



San Francisco Health Network
 Community Behavioral Health Services
 Children, Youth, and Families System of Care

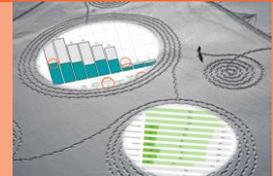


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Therapeutic CANS Assessment

a Data Reflection Assist Workshop (DRAW)



Ritchie Rubio PhD and Petra Jerman PhD, MPH 2019



“Holding Environment” of our Assessment



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Collaborative/
 Therapeutic
 Assessment



Cultural Safety
 & Humility



Why Data Reflection?



➤ 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.



“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”



Why Data Reflection?



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. “

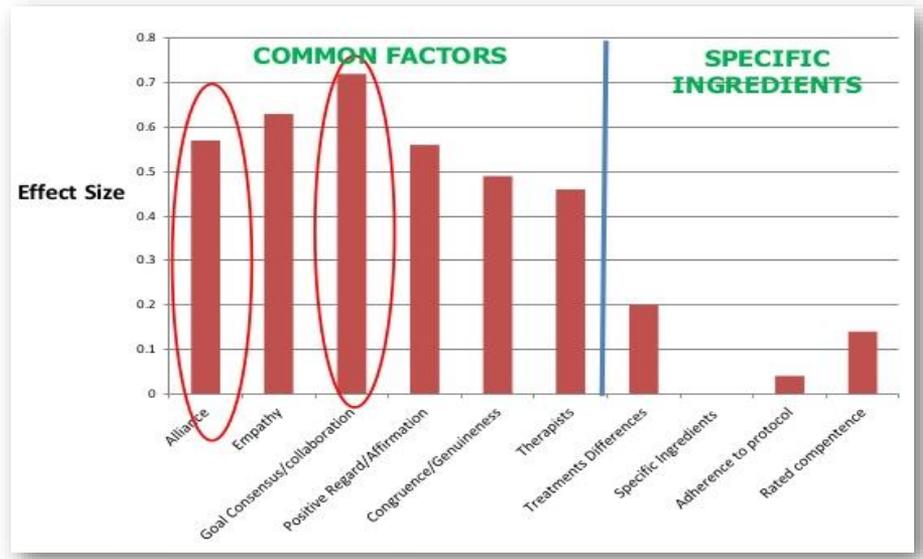




Why Data Reflection?



- Engage or connect for Success. Use joint reflection of data to improve **Therapeutic Alliance** and **Collaboration** with client and program.



Story-telling with the CANS



“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) ~

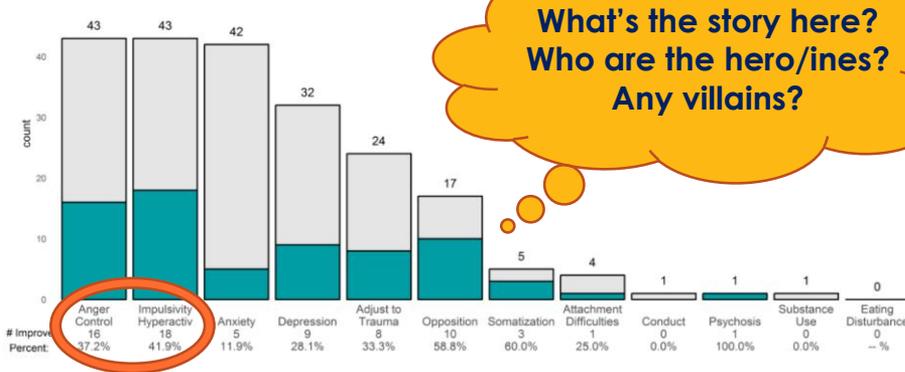




How do programs tell a story about their CANS data?



Storyboard That



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



How do programs tell a story about their CANS data?



Approach data (charts) in a **similar way** to how we generate narratives or draw interpretations from our clients' sand play.



Sandtray Therapy Processing



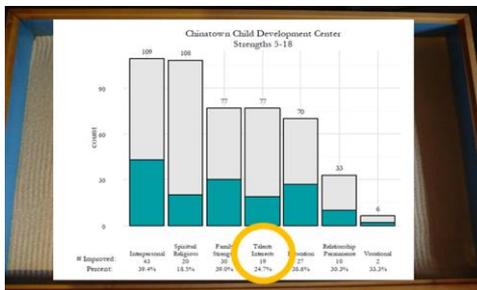
- What is the title of this scene?
- What is happening in here?
- Are you in this scene? If you were, is there a miniature that might represent you?
- What has the most power in here? **Where is the energy here?**



CANS Data "Sandtray" Processing

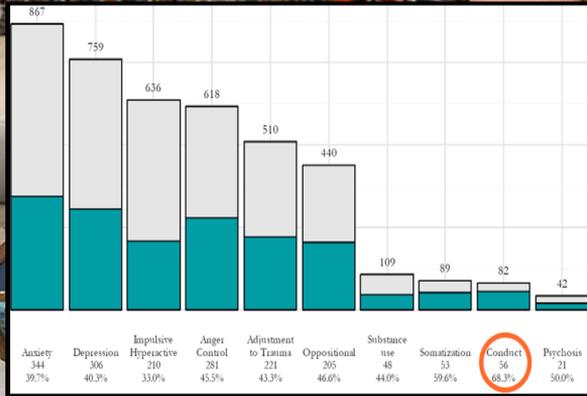


- What is the title of this scene?
- What is happening in here?
- Are you, your client, or your program in this scene? Can you show me where?
- **Where is the energy here?** What has the most power in here?

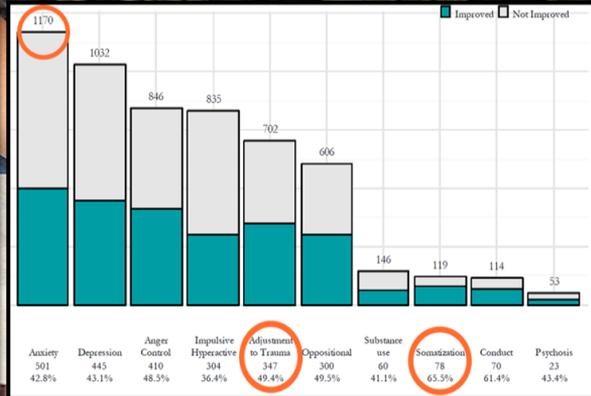




How has the Story Changed through Time?



3 Quarters Data



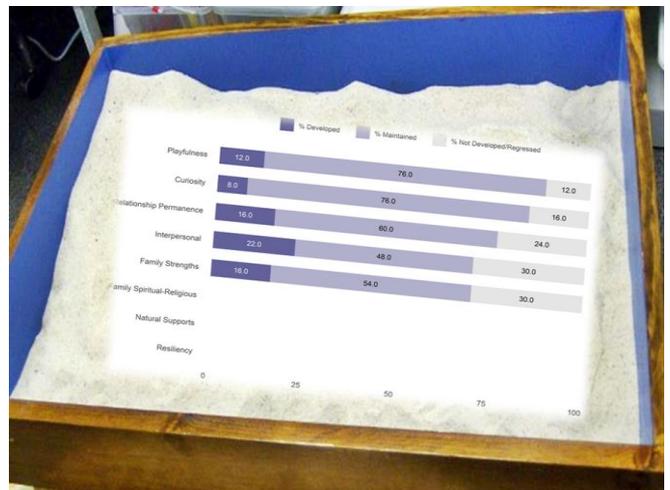
Annual Data



Data Reflection Story-telling Prompts for CANS Program-Level Data



- 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?



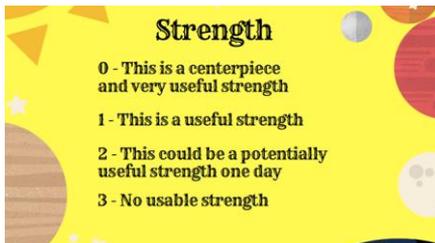


CANS Performance Objectives



Strengths Objective

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



% of clients achieving the CANS Strengths benchmark		Points
90-100%	=	5
80-89%	=	4
70-79%	=	3
60-69%	=	2
50-59%	=	1
<50%	=	0

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



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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



