CANS 5+ Notes & observations on the conversation

Arkansas Child & Adolescent Needs and Strengths

Action Levels for Ratings (Child Strengths Section ONLY)

0	Centerpiece Strength	2	Identified Strength
1	Useful Strength	3	No Strength Identified

Conversation Starters

These questions are suggestions. You do not have to use them all and you are not limited to these examples. These are just ideas to get you thinking. No work aid can take the place of your professional judgment. Remember, there is a very large age variance in this group so pick questions accordingly.

- "Family" means something different to everyone and every family looks a little different. Who do YOU consider your family?
- Tell me about your relationship with your extended family?
- Of your family members who do you confide in or go to for support? Who outside of your family do you go to for support?
- Have you lived with your family your whole life or have there been times when you lived with other family members or someone else?
- What do you think needs to change in your family in order for you to go home?
- *For younger children:* Who do you like to play with?
- *For older youth*: Who are your friends? Who do you enjoy spending time with?
  - Would you say you had lots of friends, or one or really close friends?
  - Do you have any problems getting along or "fitting in" with kids your age?
- What is something that you really like to do or something that you are really good at?
- What do you like to do for fun? What do you like to do to relax?
- How do you feel about school? What is your best subject and what subject do you struggle with the most?

More space on the back!

The Assessment Process

The CANS is designed to maximize communication about the needs and strengths of children and families *for children in out-of-home placement*. The CANS 0-4 includes ratings of Child Strengths, Life Domain Functioning, Regulatory Functioning, Preschool/Daycare, Child Behavioral/Emotional Needs, Child Risk Factors, Trauma, and Permanency Planning Caregiver Strengths and Needs. There are additional CANS modules that may be used depending on the child's situation. The CANS must be completed within 30 days and a subsequent assessment every 90 days thereafter. A few things to keep in mind:

1. It is designed to be completed over several sessions with the family-there is no way it can be done in one short contact.
2. It is a good way to structure visits with the family.
3. CANS information should be gathered from multiple sources-not just one interview with the caregivers. Best practice would be to staff the case with the investigator, reach out to the school if they are involved or any counselor or therapist involved with the family, gather police reports or any supporting documentation of evidence that will be shown in the CANS, etc.
4. Information included in the CANS will inform the case plan.
5. The document that prints out of CHRIS can be used for several purposes but it must be shared with the family and family team members.

Child Strengths

Family – Nuclear, Family – Extended, Interpersonal, Educational, Talents/Interests, Spiritual/Religious, Community Life, Relationship Permanence, Child Involvement with Care, Natural Supports, Adaptability, Building Relationships, Resilience, Resourcefulness

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- Are you and your family involved in any community groups? Tell me about those.
- Do you go to church or to any church activities?
  - What church/who do you go with?
  - Do you consider yourself a part of a certain religion?
  - If you do not go to church, do you still have a spiritual life? If so, tell me about that.
- How do you deal with change in your life? Would you say you are a person who bounces back quickly or do you struggle with change?
- What kinds of changes have you and your family had in the past few months (like switching schools, moving, divorce, marriage, etc.)
- How would you rate yourself on a scale where 1 is very reserved and 5 is very outgoing? (Note: This is NOT In reference to the CANS scoring – just a way to start this conversation without asking a yes/no question.)
- Tell me how you go about building and keeping relationships.
- What would you say is your biggest strength? What do you think other people would say is your biggest strength?
- Who are your biggest supporters?
- Tell me about your dreams for the future?

Child Strengths (cont.)

Family – Nuclear, Family – Extended, Interpersonal, Educational, Talents/Interests, Spiritual/Religious, Community Life, Relationship Permanence, Child Involvement with Care, Natural Supports, Adaptability, Building Relationships, Resilience, Resourcefulness

Observations & Next Steps

CANS 5+ Notes & observations on the conversation

Arkansas Child & Adolescent Needs and Strengths

Action Levels for Ratings

0	No evidence of a Need; may be a strength	2	Action
1	Watchful waiting/prevention	3	Immediate action; dangerous or disabling

Conversation Starters

These questions are suggestions. You do not have to use them all and you are not limited to these examples. These are just ideas to get you thinking. No work aid can take the place of your professional judgment. Age and development will determine whether you ask the child, or the caregiver/other adult the questions.

- How well does your child get along with the members of the family or household?
- Who does he or she go to for comfort and support? Does (child) struggle in relationships with any family member?
- How is the child adjusting to living in your home (asked of foster parents)? Are you noticing any problem behaviors and if yes, tell me about those. How does the child get along with others in your home? Would you predict (child) is going to be able to stay here?
- Tell me about how (child) sleeps. Does (child) go to sleep easily? Does (child) have bad dreams or night terrors? Does (child) take medication to help with sleep?
- How well does (child)get along with others (both adults and other children)?
- How does (child) compare to other children his/her age as far as thinking, communicating, and/or self-care?
- Is anyone worried about your child's development and if yes, what do you think they worry about?
- Has your culture ever led people to misunderstand you or your child? If yes, what have the problems involved?
- Tell me about your child's health.
- What kinds of things can your child do for himself, like dressing, brushing hair, brushing teeth, etc.?

Life Domain Functioning

Family – Nuclear, Family – Extended, Living Situation, Sleep, Social Functioning - Peer, Social Functioning – Adult, Sexual Development, Developmental, Communication, Cultural, Legal, Medical, Physical Health, Daily Functioning

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- How would you describe (child's) sexual development? Does (child) have any sexualized behaviors that you are concerned about? Is or has (child) been sexually active?
- Other than the removal from the parents does (child) have any involvement with court and if yes, what?
- If your child needs help with daily self-care, who does (child) turn to and how much help is needed?

