

CANS Coaching Guide for Supervision

1. The CANS is an interactive process versus a single event; it represents a practice model with outcomes coming from the experience. As a person's recovery changes through their life experiences, so will the CANS.
2. The CANS is a communimetric tool, meaning we measure the communication (we talk/communicate before we rate).
3. Early in the intake & assessment process, the CANS tool is explained as part of the TCP engagement and assessment to the client and family.
4. The CANS is completed in partnership with the client and family.
5. The CANS results are shared with the client and family to celebrate successes or rethink strategies for needs that have not changed or increased.
6. During the process of completing the CANS, the client and family are asked to elaborate on the different scores of the CANS.
7. CANS is the output of the assessment process, not an assessment in and of itself.
8. The CANS should be administered in partnership with the Clinical Assessment and informs and guides the Narrative Summary and the Care Plan.
9. The CANS scoring of strengths and needs are to be reflected in the Treatment Plan. Remember: the absence of a strength is not a need. There is a difference between strengths and absence of a need.
10. The staff administering the CANS ensures that the client and family see the relationship between the CANS and the TCP Treatment Planning process.
11. The rationale for the frequency of the CANS is explained to the client and family so that they are informed of the progress or lack of towards the treatment plan goals.
12. The relevant functional strengths identified by the CANS are to be reflected in the Action Steps by Individual/Family/Supporters to assist in accomplishing the specific Short-Term Goal; and the identified needs from the CANS are to be captured in the Obstacles and Short-Term Goals in the TCP Treatment Plan, provided they have also been noted consistently within the clinical assessment.
13. The updated CANS drives the updating of the Treatment Plan as the needs and strengths change over time.

Integrating CANS & TCP in Clinical Supervision

Three Categories to Focus as You Begin to Think About Clients & CANS

1. Background Needs
2. Treatment Targets
3. Anticipated outcomes-goals-resulting behavior-what will change (Short-term Goals can come from the Anticipated Outcomes)

In thinking about the categories, also think about the component of strength-based work:

- Identifying Strengths
- Building & Developing Strengths
- Addressing needs to respect and maintain strengths

Questions for clinicians to be curious about:

- What is the problem? / What do they want?
- Why are they experiencing the problem?
- How did they get here?
- What has helped them get through things in the past? (resiliency factors - strengths - supports)
- How is the clinician and client going to address these areas together? (this should be linked to the treatment plan)

Remember: Subjective thinking is good. Make it meaningful and critical thought to create meaning.

General Supervision Strategies

- Live
 - Model
 - Shadow your Supervisee
 - Role play
- Individual, require supervisee to bring CANS
 - Can you, as the supervisor, link the CANS to the treatment plan? Is it strung through the assessment and narrative?
- Group
 - Rotate cases, so not always focusing on most difficult cases/crisis. This allows to focus on cases which may be maintaining, but need transformation.
 - Role play
- Consultation
 -
- Teaming
 -
- Conferencing
 -
- Monitor/Audit WITH feedback
 - A good clinical chart review/audit looks at documentation and services as one.
- Lead
 -
- Request audio or video
 -

Supervisory Strategies for Treatment Planning

- Documentation: a communication strategy
 - WHAT = Assessment Process
 - WHY = Narrative Summary
 - HOW = Care Plan
- The Narrative Summary (NS)
 - Does the NS do a good job of “standing alone” as a tool to help guide treatment planning or would I need the Assessment to fill in the gaps?
 - Remember, the NS is a combination of the family “story” and the clinician’s “hypothesis,” or clinical judgment, filtered through a collaborative process.
 - Is the NS in “plain language”?
 - Does it string the past, present, and future together?
- Care Plan
 - Myth: all 2’s and 3’s go into the plan
 - It’s impossible to have all items integrated onto the plan. Priorities must be addressed on the plan via discussion with the client and family.
 - Let the CANS support your work, not dictate.
- Short-Term Goals
 - Challenge the staff to “think backwards” from the intervention to see what S.M.A.R.T/ shot-term goals they might arrive at.
 - Encourage the use of “plain language” in the narrative summary and in their internal processing to help cut through the overtly clinical to the practical.
 - What would you have to do to go from a 3 to a 2? A 2 to a 1? Etc.
 - Remember: Going from a 3 to a 0 may never happen, and that’s okay. The work’s focus is improving functioning.
 - “Stem-Sentence” exercises...
 - John is having 6 tantrums a week in class and on the verge of getting suspended, but the REAL issue is ___(first thing that comes to mind). This will encourage a focus on the real world impact on functionality and help the staff plan more operational short- term goals with families.
- Interventions
 - Remind staff that Interventions are not “one size fits all”
 - Help the staff focus on strengths, available natural supports and stages of development (as well as stages of change or levels of motivation for older youth) BEFORE digging into the intervention “tool-box”
 - Questions to ask staff, and that they can ask themselves prior to presenting an intervention to a family:
 - Is the family capable of following through with the intervention as it regards the amount of time and effort involved on their part?
 - Is there prior learning or skill building work that would need to take place for the family to utilize the proposed intervention successfully?
 - Is the intervention directly linked to a short-term goal in a transparent and obvious manner? Would the family have a difficult time understanding this?