CANS Data Reflection: Of Sandtrays & Stories

What Data are we Reflecting on?

- On a program-level, CANS item-level reports are generated by Quality Management (QM) quarterly and annually for programs to be able to reflect on aggregated data of their clients on CANS items across 5 domains: Needs, Trauma, Strengths, Risks, and Impact on Functioning. See CBHS website here for CANS reports.
- On a client-level, the CANS Case Formulation and Treatment Planning Worksheet and CANS Traffic Light Report can be used to facilitate collaborative data reflection activities in sessions with clients, in clinical supervision, in CFT meetings, or in client case presentations. These can be translated to fables, sandtray stories, journey sticks, mandalas, and other story-telling activities to engage a child/youth in a therapeutic CANS assessment.

How do we facilitate data reflection?

- Care providers and supervisors can use the sandtray analogy as a unique way of approaching data by using prompts such as: “Where is the Energy in this Chart?” or “What is happening in here?”
- We can also use narrative approaches by referring to the data as a Story Board and asking, “What’s the story here?” or “What client stories are reflected here?”
- Data reflection is also guided by the following questions:
  1. How do you understand your data around STRENGTHS? What stories emerged from your reflections of the data?
  2. How do you understand your data around NEEDS? What stories emerged from your reflections?
  3. What is your plan moving forward after reflecting on your program’s CANS outcomes?
  4. What are the successes and challenges that your program has experienced in implementing any plans generated from a previous and most recent data reflection activity?

Programs summarize their data reflection meetings in a form, and submitted to CYF and QM.

These forms are qualitatively analyzed using a grounded theory approach. The results of the analysis will be reported at a future CYF providers’ meeting and will be primarily used to inform clinical practice improvement efforts in individual programs and in the system of care overall.

Recommended References:

