CANS-FAST Orientation – Stakeholders

12-01-2016

- Received the updated Deonte scenario from DCFS. Made this into Handout **7** (to correspond to the order in which it is covered in the materials.
- Changed the number on the current handout 7 to handout 8, again, so that the order reflected the way the presentation flows.
- Replaced the Assessment Guides and CANS/FAST forms and manuals (Handouts 4 and 5) with a direction to go to the MidSOUTH website to print the CANS/FAST Assessment Guides and manuals. Since this material is used across several training sessions it has been put on the web as a document independent of any specific module or continuing education offering (so that it only has to be updated in one place).
- Replaced the blank scoring form (Handout 6) with the most current form – check trauma scale if you have questions.
- Added bullet points to PPT slide related to trauma to correspond to changes on the scale.

04-15-2016

- Made corrections for several typos in the PPT
- Corrected a wrong reference to handout material in the trainer guide
- **Note on PPT:** This PPT has several layers. On slide 31, click the stop sign that pops up with the 2nd bullet point. This is in the discussion of the 6 key characteristics. We stop discussing after the 2nd bullet point to explain a concept that several classes have had difficulty grasping. (This explanation includes the stoplight slide and the change in thinking slide). After you click the mouse on the change of thinking slide it takes you back to the 6 characteristics and the stop sign will not cover up part of bullet point 3.
- Learning bowl and parking lot posters have a dark background. Clarified instructions in the TG about how to use sticky notes (either trainer or participants) and the Learning Bowl poster.

03-30-2016

- Added competency 206-7 as it speaks to DCFS working with providers (Trainer guide and to PM)
- Replaced original PPT with PPT developed by Misty Paschall (MidSOUTH) with some edits to her original to:
    - Make it generic

    - Focus language to providers, not DCFS workers
    - Remove the slide with the rankings and directed people back to the participant manual for details
    - Added Cathy's stop light graphic (also text in the Trainer Guide to explain)
    - The PPT is on the website and also in the PDD folder on the R Drive – in the Continuing Ed subfolder
- Replaced handout 2 with the outline of the new PPT
- Corrected trainer guide to reference correct slides
- Added trainer note to reflect that the intended audience for this training has changed to stakeholders only
- DCFS will attend CANS-FAST refresher training instead of this one
- Reworked the planning sample scenario with one that is not geared exclusively to DCFS; focuses on information the provider might have
- Took the Dissection of a CANS/FAST Domain and made it into a handout. Moved it up in the presentation so people would have a visual point of reference for some of the discussion. Renumbered handouts accordingly.
- Copies of all posters named in trainer guide are now in trainer resources, and are also on the R Drive in the Continuing Ed subfolder.
- Amended the trainer resource for Deonte scoring (see edits in blue in the trainer resource section)
- Moved Deonte scenario into the Participant Manual
- Added assembly guide suggestions for materials
- Please make note – there is a handout 8 referenced which is not in the materials that were completed on March 31, 2016. This handout will be developed by DCFS and will be added to this material when we receive it. It will be a completed CANS with comments which is what providers will actually see (instead of just the bubble sheet).

MIDSOUTH TRAINING ACADEMY
SCHOOL OF SOCIAL WORK

CANS-FAST Orientation Training DCFS Stakeholders

Trainer Guide

Continuing Education Training

University of Arkansas at Little Rock

NEED FOR TRAINING

This CANS-FAST Orientation training was developed from materials originally developed and used by DCFS CANS-FAST Program to train workers, supervisors, and stakeholders around the state. The CANS-FAST Program Manager was involved throughout the development of the current training materials.

This training is specifically designed for DCFS stakeholders who have not had the initial orientation to the CANS-FAST instruments provided by Dr. John Lyons during the implementation stage of these assessments. These are the providers who will help inform DCFS when workers are completing the CANS-FAST.

Trainer Note: The initial versions of this training were designed for an audience that included DCFS workers and supervisor. However, as of March, 2016, DCFS will run separate refresher courses for workers and supervisors. Therefore, examples and wording in this version of the CANS-FAST Orientation have been modified slightly to match the narrower audience.

