Treatment Planning and the CANS

Alameda County BHCS CANS Provider Collaborative
Developing a shared vision—a shared understanding of the problems and how they came about, shared goals and a set of actions to achieve those goals—is key to any change happening.
MOVING FROM THE ASSESSMENT
* Review and confirm needs and strengths
* Identify Priorities

IDENTIFYING THE WHY
* Case conceptualization
* Background, Target, Outcome Needs

TREATMENT PLAN
* Create goals and objectives
* Monitor Progress, check back with family

COLLABORATION
Moving from the assessment.....
Moving from the assessment

- Review and identify actionable needs and strengths
- What are the priorities?
  - Identified together, building consensus
Your Turn!

- Take the CANS Items from the Mike Vignette and review needs and strengths and identify priorities
Identifying the Why: Case Conceptualization
Case Conceptualization

- A description of what’s going on with the client and why.
- Based on what the client and family tell you through the completion of a bio-psycho-social assessment.
- A co-constructed story with the client/family/others. This is a collaborative endeavor, incorporating client views and beliefs. It is not imposed on the client and caregiver.
- Organized/informed by theory and your past clinical experience and knowledge.
- When shared with client/caregiver, it can
  - Facilitate the development of rapport
  - Function as a intervention especially in gaining understanding, developing empathy
  - Serve as the basis for additional interventions
  - Promote transparency in the treatment
Conceptualizing a case
(building blocks of a formulation)

- symptoms & problems
- precipitating stressors
- predisposing events
- strengths & assets
Theory & Conceptualizing

- **Behavioral**
  - Learning history
  - Contingencies of reinforcement
  - Stimulus-response pairings

- **Cognitive Behavioral**
  - Maladaptive thoughts/beliefs
  - About the self/others/world/future

- **Systemic**
  - Problem-maintaining patterns, feedback loops, beliefs and expectations in the family

- **Psychodynamic**
  - Unconscious process and conflicts
  - Maladaptive patterns in relationship

(Note: According to a July 2015 article in the Psychotherapy Networker, there are more than 400 approaches to conducting psychotherapy, including 145 “manualized, evidenced –based treatments”!!).
CANS items can be thought of in the following way:

- **BACKGROUND**: historical/developmental items which won’t change but may significantly contribute to current symptoms and functioning
- **TARGET**: items that are changeable and are usually the focus of treatment interventions
- **FUNCTIONAL OUTCOME**: changes in targeted items that promote changes in functioning
Developmental Milestones | Risk Behaviors | Life Functioning
-------------------------|----------------|-------------------
Trauma Exposures         | Trauma Symptoms | Behavioral/ Emotional Needs
-----------------------------------------
Your Turn!

- Take the actionable items from the Mike Vignette and place them into the different buckets (background, target, and outcome).
Treatment Planning
Writing Treatment Plans

Use of CANS items in treatment plans:

- Items rated 2 or 3 that are related to symptoms and/or functioning should be addressed in the treatment plan.
  - Numerous items rated 2 or 3 are prioritized according to risk or magnitude of impact on client
  - Treatment team and/or family may choose to hold off on certain needs.
- Cluster or group items together
- Strengths are utilized in the Treatment Plan
Reminders about Treatment Plans

- Treatment plans are based on a Case Conceptualization
- Treatment Plans address:
  - Presenting problems/concerns of the client/caregiver
  - Diagnosis and symptoms
- Client language should be used
- Goals and objectives are clearly written to identify when they have been achieved
  - Specific, measurable, and/or observable
  - Objectives should be achievable within 3-6 months
  - When Goals are met, treatment is complete
Goals and Objectives

By definition, goals and objectives are often synonymous.

For the purpose of writing a treatment plan, goals and objectives are defined and differentiated as follows:

- **Goals** are general statements of what a client wants to accomplish.
- **Objectives** are the specific steps along the way to achieving the overall goal.
Goals

- General statements of what a client/family wants to accomplish
- Goals are usually improved functioning and/or reduction of symptoms
- When goals are met, treatment concludes
- At least one CANS item can be used as a way of measuring whether a goal has been met
Objectives

- Objectives are the specific steps to achieving the goal
- Often described as “What the client is going to do?”
- Objectives are measured by CANS items, are specific, measurable, or observable so it is clear when they have been met
- The timeframe for meeting objectives is between 3-6 months
- Not meeting objectives leads to a tx plan review. New or revised objectives may be needed.
- Meeting objectives leads to achieving goals
SMART Objectives

- Objectives are SMART
  - Specific (What the client is going to do)
  - Measurable (numeric or descriptive, quantity or quality)
  - Achievable/Attainable (feasible, realistic)
  - Results-Oriented (the patient will demonstrate, see, develop, etc.)
  - Timely (target dates, use of incremental steps to measure or monitor progress)
### TREATMENT PLANNING: TARGETS, OUTCOMES, INTERVENTIONS

