Behavioral Health Services (BHS) – Contractor Information Notice



То:	Children, Youth and Families Contracted Service Providers
From:	Behavioral Health Services, Children, Youth and Families
Date:	March 9, 2021
Title	Utilizing CANS Strengths in Therapy

The **Child and Adolescent Needs and Strengths (CANS)** is a communimetric tool used to identify needs and strengths that is mandated by the Department of Health Care Services (DHCS) and continues to guide mental health services offered through the Children, Youth, and Families (CYF) system of care. A primary focus and benefit of the measure is to serve as a vehicle to integrate outcome results into clinical practice.

Through a collaborative process, the Child and Adolescent Services Research Center (CASRC) created the "Utilizing CANS Strengths in Therapy" resource document that outlines the value of leveraging CANS Strengths into clinical practice. The document is intended to serve as a resource for service providers to identify strengths during the assessment and treatment planning phase and highlights the value of integrating and developing strengths in therapy.

#### **Utilizing CANS Strengths in Therapy**

This resource highlights the benefits of focusing on strengths throughout the treatment episode; sharing strengths identified during the assessment phase to enhance engagement; developing strengths-based objectives focused on future growth; utilizing interventions to reinforce strengths; and measuring strengths development through outcomes data.

#### **Attachments**

Utilizing CANS Strengths in Therapy

For More Information:

• Contact your Contracting Officer's Representative (COR)

# **Utilizing CANS Strengths in Therapy**

## Why Focus on Strengths?

- Increase self-efficacy and instill hope
- Enhance motivation and engagement makes treatment more fun for the youth and provider
- Function like an "immune system": a strong immune system helps protect clients from problems
- Help youth feel seen and they may be more open to making changes
- Serve as a role-model for parents to focus on their child's positive attributes
- Identification and development of strengths among youth who have experienced trauma can mitigate future risk-taking behaviors, mental health symptoms, and functional difficulties [2,3]

### Strength-focused Assessment

- Sharing feedback on youth strengths can engage them from the outset of the process. For instance, identifying activities that youth like to do, and do well, and showing them how these ratings look both as scores and graphs can be "effective as an engagement strategy" [3].
- One study found that strength-based assessments did not enhance youth and family engagement if providers merely administered strength-based assessments, and did not integrate the results into treatment [1].

## Strength-focused Objectives for the Client Plan

- Develop or enhance youth strengths by focusing on areas for future growth (CANS Strength items with a score of '2' or '3')
- Generalize or expand youth use of strengths (e.g., applying a strength at home to school)

#### Strength-oriented Intervention(s):

- Raise client awareness of strengths (CANS Strengths items with a score of '0' or '1')
- Balance discussion of strengths with problems during therapy
- Explore and reinforce current strengths
- Amplify strengths
- Teach clients new skills to build strengths
- Utilize client strengths to enhance their prosocial behavior (e.g., joining band)
- Use strengths as reinforcers when progress is made towards a goal (e.g., playing piano for the therapist)







**Strength-oriented Outcomes:** Increasing youth strengths while also addressing his or her behavioral/emotional needs leads to better functioning and better outcomes at the end of treatment, than just focusing on the youth's needs [4].

 Develop one strength (increase of a CANS Strength item to a rating of '0' or '1' at discharge). This represents a fully built strength, such as learning to play a musical instrument and joining band.



• Enhance one strength (For instance, a CANS Strength item moves from a '2' to a '1' at

discharge). This represents a partially built strength, such as starting to take music lessons.

• Spend more time engaged in strengths at the end of treatment

**Disclaimer**: The county recognizes that documentation is based on the medical model of deficits, but our services are rooted in system of care principles, one of these is focusing on youth and family strengths.

# References

- 1.Cox, K. F. (2006). Investigating the impact of strength-based assessment on youth with emotional or behavioural disorders. Journal of Child and Family Studies, 15, 287–301. https://doi.org/10.1007/s10826-006-9021-5.
- Griffin, G., Martinovich, Z., Gawron, T., & Lyons, J. S. (2009). Strengths Moderate the Impact of Trauma on Risk Behaviors in Child Welfare. Residential Treatment For Children & Youth, 26(2), 105–118. https://doi.org/10.1080/08865710902872994.
- Kisiel, C., Summersett-Ringgold, F., Weil, L. E. G., & McClelland, G. (2016). Understanding Strengths in Relation to Complex Trauma and Mental Health Symptoms within Child Welfare. Journal of Child and Family Studies, 26(2), 437–451. https://doi.org/10.1007/s10826-016-0569-4.
- 4. Praed Foundation. (2016). Child and Adolescent Needs and Strengths [Standard CANS Comprehensive] 2016 Reference Guide. Chapin Hall at the University of Chicago.