MATERIALS LIST

Standard Room Set-Up

Class roster/Sign-in sheets (morning and afternoon)

Name tents

White board markers

Flip chart set ups for small group work (easel, pad, markers)

Participant Manuals

PowerPoint Projector

Computer station with CPU, VCR, DVD, speakers

Materials:

- Handouts 1-8
- Highlighters at each table (enough for the number of registered participants)
- AR CANS/FAST (PowerPoint)
- Sticky Notes – at least one pad per table
- Posters – 1 through 5

Handouts:

AM	PM
Handout 1 – Agenda **Handout 2 –** AR CANS-FAST Orientation PowerPoint **Handout 3 – Dissection of a Domain**	**Handout 4 –** CANS-FAST USER GUIDES & FORMS* Printed from MidSOUTH website (see note below) CANS User Manual for CANS (0-4) Blank CANS (0-4) form CANS User Manual for CANS 5+ Blank CANS 5+ form FAST User Manual Blank FAST form **Handout 5 –** ALL CANS-FAST Information Gathering and Engagement Tools* **Handout 6 –** Deonte Blank CANS form for scoring **Handout 7** – Deonte CANS example with comments **Handout 8** – Deonte Case Plan Worksheet Sample

***Handouts 4 and 5 are now combined into one document titled CANS/FAST Assessment Guides. This document is located on the MidSOUTH website under the Training tab, on the staff side of the web.**

Assembly Instructions

The following material is a suggested guide for assembling participant materials.

Put ***Handouts 1-6 and handout 8*** in a three ring binder. Tab each handout. Consider using a binder with a front pocket. The Participant Manual can be put in the pocket. The Participant Manual should not be included behind a tab in the Handout binder.

Handout 7 is a handout that summarizes an exercise. It should be passed out at the conclusion of the exercise rather than being in the binder because otherwise it gives the answers away.

CANS-FAST ORIENTATION TRAINING

SECTION I INTRODUCTION

TIME: 20 Minutes (9:00 – 9:20)

SLIDES:

Competencies Addressed

- ❖ 102-2
- ❖ 102-4
- ❖ 102-12
- ❖ 102-9
- ❖ 206-3
- ❖ 206-5
- ❖ 206-7

Objectives: Participants will

- Learn who is in the training
- Know the purpose of the training and the competencies that inform the content.
- Discuss initial experiences with or questions about CANS-FAST Assessments

Materials

- Morning Sign-in sheet
- Participant Manuals
- Name tents
- Whiteboard or flipchart and markers
- Handout 1- Agenda
- Handout 2 – copy of PowerPoint slides
- Poster – Child Welfare House - hang this poster in the room before the training starts
- Posters - Parking Lot and Learning Bowl
- Sticky notes – pad per table

Brain Booster Reminder:

Remember the Brain Booster Rule: Include quick brainer boosters every half hour to enhance learning and retention! Suggestions for activities can be found in the Trainer Resource.

A. Introduction (Slides 1-4)

Welcome the participants to the training. Briefly cover housekeeping items such as parking (if needed), smoking areas, bathrooms, location of beverages and snacks. Remind participants to sign the class roster and correct any information as needed.

Ask participants to briefly and quickly introduce themselves, giving their names, agency, job title, and office locations. As participants go through introductions ask them to address the following questions:

- How do you see your role in a CANS-FAST?
- What do you need to know about the CANS-FAST? What were you hoping to get out of today's training?
- Are you using CANS-FAST at your agency?

Jot down the things people want to learn on sticky notes and put them on the Learning Bowl Poster. Or to get participants more involved, ask them to jot down the things they hoped to learn and put them in the learning bowl. If participants bring up ideas or questions that may not fit with the overall flow and purpose of the training, ask them to jot that down on a sticky note and put it in the parking lot. These items will be reviewed at the end of the day if not sooner.

Conclude this section by articulating the purposes of the training (slide 4).

B. Agenda and Competencies

Review the agenda for the training with the group. Refer participants to **"Agenda" on Handout 1.** Review the **"Competencies" on page 1 of the Participant Manual.** Help stakeholders understand that these competencies set out the key KNOWLEDGE/SKILLS/ABILITIES that an FSW or FSW Supervisor need every day on the job. Pay special attention to competency 206-7. FSWs are expected to share the family's CANS-FAST with service providers and get the providers input to help assure the accuracy of the ratings. So, the first teaching point:

- From this point on, ask the DCFS worker assigned to anyone you are working with the SHARE the CANS/FAST.