<table>
<thead>
<tr>
<th>Goal/ Tx Outcome</th>
<th>Objective/ Tx Target</th>
<th>Intervention/ Strategy</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>What functioning area of the person’s life will change?</td>
<td>What steps must be taken to accomplish the personal change?</td>
<td>What are the specific interventions and strategies to address the treatment targets or objectives?</td>
<td>What is the estimated length of time to achieve the personal change?</td>
</tr>
</tbody>
</table>

**Some Tips**
- Minimum standard: What would be enough change to support the client’s functioning in that environment?
- Make sure that all stakeholders agree on the goals.
- Be clear about timelines for goals
  - How long does it usually take to see some relief?
  - Will it get worse before it gets better?
  - Clients: “What do I do when what you’ve told me to do feels like isn’t working?”
  - How long is too long?
Putting it together: Examples
### Actionable Items: Tracey

<table>
<thead>
<tr>
<th>Category</th>
<th>Adjustments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjustment to Trauma</td>
<td>2</td>
</tr>
<tr>
<td>Affective/Phys. Dysregulation</td>
<td>3</td>
</tr>
<tr>
<td>Traumatic Grief</td>
<td>3</td>
</tr>
<tr>
<td>Depression</td>
<td>2</td>
</tr>
<tr>
<td>Anxiety</td>
<td>2</td>
</tr>
<tr>
<td>Oppositional</td>
<td>2</td>
</tr>
<tr>
<td>Runaway</td>
<td>3</td>
</tr>
<tr>
<td>Judgment</td>
<td>3</td>
</tr>
<tr>
<td>Sexual Exploitation</td>
<td>3</td>
</tr>
<tr>
<td>Family</td>
<td>3</td>
</tr>
<tr>
<td>Living Situation</td>
<td>3</td>
</tr>
<tr>
<td>School</td>
<td>3</td>
</tr>
<tr>
<td>Community Life</td>
<td>2</td>
</tr>
<tr>
<td>Optimism</td>
<td>2</td>
</tr>
<tr>
<td>Supervision</td>
<td>1</td>
</tr>
<tr>
<td>Knowledge</td>
<td>2</td>
</tr>
<tr>
<td>Safety</td>
<td>2</td>
</tr>
</tbody>
</table>
Conceptualization: Tracey

For Tracey and her Moms:

- We need to keep Tracey safe and not run away from home. She can’t deal with the structure and expectations at home and is always in arguing and fighting with the family. Tracey is not engaged in age appropriate activities, including going to school. Moms are concerned that Tracey will run back to the streets and get raped or killed.

- Problems are linked her difficulty in trusting her parents, as they have let her down in the past (not protected her or cared for her).

- Tracey was on AWOL and on the streets when her father died. She feels it was her fault for not being there to protect him. She has not grieved his loss.

- The traumas that Tracey has experienced—sexual abuse as a child, sexual exploitation currently—are impacting her ability to function, including staying safe.
From Conceptualization to CANS

- Traumatic Grief
- Family Functioning
- Anticipated Outcome?
- Sexual Abuse

Treatment Target?
Conceptualizing Needs

The case conceptualization helps identify the Background needs, and sort out the Treatment Target needs from the Anticipated Outcomes needs.

- Background Needs
- Treatment Target
- Anticipated Outcome

Within the context of complex trauma, interventions will focus on addressing Tracey’s grief around her father’s suicide and the dysregulation she experiences (Treatment Target Needs) that underlies her difficulties at home and desire to run. If treatment is effective, her functioning within the family will improve and her instances of running away will decrease (Anticipated Outcome needs).
Background

Treatment Target

Anticipated Outcome

Trauma Exposures

Trauma Symptoms

Life Functioning

Sexual Abuse
- Exploitation

Traumatic Grief
- Affective/Physiological Dysregulation

Family Functioning
- Runaway
Background

Sexual Abuse

Exploitation

Treatment Target

Traumatic Grief

Affective/Physiological Dysregulation

Anticipated Outcome

Family Functioning

Runaway

Description

CANS Item/Rating

Goal

Our family needs to get along better. Moms need to find ways to better support Tracy.

Family Functioning = 3 to 2
Involvement in Care = 1 (STR)

Objective

1. Tracey and her moms will be able to identify at least two signs and symptoms of dysregulation.

Affective/Physiological Dysregulation = 3 to 2
Knowledge = 2 to 1

2. Tracey and her Moms will be able to identify three triggers for Tracy’s dysregulation.

Intervention

Through individual therapy and family sessions, provide psychoeducation to Tracey and her Moms on the impact of the abuse and exploitation on her coping/dysregulation and how she deals with stress at home.
## Treatment planning: Anthony