All Programs

**FY18-19 Q3 Performance Objective A.2a
 Needs Outcomes Item-Level Report**

7/1/2018 - 3/31/2019

The charts below display the Needs items from the CANS. The stacked columns represent the total number of episodes with an actionable rating on each item, and the number of those that improved.*

Mean number of months between CANS: 12.3 • Median number of months between CANS: 11.5

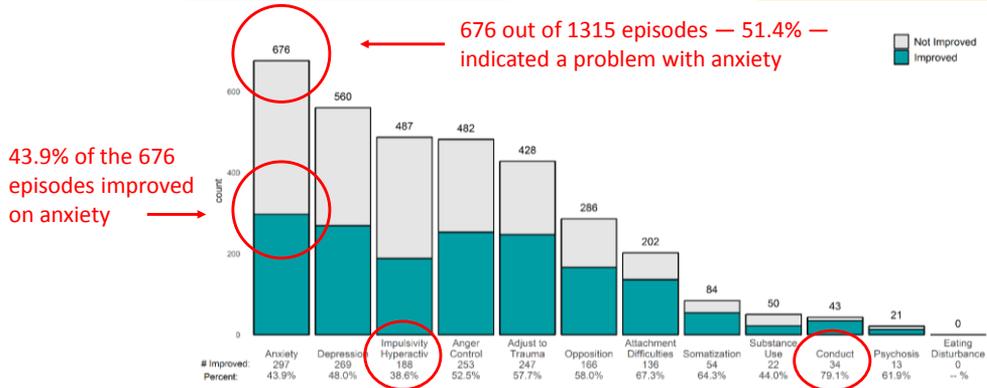
Number of CANS pairs with actionable items: 1364 • Number of CANS pairs with improvement: 838

Number of CANS pairs without actionable items: 46 • Number of children/youth: 1338

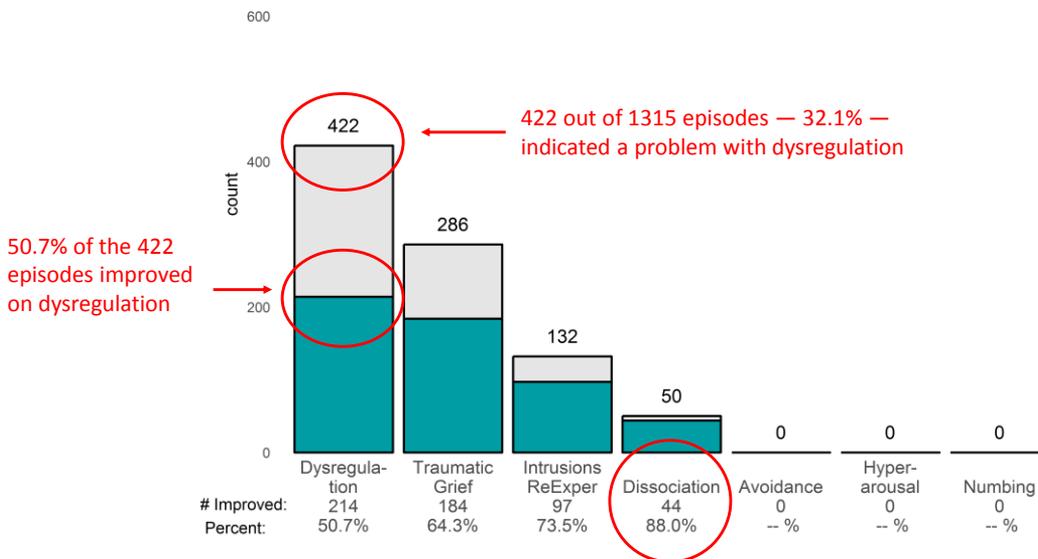
Percent of episodes improved on 50% or more of items: **61.4%**

Behavioral/Emotional Needs • 6 thru 20

CANS pairs for 6 thru 20: 1315



Traumatic Stress Symptoms • 6 thru 20





CANS Data Reflection Update: Program- Level



CANS Data Reflection Form

Instructions: Each program is encouraged to conduct a data reflection meeting and facilitate a discussion on each of the 4 data reflection questions. Guide questions or prompts are provided, at the end of this form, but these should not limit the scope of your reflection. The output from the discussions should be summarized in the space provided for. The completed form should be sent to Ritchie Rubio (ritchie.rubio@sfdph.org)

Program Name and RU:	Name of Program Director or Manager:
Date/s of Data Reflection Meeting:	Number of Data Reflection Participants:

I. How do you understand your data around NEEDS? What stories emerged from your reflections of this data?

II. How do you understand your data around STRENGTHS? What stories emerged from your reflections of this data?

III. What is your plan moving forward after reflecting on your program's CANS outcomes?

IV. What are the successes and challenges that your program has experienced in implementing any plans generated from a previous data reflection activity?