Since **Handout 2** is a copy of the presentation slides give it to the class at this time.

SECTION II: THE KEY TO PLANNING FOR CHANGE: ASSESSMENT

TIME: 30 Minutes (9:20-9:50)

Objectives: Participants will

- Review information on accurate and thorough assessment as a critical step in planning for the change process.

Materials

- Participant Manuals
- "Causes Sheets" – Trainer Resources
- Steps in the Planning Process Poster
- Handout 2 – PowerPoint note sheet

A. Why Discuss Planning in Assessment Training? (slides 5-6)

Trainer Note (Keep this section VERY brief)

If you use the Steps in the Planning Process Poster, have it turned toward the wall at the beginning of this section.

This training is specifically designed to orient participants to the CANS and the FAST assessment instruments currently in use by DCFS. However, before delving too deeply into the CANS and the FAST, we need to take a step back and look at ASSESSMENT within the framework of the work of DCFS.

Quickly, ask the group to define **planning.** Record a few of the responses on the whiteboard. Many contributions will involve some aspects of planning but may not get at the whole concept adequately. Click to slide 5 and suggest that participants JOT DOWN the following definitions **page 2 of the Participant Manual.**

***Planning is a thoughtful process of determining a method to achieve a goal or solve a problem.** It involves gathering information, evaluating the information, defining outcomes, planning for obstacles, prioritizing, and assigning activities, timeframes and methods. Planning *also* includes a provision for monitoring and follow-up of the plan that is developed. (Slide 5)

Now ask the group to define **reacting.** Record their answers on another whiteboard or on a flipchart. If no one provides an adequate definition, provide the following (slide 6):

***Reacting is responding without fully evaluating or thinking about the situation before acting.** Reacting often involves emotion. Reactions are often determined by the demands of others. (Slide 6)

Quick action may be necessary to prevent or eliminate harm.

- Emphasizes that planning does not always take a long time and that reacting is not necessarily a bad thing. For example, if your child runs out into the street, do you need to plan or do you need to react? Obviously, you react!
- But reacting to families experiencing abuse or neglect may not result in actions that decrease the risk of harm or help them move toward solutions.
- Planning is gathering adequate information and thinking about the desired outcomes based on the *information available at the time*. Plans change as more information is gathered. The more information, the better the chance of making a plan that will work.

B. Assessment – The (Potential) Missing Element (Slide 7-8)

Look back at the definition of planning. Focus on gathering and evaluating information. This is the essence of assessment. Accurate assessment can be the part that is left out or minimized when learners are asked about planning – especially when they think about case planning.

Do a quick exercise to highlight the need for accurate assessment. The following exercise is an example. Trainers may want to substitute another "scenario."

Purpose:

The purpose of the exercise is to illustrate that inaccurate or incomplete information may lead to an ineffective plan.

Materials

This exercise as written requires the "Causes Cards found in the Trainer Resource. **NOTE: You do not have to use all the cards.**

Methodology

1. Place the "Causes Cards" face down on the table. Tell participants to wait until your signal to turn them over. Note: Use "Cause Cards" that seem most appropriate for your audience. Be sure to include Card 1 because it is the "jump to conclusions" card.
2. Show the scenario on Slide 8

   DCFS has been working with a mother who has two children in foster care. She has a history of drug and alcohol use. The children came into care after she left them for three weeks with a friend who could not take care of them and who did not know if or when she would return. All of you are at the second staffing (approximately 6 months into the case). DCFS sent mother a written reminder of the staffing. It is 10 minutes after the scheduled start time and mother is not there.
3. Tell the table with Card 1 to turn it over and read it out loud. Quickly ask another table: What should happen?
4. Proceed through several other cards. As one table reads a card, ask another table to respond.
5. After you have done several tables (depending on time) ask the group to quickly reflect on how different information might lead to different actions or reactions.

Processing

The teaching point is that if DCFS does not have the "cause" right, they may make a plan that does not work. In addition they may not accurately reflect the issues in their CANS/FAST rankings. They may need the information you have in order to better complete the CANS/FAST assessment instrument. Figuring out the causes of the behavior and the needs that drive the behavior is what assessment is all about.