<table>
<thead>
<tr>
<th>Area</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anger Control</td>
<td>2</td>
</tr>
<tr>
<td>Anxiety</td>
<td>2</td>
</tr>
<tr>
<td>Adjustment to Trauma</td>
<td>2</td>
</tr>
<tr>
<td>Family Functioning</td>
<td>2</td>
</tr>
<tr>
<td>School</td>
<td>2</td>
</tr>
<tr>
<td>Danger to Others</td>
<td>2</td>
</tr>
<tr>
<td>Witness to Community Violence</td>
<td>3</td>
</tr>
<tr>
<td>Educational</td>
<td>2</td>
</tr>
<tr>
<td>Well Being</td>
<td>2</td>
</tr>
<tr>
<td>Optimism</td>
<td>2</td>
</tr>
<tr>
<td>Community Life</td>
<td>2</td>
</tr>
</tbody>
</table>
Conceptualization: Anthony

Anthony witnessed his friend getting murdered and this led to traumatic stress symptoms including significant anger and anxiety. These traumatic stress symptoms have led to problems in school and with peers.
<table>
<thead>
<tr>
<th>Background</th>
<th>Treatment Target</th>
<th>Anticipated Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Witness to Community Violence</td>
<td>Anxiety Anger Control</td>
<td>School</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>CANS Item/Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal: We want Anthony to do better in school.</td>
<td>School = 2 to 1</td>
</tr>
</tbody>
</table>
| Objective: 1. Anthony will use relaxation techniques including progressive muscle relaxation to during episodes of anger and anxiety (1 out of every 2 times), per client report. 2. Anthony will identify at least two cues that trigger trauma-related anger or anxiety. | Anxiety = 2 to 1  
Anger Control = 2 to 1 |
| Intervention: Through individual therapy and psychoeducation to Anthony on the impact of the violence he witnessed on her coping/dysregulation and how she deals with stress at home. |
## Treatment planning: Nick

<table>
<thead>
<tr>
<th>Category</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer/Social Experiences</td>
<td>3</td>
</tr>
<tr>
<td>Sexually Inappropriate Behavior</td>
<td>2</td>
</tr>
<tr>
<td>Knowledge of Illness</td>
<td>2</td>
</tr>
<tr>
<td>Self-Care</td>
<td>2</td>
</tr>
<tr>
<td>Intimate Relations</td>
<td>2</td>
</tr>
<tr>
<td>Talents and Interests</td>
<td>3</td>
</tr>
<tr>
<td>Impulse Control</td>
<td>2</td>
</tr>
<tr>
<td>Resiliency</td>
<td>3</td>
</tr>
<tr>
<td>Substance Use</td>
<td>2</td>
</tr>
<tr>
<td>Service Permanence</td>
<td>0</td>
</tr>
<tr>
<td>Job Functioning</td>
<td>3</td>
</tr>
<tr>
<td>Relationship Permanence</td>
<td>1</td>
</tr>
<tr>
<td>Sanction Seeking Behavior</td>
<td>2</td>
</tr>
<tr>
<td>Resourcefulness</td>
<td>1</td>
</tr>
</tbody>
</table>
### Background
- Developmental (Cognitive Disability)

### Treatment Target
- Substance Use
  - Self Care
- Peer/Social Experiences

### Anticipated Outcome

<table>
<thead>
<tr>
<th>Description</th>
<th>CANS Item/Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal</td>
<td>Peer/social experiences= 2 to 1</td>
</tr>
<tr>
<td>Nick will meet and have more positive experiences with friends and peers.</td>
<td></td>
</tr>
<tr>
<td>Objective</td>
<td>Substance use= 2 to 1</td>
</tr>
<tr>
<td>1. Nick will maintain sobriety for 90 days</td>
<td></td>
</tr>
<tr>
<td>2. Nick will develop and stick to a routine that includes showering, brushing his teeth and shaving at least 3x per week.</td>
<td></td>
</tr>
<tr>
<td>Intervention</td>
<td>Resourcefulness=1</td>
</tr>
<tr>
<td>The treatment team will identify NA meetings that Nick can attend and will help Nick find a sponsor. The treatment team will also support Nick in attending a 10 week workshop on independent living skills and will match Nick with a peer counselor to provide support and feedback.</td>
<td></td>
</tr>
</tbody>
</table>

**Strengths to Support:**
- Relationship Permanence= 1
- Resourcefulness=1
Your Turn!
(putting it all together)

- Review Mike Vignette, needs, strengths and priorities
- Review Case Conceptualization
- Review Background, Target and Outcome Needs
- Develop Treatment Goals and Objectives
What Youth Say

- Focus on the present, not the past (focus on the now)
- Give me new ways to cope with difficult feelings (be concrete)
- When something I’m trying isn’t working, give me a new behavior to try (be flexible)
- Help me stay out of trouble and become successful by connecting me with the things that I want to do and become (be strengths-based)
And from Caregivers

- Treatment plans should be in the language with which we’re most comfortable.
- Goals in my words; if the goal has been written, I should be able to state it back to you in my words.
- I may need a day to look over the goals, talk them over with someone I trust before I sign off on them.
- Don’t talk to us in one way, and then talk about us in another.