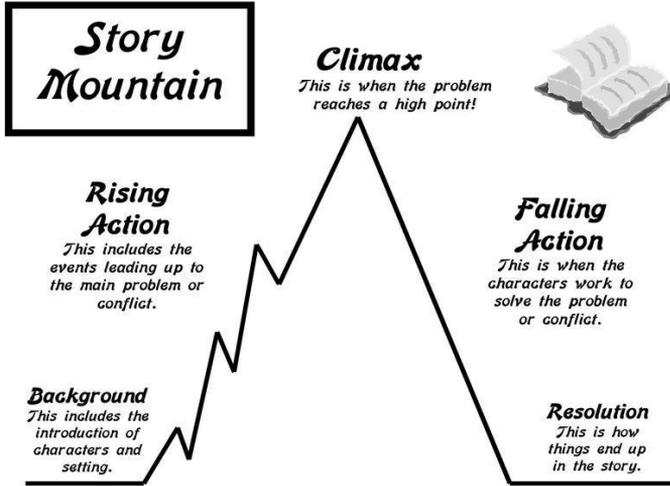
CANS Priorities for Treatment: Client-Level Data Reflection



- **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.**



Story-telling with the CANS



CANS-SF Case Formulation & Treatment Planning Worksheet

Reason for Referral This includes symptoms and behaviors, and their onset, duration, severity, and family response.	
Background Needs What factors are contributing to the client's problem behaviors, symptoms, and impairments? What are the precipitating, predisposing, and perpetuating factors? Item: <input type="checkbox"/> 2 <input type="checkbox"/> 3 Item: <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Priority of Treatment Needs (Life Functioning Domain) What areas of a child/youth's life are impacted (e.g. family, social, community, academic) as a result of the client's behaviors and symptoms? What areas are going well? Item: <input type="checkbox"/> 2 <input type="checkbox"/> 3 Item: <input type="checkbox"/> 2 <input type="checkbox"/> 3	Priority of Treatment Needs (Behavioral/Emotional Needs; Risk Behaviors) What is the client's current presentation in terms of behaviors and symptoms? What is the onset, frequency, duration, and intensity of these symptoms? Are there risk behaviors in the client that might need crisis intervention? Item: <input type="checkbox"/> 2 <input type="checkbox"/> 3 Item: <input type="checkbox"/> 2 <input type="checkbox"/> 3
Strengths to Use (Centerpiece or Useful Strengths) What strengths in the child/youth (or caregiver) help inform a strengths-based approach? Think of protective factors. Item: <input type="checkbox"/> 0 <input type="checkbox"/> 1 Item: <input type="checkbox"/> 0 <input type="checkbox"/> 1	Strengths to Build What areas need strengths-building? What are areas where no strengths exist? Item: <input type="checkbox"/> 2 <input type="checkbox"/> 3 Item: <input type="checkbox"/> 2 <input type="checkbox"/> 3
Anticipated Outcomes What needs and/or strengths are expected to change as a result of working with the client? Item: <input type="checkbox"/> 2 <input type="checkbox"/> 3 Item: <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Interventions and Activities	



Story of Lian



Lian, is 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**

San Francisco Department of Public Health
Community Behavioral Health Services

CANS CYF 0 thru 5 Assessment Report

Client Name: TEST, KIMBERLY
Client ID: 99902408
Program: ACCESS Screening(BHAG)
Episode #: 2
Admission Date: 3/7/2017
Discharge Date: 4/7/2017

Confidential Patient Information

15. Clinical Formulation
A case formulation is the provider's and family's understanding of the child and their current presentations (behaviors and functioning). Helpful case formulations incorporate all that we and the family know into a working theory about why the child is experiencing current challenges. This comprehensive understanding can then lead directly to diagnoses or treatment.