C. Steps in the Planning Process – Assessment as a Critical Element (Slide 9)

Turn the poster over and **quickly** review the steps in the planning process. This information is also on **page 3 in the Participant Manual** (Steps in the Planning Process). Review Steps in the Planning Process. The steps are:

- Identify the problem or issue
- Assess the cause or causes of the problem
- Assess strengths or resources that might be building blocks for change
- Identify goal and intervention tasks for accomplishing change and who is responsible for completing each step

- Reassess to make sure the desired change is happening.

After the initial step of identifying the problem (if there is maltreatment) and the immediate response to ensure the safety of the child/children, DCFS moves into an in-depth assessment to gather more information. This assessment will use either the CANS or the FAST or in some cases both.

During assessment, there is examination and identification of

- the underlying causes of behavior that led to maltreatment,
- immediate safety threats,
- risk factors that increase the likelihood that maltreatment will happen again, and
- strengths that mitigate the risk factors.

In the CANS/FAST, DCFS will identify both needs and strengths about the family and the children. For each client in the CANS/FAST DCFS will identify a Need or set of Needs related to the Reasons the Case Was Opened.

The Reasons Case Was Opened and the Needs identified in the CANS/FAST will be used to build the Case Plan.

After completing the assessment, the next step involves building the case plan with the family by identifying goals and what behaviors need to change.

After figuring out what needs to change, DCFS, the family and other persons with knowledge identify intervention tasks.

- Who will do what?
- When will they do it?
- What will look different when it is done?

Finally, DCFS should re**assess** at designated intervals. (There it is – you are back to ASSESSING again.) The plan is revised as needed.

Summary: (Slide 10)

- Assessment is a critical step in the planning process.
- If the assessment is faulty, the information used to make the plan is faulty or inadequate.
- If the information is faulty, the plan may look beautiful on paper but it probably won't work in the real world.
- If assessment does not continue the process of involving the family in the problem solving process then the plan may not work.
- You (providers) have information to inform the assessment.
- Assessment goes on from the time the report is made to the Hotline until the day the case is closed.

DCFS has made a commitment to the federal government and to the families of Arkansas to improve the quality of assessments and case plans. DCFS has made a commitment to share the assessment information with families and providers.

BRAIN BOOST REMINDER: Direct learners to stand up, find a partner on the opposite side of the room or at a different table and spend a minute talking about two KEY ideas about assessment's critical role in planning for change. Keep time. At the end of two minutes, invite the participants to take a quick bio **BREAK**, get a cup of coffee, etc. and return to their seats in 10 minutes.

SECTION III: AR CANS/FAST Orientation Training

TIME: 95 Minutes (10:00 – 11:45) BREAK AS NEEDED (include at least one short one)

Objectives: Participants will

- Know the 6 Key Characteristics of the CANS
- Understand the elements of a CANS/FAST
- Understand the CANS Action Levels (Ratings)
- Learn how to score a CANS/FAST
- Understand how a CANS can guide case planning
- Learn helpful strategies for using the CANS-FAST as a communication tool

Materials

- Handout 3 – Dissection of a domain
- Handout 4 – CANS-FAST User Manuals & Forms
- Participants Manuals
- Highlighters

TRAINER NOTE: During this section of training, a portion of a long video by Dr. John Lyons, developer of the CANS/FAST is included. Rather than show the video in its entirety MidSOUTH has permission from DCFS to show only the part mentioned in this guide and to cover the rest of the materials in a different manner. So, as the trainer you must be familiar with this video and be able to cover the sections not shown in great detail.

A. BREAKS and BRAIN BOOSTERS

Trainers must gauge the participants' needs for bio breaks and energizers and meet the learners' needs accordingly.

B. Orientation to the CANS-FAST Assessments

Refer back to **Handout 2 - AR CANS/FAST Training Power Point** to go through the CANS-FAST Assessments PowerPoint in detail.

Slide s 12-13 = Pages 4-6 of the Participant Manual provide a summary of the CANS and FAST assessment information covered within the PowerPoint presentation. These pages provide information on why DCFS is using the CANS and the FAST, how the tools tie into the case plan, and

describe in detail when to use each tool and when certain modules are triggered. **Slide 26** will recap the discussion.

Slides 14-20 – These slides discuss the CANS/FAST assessment tools in terms of the IV-E waiver and the timeline or history of implementation. Review anticipated benefits of CANS/FAST. **Slide 17** is on the Child Welfare House poster.