For the Child

- What needs to change in your family in order for you to go home?
- Who do you get along with best in your family? Who do you struggle to get along with?
- Tell me about the place you are living now. What's the best thing about it? What do you struggle with?
- How well do you get along with your friends and other kids? With adults? Would anyone say you have a problem getting along and if yes, what would they say you do?
- Are you in a relationship? Are you:
  - o Sexually active; LGBT; Involved with more than one partner; Using protection?
- How would you identify yourself culturally; has it ever caused problems in your life?
- Tell me about your health (physical and mental) and any medication you take or have recently taken.
- Have you ever been involved with the court (arrested, on parole or previous times in foster care)? Tell me about that.

Life Domain Functioning (cont.)

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For Youth/child

- Tell me about school.
- How many schools have you gone to in your life?
- How would you describe your school attendance and your behavior at school?
- Would any adult be worried about your grades, behavior or attendance? If so what do you think they would say about it?
- Where do you do best in school? Where do you struggle?

For Caregiver/Placement Provider/Collateral

- Tell me how (child) does in school.
- How would you describe (child's) behavior at school?
- Academically, how would you say (child) is doing?
  - If (child) is having problems, what do you think might be the cause?
- Tell me about (child's) attendance.
  - If (child) is having problems, what do you think might be the cause?
- Does (child) have any specialized services?
  - If yes, what do we (DCFS) need to be sure his/her caregiver knows about the service?
  - What services do we need to be sure are in place to support the child?
- Has this school ever involved the court or DCFS on behalf of (child) because of truancy, educational neglect or for some other reason?

School

School Behavior, School Achievement, School Attendance, Special Education

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For Youth/child

- How often and for how long do you feel sad (or angry)? What kinds of things make you feel this way?
- When you get angry, how do you deal with it? How do you calm yourself down?
- Tell me about your alcohol/drug use. Has it ever caused problems for you?
- When people tell you things about yourself that you disagree with, how do you react?

For Caregiver/Placement Provider/Collateral

- Please tell me about any behavior, emotional or mental health problems (child) has. Is there anything you're worried about? Is there anything you think other people are worried about?
  - Is there any erratic/bizarre behavior?
  - Has a mental health professional made a diagnosis for this child?
  - Is (child) in counseling or therapy?
  - Has (child) been hospitalized for mental health issues?
  - Does (child) take medication for behavior or mental problems?
- Tell me about any trauma (or any frightening, scary events or changes) in (child's) life and how well he/she is coping with it.

Behavioral/Emotional

Psychosis, Attachment, Impulsivity/Hyperactivity, Depression, Anxiety, Oppositional, Conduct, Adjustment to Trauma, Anger Control, Substance Use

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- How well is (child) able to control his/her impulses and delay gratification?
  - Does (child) have to have things RIGHT NOW?
  - Can (child) wait or plan for a reward?
- How well does (child) mind? How well does (child) follow rules and adult expectations?
- Tell me about (child's) use of alcohol or drugs. Do you think (child) has a problem?
- When (child) gets angry, how does he/she act? Can (child) calm himself/herself down and how long does that take?

Behavioral/Emotional (cont.)

Psychosis, Attachment, Impulsivity/Hyperactivity, Depression, Anxiety, Oppositional, Conduct, Adjustment to Trauma, Anger Control, Substance Use

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For Youth/child

- Do you sometimes feel like you just can't get going or that life's not worth it? Have you ever attempted suicide? Tell me about that.
- Have you ever deliberately hurt yourself? What did you do?
- Have you ever run away from home? What was going on when you did that?

For Caregiver/Placement Provider or Collateral

- Do you have any concerns that (child) might be thinking of committing suicide? Tell what is triggering your concern.
- Tell me about anything that (child) does that might place him/her at risk of getting hurt, including running away.
- Has (child) ever physically harmed another person or an animal? If yes, tell me about that.
- Has (child) ever acted in a sexually inappropriate or sexually aggressive manner? If yes, tell me more about that. Is (child) sexually active? If yes does he/she:
  - Have more than one sexual partner
  - Have unprotected sex
  - Have sex where another person gets hurt
- How safe is (child's) environment?
- How likely do you think it is that (child) would be involved in bullying another person?
- Note: Look for evidence of exploitation/risk of exploitation.

Child Risk Behavior

Suicide Risk, Self-injurious behavior, Other self-harm, Danger to Others, Sexual Aggression, Runaway, Delinquent Behavior, Sexually Reactive Behavior, Bullying, Intentional Misbehavior, Aggressive Behavior, Exploited

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For Youth/child

- Tell me about any trauma (or any frightening, scary events or changes) in your life and how you're doing with that.
- Have you ever lived through a natural disaster or had a serious, life-threatening illness or injury? How did you cope with that?
- How do your parents get along?
- How safe do you feel in your home? Community? Out-of-home placement?
- Have you ever been worried about your mom's (siblings' pet's) safety? What would other people say about whether your mom is safe?
- When your parents punished you, how did they do it? Do you ever feel like it went too far and you got hurt?
- Have you ever been sexually abused? Would you tell me if you had?

For Caregiver/Placement Provider/Collateral

- How well do you feel you are able to meet your child's needs for food, clothing, & shelter? Who helps you if you are having trouble making ends meet? Or how well did (child's) parent meet……
- For out-of-home provider: How well does (child) seem to be handling the maltreatment that brought about removal from the home?
- Do you have any concern about illegal activity in (child's) home? Are there children there when it is happening?

Trauma

Sexual Abuse, Physical Abuse, Emotional Abuse, Neglect, Medical Trauma, Natural Disaster, Witness to Domestic Violence, Witness to Community Violence, Witness/Victim to Criminal Activity

Observations & Next Steps