16. Priorities for Treatment

- Priorities for Treatment Needs**
Presentation > Adjustment to Trauma
Trauma Symptoms > Traumatic Grief and Separation
- Strengths to Build**
Child Strengths > Playfulness
Caregiver Strengths > Knowledge
- Strengths to Use**
Child Strengths > Family Strengths
Caregiver Strengths > Involvement With Care
- Background Needs**
Trauma/Abuse > Disruptions in Caregiving / Attachment Losses
Trauma/Abuse > Emotional and/or Physical Dysregulation
- Anticipated Outcome Needs or Strengths**
Presentation > Anxiety
Presentation > Attachment Difficulties
Trauma/Abuse > Emotional and/or Physical Dysregulation
Impact on Functioning > Early Education
Child Strengths > Curiosity
Caregiver Strengths > Mental Health

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

This displays the items you selected to prioritize for treatment

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CANS-SF Case Formulation & Planning Worksheet (0 thru 5)

Client Name: TEST, KIMBERLY
Client ID: 99902408
Program: ACCESS Screening
Episode #: 2
Admission Date: 3/7/2017
Discharge Date: 4/7/2017

Assessment Date: 6/16/2019
Assessment Category: Initial
Assessment By: Rina Nunez (20022)
Print Last Saved on: 6/16/2019

Confidential Patient Information

This includes symptoms and behaviors, and Risk level, duration, severity, and family response.

Reasons for Referral
This includes symptoms and behaviors, and Risk level, duration, severity, and family response.

Background Needs
What factors are contributing to the client's problem behaviors, symptoms, and impairments? What are the precipitating, maintaining, and exacerbating factors?

Trauma/Abuse > Disruptions in Caregiving 2 Trauma/Abuse > Emotional/Physical Distress 2

Priorities for Treatment Needs (Report on Functioning Concerns)
What areas of child strength do you recommend as being weak, unmet, or present as a result of the client's behaviors and impairments?

None Selected

Priorities for Treatment Needs (Behavioral/Emotional Needs, Risk Behaviors, Needs from other modules)
What are the client's most concerning behavioral, emotional, and/or safety concerns? Are there any behaviors in the client that might need early planning or intervention?

Presentation's Adjustment to Trauma 2 Trauma/Abuse > Traumatic Grief and Separation 2

Strengths to Use (Categories of Child Strengths)
What strengths in the individual or caregiver help when a strength-based approach? What are client's protective factors?

Child Strengths > Family Strengths 2 Caregiver Strengths > Involvement With Care 2

Strengths to Build
What areas need strengthening? What are areas where to strengthen?

Child Strengths > Playfulness 2 Caregiver Strengths > Knowledge 2

CYF-GCC TSP (Tool to Improve Practice) Model Number 1 Page 1 of 2

San Francisco Department of Public Health
Community Behavioral Health Services

CANS-SF Case Formulation & Planning Worksheet (0 thru 5)

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Confidential Patient Information

This includes symptoms and behaviors, and Risk level, duration, severity, and family response.

Attending or Interventions

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



Story of Lian



San Francisco Department of Public Health
Community Behavioral Health Services

CANS 0 thru 5 Two Timepoint Traffic Light Report

Client Name: TEST, KIMBERLY
Client ID: 99902408
Program: ACCESS Screening
Provider: VOELKER, KIMBERLY
Episode Number: 2
Admission Date: 3/7/2017

CANS Domain	CANS Item	Days between CANS: 3		Change
		Previous CYF 0 thru 5 6/4/2019 Initial	Current CYF 0 thru 5 6/7/2019 Mid Year	
Needs	Aggression/Anxiety	⊖	⊖	↔
	Anxiety	⊖	⊖	↔
	Regulatory	⊖	⊖	↔
	Attention/Concentration	⊖	⊖	↔
	Depression	⊖	⊖	↔
	Impulsivity/Hyperactivity	⊖	⊖	↔
Traumatic	Oppositional	⊖	⊖	↔
	Atypical Behaviors	⊖	⊖	↔
	Sleep	⊖	⊖	↔
	Stress	⊖	⊖	↔
Stress Symptoms	Intrusions/Re-Experiencing	⊖	⊖	↔
	Hyperarousal	⊖	⊖	↔
	Traumatic Grief and Separation	⊖	⊖	↔
	Numbing	⊖	⊖	↔
	Avoidance	⊖	⊖	↔
Impact on Functioning	Motor	⊖	⊖	↔
	Sensory	⊖	⊖	↔
	Developmental/Intellectual	⊖	⊖	↔
	Early Education	⊖	⊖	↔
	Communication	⊖	⊖	↔
	Medical/Physical	⊖	⊖	↔
Risk Behaviors	Social and Emotional Functioning	⊖	⊖	↔
	Family Functioning	⊖	⊖	↔
	Self-Harm (Recklessness)	⊖	⊖	↔
	Exploited	⊖	⊖	↔
	Failure to Thrive	⊖	⊖	↔
	Maintenance	⊖	⊖	↔

Legend:
Numbered traffic lights refer only to CANS Ratings at 1 time point
⊖ Currently not a strength
⊕ Identified strength
⊖ Useful strength
⊖ Centerpiece strength
↔ Arrows refer to comparing current and previous CANS
⬆ Newly identified strength to
⬆ Continuity of strength to build
⬆ Strength built
⬆ Maintenance

CANS Item in Red:
CANS Item in Red has a rating of 3 in Current assessment

San Francisco Department of Public Health
Community Behavioral Health Services

CANS 0 thru 5 Two Timepoint Traffic Light Report

Client Name: TEST, KIMBERLY
Client ID: 99902408
Program: ACCESS Screening
Provider: VOELKER, KIMBERLY
Episode Number: 2
Admission Date: 3/7/2017

CANS Domain	CANS Item	Days between CANS: 3		Change
		Previous CYF 0 thru 5 6/4/2019 Initial	Current CYF 0 thru 5 6/7/2019 Mid Year	
Strengths	Family Strengths	⊕	⊕	↔
	Interpersonal	⊕	⊕	↔
	Relationship Permanence	⊕	⊕	↔
	Carotidy	⊕	⊕	↔
	Playfulness	⊕	⊕	↔
	Natural Supports	⊕	⊕	↔
	Resiliency	⊕	⊕	↔
Family Spiritual/Religious	⊕	⊕	↔	

Legend:
Numbered traffic lights refer only to CANS Ratings at 1 time point
⊖ Currently not a strength
⊕ Identified strength
⊖ Useful strength
⊖ Centerpiece strength
↔ Arrows refer to comparing current and previous CANS
⬆ Newly identified strength to
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⬆ Strength built
⬆ Maintenance

CANS Item in Red:
CANS Item in Red has a rating of 3 in Current assessment



CANS Story-telling integrates Narrative Therapy



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



1. Goldberg, S. B., Rousmaniere, T., Miller, S. D., Whipple, J., Nielsen, S. L., Hoyt, W. T., & Wampold, B. E. (2016). [Do psychotherapists improve with time and experience? A longitudinal analysis of outcomes in a clinical setting.](#) *Journal of Counseling Psychology*, 63(1), 1-11. doi:10.1037/cou0000131
2. Lyons, J. *Communimetrics: A communication theory of measurement in human service settings.* (2009). Dordrecht: Springer Science + Business Media, LLC.
3. Rubio, R.J., & Farahmand, F.K. (2019, October). [Sandtrays, Fables, and Expressive Arts: Story-telling Adventures with the CANS.](#) Presentation at the 15th annual TCOM conference, Palm Springs, CA.
4. Tharinger, D. J., Finn, S. E., Wilkinson, A., DeHay, T., Parton, V. T., Bailey, K. E., & Tran, A. (2008). [Providing psychological assessment feedback to children through individualized fables.](#) *Professional Psychology: Research and Practice*, 39(6), 610-618.



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:

1. Ritchie Rubio Ph.D. – SFDPH BHS-CYF Director of Practice Improvement and Analytics at Ritchie.Rubio@sfdph.org
2. Petra Jerman Ph.D., MPH – SFDPH QM Research Psychologist at Petra.Jerman@sfdph.org