At this point pass out **Handout 3** – Dissection of a Domain and **Handout 4**, the CANS/FAST User manuals and forms. **Slide 21** corresponds to Handout 3. Give the class a quick look at Handout 3 – Dissection of a Domain. Tell the class that the CANS/FAST tools are organized around major domains. A **DOMAIN** is an area or dimension of characteristics or features being assessed. Each Domain has at least one **ITEM.** Each item has at least one **ANCHOR DEFINITION**. Each item will receive a score. We are getting ready to cover that information in depth but it may be easier to follow the discussion if you have the Handout as reference. This is also a good place to give participants a *quick stretch break*.

Slide 22 Brief introduction by the CANS Developer, Dr. John Lyons (show approximately the first 11:07 minutes.) Reinforce the message within Dr. Lyons talk. (Queue up the video at 00:01:18 and show through 00:11:07.

Slide 23 – **BRAIN BOOST** (move around after sitting and remember content of video)

Slide 24 - 25 - From Dr. Lyons' introduction:

Two factors needed to ensure child serving system is actually serving children.

1st: There is a Shared Vision related to the work.

2nd: Those doing the work are communicating the shared vision.

Use the CANS:

- to create more collaboration with families and with other people involved, i.e., therapists, school, court teams, etc.

- at every staffing,
- to "build transparency,"
- to share the full picture of what is going on,
- to share child/youth strengths.

Repeat, "We can't manage what we don't measure."

Slide 26 – Overview of the three (3) Assessment Tools and when to use.

Circumstances for using CANS:

If the goal of the case is reunification, whether the child is actually in foster care or not.

If the goal of the case is placement with a fit parent.

Circumstances for using FAST:

If the child has NEVER been removed from his/her home or any child whose goal is to maintain child in own home.

Trainer Note: The information appears on Page 5 of the Participant Manual.

CANS: Any child in an out-of-home placement. This will often be foster care but could also be a child that the Department placed in temporary custody of a family member after a home study; this is any case where the child is in foster care OR they are not in foster care but we are still working a reunification or placement with a fit parent goal.

FAST: This is for any in-home Protective Services case. This can be both court involved and non-court involved; if the children remain in the home you do a FAST.

There may be some cases where you do both CANS and FAST; if we remove one child but leave another child in the home you would do a FAST for the "family" that is still in the home (child that stayed and caregiver) and a CANS for the child that was removed.

Slides 27-30 – What's In It For Me?

- Best Reason #1: Decrease number of foster care cases.
- Best Reason #2: Decrease the time children spend in foster care.
- Prevent children from coming into care by assuring they can safely remain at home.

Slide 31 = pages 7-9 in the Participant Manual This slide contains the **6 KEY Characteristics** of a CANS/FAST. These **6 KEY Characteristics** are considered by DCFS to be critical to the Assessments.

Use the following talking points which come directly from Dr. Lyons' introduction. Be sure to cover each characteristic in detail. The Agency **firmly expects** that these 6 KEY Characteristics be covered in depth. This information appears on **pages 7-9 in the Participant Manual, Six Key Characteristics.** Suggest that participants turn to those pages to follow along as this section of training progresses. There is a graphic on page 7 **Six Key Characteristics** that has the explanation for the numbers for the Needs Scale and the Strengths Scale. CANS/FAST are in-depth assessment tools designed to look at the "big picture" and to guide a thorough assessment of what is going on with the child/children/family.

1. **Click slide 31 to bring up KEY Characteristic #1: Items are included because they impact case planning.**
   - CANS-FAST are item level tools.
   - Each individual item has potential impact on case planning
   - Because items influence interventions and activities, then they also influence your practice or what you do in relation to your work with this child, family.
   - Items guide you in thinking about what you are going to do next.
   - Using **Handout 3**, point out the Item under the Domain.

2. **Click slide 31 again to bring up KEY Characteristic #2: Level of items translate immediately into action levels.**

   Cover the first three bullet points below. (**Page 7 – Participant Manual**)
   - Every number has an immediate meaning.
   - This is important in communication because everyone needs to understand meaning of what is being discussed, addressed.
   - Action levels describe what you know at the time.
   - Using **Handout 3**, show the action levels.

   Now, **click the Stop Sign.** This should bring up the sideways stop light (**slide 32)**. Use this graphic to expand on the scores and action levels.

   - Just as with a stop light, the green (click green) or zero score means we are good to go. There is either no evidence of a need or there is a cornerstone strength (something around which a plan can be built).
   - As with a stop light, yellow or 1 indicates caution or watchful waiting (click yellow). There may a concern about a problem but *based on what we know right now*, it is not something

we can say for sure is a need. The 1 ranking tells us to keep it on our radar. A 1 on the strengths scale indicates that a child or youth has a useful strength; it just does not rise to the level of being something on which you can hang a case plan.

- Our stop light is a little unique because it has the orange or the 2 ranking. (Click orange). In the CANS/FAST this score indicates that the need is there and that action is required. You better be putting on the break and stopping.
- And last there is the red light or the 3 ranking (click red). This ranking says that not only is there a problems but that it is something that requires immediate and/or intense action. Don't just put on the brakes; slam on the brakes.

When scoring or determining action levels, keep the following in mind.

Need Items should be scored based on these guidelines:

- No evidence, there is no reason to believe it is a need
- 1 – there is a suspicion on an emerging need, there is history of this need or behavior; there is contention about the item (people cannot agree about what is going on)
    - Example: a mother is falling asleep during meetings. Staff thinks she has a substance abuse problem. She adamantly and consistently denies and says she is taking too much cold medicine. She cannot successfully advocate for her children if she is sleeping during the meetings. This needs to be watched in order to see what happens with the behavior.
- 2 – Action needed. A need has risen to the level of needing to be addressed. A behavior is interfering with functioning in some way.
- 3 – Action is required immediately. Need is dangerous or disabling.
- Use CANS-FAST as a tool. Share output with families so they can be working on 2's and 3's.

Click to bring Up STRENGTHS then click for each color on the light.

Strengths are different from needs. Strengths should be scored based on these guidelines:

- – Centerpiece Strength, make it focus of a strength-based plan
- – Can use this strength in planning
- – an identified strength that needs to be built, developed
- – no strength identified; it is not known

It is harmful to pretend that people have strengths when they don't. You can achieve the same outcomes when you build strengths as when you work with a strength that is present.

A STRENGTH item that receives a score of "0" would be interpreted as a centerpiece strength. The child has exhibited a strength and is currently using it or displaying it. For example, a score of a "0" on Family-Nuclear would mean that the immediate, nuclear family is a Centerpiece Strength to build on. A score of "3" on Family-Nuclear would indicate that there is NO evidence that this child's immediate family is a strength to build on.

NOTE: For STRENGTH items only - A "3" is not always bad. For example, an infant with a score of "3" on Talents/Interests may not have developed any talents or any sense of Spiritual/Religious identity.

A NEED that receives a "0" score means that there is no evidence that the particular item is a need. For example, a NEED item is Anger Control. A score of "0" would indicate the child has no issues concerning anger control. A score of "3" on Anger Control would indicate a severe problem that needs immediate action.
Also note, that it is possible to plan a service around a score of a "1." It will be a preventive measure. Provide an example for the group.

For DCFS, on most domains a "3" means that immediate action is required, such as removing the child from caregiver.

The final point under Key Characteristic #2 is a statement that is frequently difficult for people to grasp. This statement is : Strengths and needs are not on opposite ends of the spectrum **Click to the next slide (slide 33 – Change in Thinking)**

It is possible to have the absence of a need that ≠ a strength. Dr. Lyons' example is a suicidal youth. Obviously an actively suicidal youth would be a 3 – **need** for immediate action. But the absence of suicidal ideation isn't a strength. We are not going to build a plan around the fact that this youth is not suicidal. So, the relationship between strengths and needs in the CANS/FAST is not linear.

On the flip side good job skills might be a centerpiece strength in an older youth. But the absence of good job skills in a two-year-old is not a need. Again, the relationship is not linear.

There is one further area of note before moving on to Characteristic #3. DCFS does not considered it to be a thorough assessment if only items rated are those linked to the true finding.

Click slide 33 to return to the rest of the Key Characteristics

KEY Characteristic #3: It is about the child, not about the service.

- The shared vision of the child serving system is that children are safe and healthy. It is not the vision for children and families to be "in a service". Child welfare system is the route or mechanism to the solution, not the solution.
- An example might be that the shared vision is a safe and permanent home/family for a child. Foster care may be the service provided for the child toward that goal, but it is not ultimately the ideal goal or vision for children to reside in foster care.

