items • 6 thru 20

CANS pairs for 6 thru 20: 1360

16.0% of the 1360 episodes developed family strengths
62.6% of the 1360 episodes maintained family strengths

21.3% of the 1360 episodes did not develop family strengths, or family strengths regressed

CANS Performance Objectives

Needs Objective

80% of clients will improve on at least 50% of their actionable items on the CANS

% of clients achieving the CANS Needs benchmark  Points
72-100% = 5
64-71% = 4
56-63% = 3
48-55% = 2
40-47% = 1
<40% = 0
94.3% of the 676 episodes indicated a problem with anxiety.

50.7% of the 422 episodes indicated a problem with dysregulation.
The CANS Assessment is an approach based on storytelling. Children, youth, and their families who seek help share their experiences (i.e., tell their stories). Sometimes, parts of their stories are retold by multiple professionals based on their skills and focus.

In order to effectively help, these stories must be combined into a single story, and then, common themes from these stories are identified to decide how exactly to help.

The CANS Priorities for Treatment aims to strengthen the storytelling aspects of helping our client. It primarily serves to allow collaborative and therapeutic CANS Data Reflection on a client level.
Lian, the 4-year old daughter of Amy and Dan. She was born in Singapore, and when she was 3 years of age, the Lums immigrated to the USA. Lian’s grandmother joined them later so she can take care of Lian while both parents worked. **Lian grew to be very attached to her grandmother.**

However, a year ago, the grandmother passed away due to natural causes. **Lian could not adjust to this loss.** She would cry endlessly in her preschool and is visibly distraught around new babysitters. For the past two months, she calls out for Amy many times during the night to get a hug, to be read a story, or to be consoled because of a recurring nightmare that her grandmother is calling for her mother.
Story of Lian

In the CANS CYF Assessment Report, there’s a section on Priorities for Treatment.

Use this section to hand write a summary of the reason for referral.

This displays the items you selected to prioritize for treatment.

Use this section to hand write some activities or interventions relevant to what you have prioritized for treatment.

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Story of Lian

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Narrative Therapy Techniques:

- **Telling One’s Story** – re-telling the client’s story (thru CANS items) to find new meaning
- **Externalization** – separate from the problems to make it easier to change something. CANS story expressed in metaphor
- **Deconstruction** – breaking problems to smaller more specific issues. Specific CANS items are highlighted → Case Formulation.
- **Unique Outcomes Technique** – help a client to change their perspective and perceive more positive and life-giving narratives.

Therapeutic CANS Assessment: A Collaborative Approach

- Therapeutic Assessment (TA) is a **collaborative approach** to assessment (Finn & Tonsager, 1997).
- Assessment feedback is **often hierarchical** in nature with the assessor/clinician being the expert and knowledge bearer.
- In therapeutic and collaborative assessment, clients and their families are **engaged actively** in the assessment, including goal setting, interpretation, conceptualization, and treatment planning (Fischer, 1994).
- **Assessment becomes intervention** in and of itself.
Therapeutic CANS Assessment using Fables

TA with children/youth might involve constructing a fable, a poem, a song/rap, or a letter (Tharinger, 2010). Using the realm of fable and fantasy can assist children in taking in the new story without overtaxing their mental or emotional capabilities or raising their defenses. Process:

- The child/youth is the main character in the fable – can be represented as an animal or mythical creature. Also include characters for important family members or caregivers.
- Assessor/clinician is included as a figure of kindness/wisdom
- Introduce challenges or presenting problems. Create or help client create a story using actionable CANS items.
- Develop steps toward constructive change. Might be suggested by the ‘wise’ character but are carried out by the client with support/help from caregivers.
- Free self from formal professional writing, access imagination and resourcefulness. Create illustrations by drawing or using clip arts.

Therapeutic CANS Assessment using Sandtray Therapy

- Use of sandtray as assessment (Sori, 2016)
- Working with sand and symbols (miniatures).
- Emphasis on safe and protected space TEMENOS
- Trust innate healing ability of the child/youth to rediscover and reintegrate split off psyche
- The sand play process consists of two central stages: 1. The first involves the construction of the sand picture (Dale & Wagner, 2003); 2. After the completion of the sand picture, the child is encouraged to share a story or narrative about the sand picture.
Therapeutic CANS Assessment using Sandtray Therapy

- Engage your child/youth client and talk about CANS Assessment. You can use engagement tools provided by the Alameda TCOM Collaborative (http://www.alamedatcom.org/engagement--planning-tools.html)
- Walk your child/youth client thru CANS items that are important in their story (Priorities for Treatment)
- Ask your child/youth client to represent these CANS items by choosing sandtray miniatures.
- Ask your client to create a story with these miniatures. Their stories can help inform you about what they want to prioritize in their treatment.
- Ask your client to share their story. Ask your client to generate steps toward constructive change.

Therapeutic CANS Assessment using Journey Sticks

- Aboriginal people in Australia used journey sticks to more easily recount their journeys to other people upon their return. They found a large walking stick, collected materials found along the way, and tied them to the stick in chronological order.
- Native Americans also decorated sticks to recount their journeys and tell about their travels. These sticks can be used as storytelling tools.
- Use a journey stick and ask a child/youth client to recount their story and attach objects/materials to represent CANS needs and strengths. Objects can be gathered from the environment or brought to a session.
Some References


Thank You!

We are happy to visit your program to facilitate, co-lead, or provide consultation on CANS Data Reflection activities both on a program- and client-level. Feel free to reach out anytime to:

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