- Dr. Lyons' example is a child with severe ADHD who has 3 on school behavior, 3 on school achievement, and a 3 on Impulsive/Hyperactive item.
    - He is placed on meds and participates in cognitive-behavioral treatment to learn self-management skills and begins to do much better.
    - His school behavior score goes down to a 0.
    - His school achievement score goes down to a 0.
    - His score on Impulsive/Hyperactive will go down to a 2, possibly a 1, but can never be a 0.

KEY Characteristic #4: Consider culture and development.

- Consider these factors before determining action level.
- Culture influences practice in 3 ways.
    - Cultural sensitivity – adjusting what you do based on someone's culture
    - Identifying and addressing cultural needs
    - Eliminating disparities and learning how to treat people the same.
    - Lyons' example is a Pentecostal who speaks in tongues would not be rated psychotic just on the basis of speaking in tongues or a Native American who talks to her dead grandfather would not be rated psychotic just on the basis of talking to an ancestor who has passed over.

- Development must be considered when scoring items.
    - Generally, use the child's chronological age as your anchor when considering action level.
    - The exception to using chronological age is school achievement. Use developmental age.
        - Ask, how is the child doing with his learning, consistent with his learning style and capability?
        - Is the child achieving consistent with her current level of development?
    - Lyons' example, every 3 year old has anger management issues, but when a 13 year old acts like a 3 year old and has similar methods of dealing with his anger, it requires a different assessment and plan.

KEY Characteristic #5: It is about the 'what' not about the 'why'. (**It is agnostic as to etiology. It is not based on the cause.)** There are 2 exeptions to this rule: Trauma and Child Behavior

- Professionals have broad expertise when it comes to people. They know a lot about people in general. Individuals have deep expertise about themselves. In other words, we do not know someone like they know themselves.
- Professionals may determine that someone isn't doing what she should be doing and label her noncompliant. She responds that we haven't walked in her shoes, we don't know what it is like to "be her."
- CANS-FAST is designed to make a consensus judgment, not an expert judgment. It is meant to be done as a team, with other professionals and with the families as full partners.
- Making the assessment about the WHAT not the WHY helps because it is easier to reach consensus about the WHAT of behavior rather than the WHY.
- There is stigma, shame, and blame associated with why people behave a certain way. The why of behavior is contentious, touchy, prickly, antagonistic.
- Treatment (intervention) is about testing hypotheses about the why of behavior.
- Assessment is about the what of behavior.
- Lyons' example is a middle school boy having behavior problems in school. There may be a variety of reasons he is having problems. **The action level on the assessment may be the same for all, regardless of the *reason* for the behavior.**
    - He has ADHD that isn't being treated, managed and can't sit still.

- He doesn't want to be in school and is trying to get kicked out.
- He is being bullied and teacher only sees his responses to bullying.
- He reminds teacher of someone she hates.
- The problem behavior is present, regardless of the cause.

When talking about the 'what', stick to the facts.

KEY Characteristic #6: The 30 day window is to remind us to keep assessments relevant and 'fresh'.

- The work is about the children and families. It is okay to override the 30 day window with action levels if it is in the best interests of the child.
- It is to remind us to keep it fresh, keep it about NOW.
- Don't get too rigid about the timeframe.
- This timeframe builds in an opportunity for success. It is based on the expectation that people can and do get better and change.
- Lyons' example is a young man with a drinking problem who drinks and drives, crashes his car and ends in the hospital in a coma for 90 days. When you are planning to transition him home, you would not ignore or disregard the substance use problem even though he hasn't had anything to drink in the past 30 days. You do what is needed to address the problem.

The 30 day window is not a magic number, if the event is significant and has bearing, include it.

Remember, what do you want from an Assessment?

- **What do we need to address?**
- **What assets can we tap into to address the needs**

This is a good point to do a quick 30 – 60 sec BRAIN boost.

Slide 35 – Direct participants back to **Handout 3, Dissection and the Handout 4 CANS/FAST User Manuals and Forms.** We will be using this guide this afternoon during our practice exercise.

We are going to use the CANS 5+ Manual now and go over certain items. Trainer may suggest that learners follow along in the Guides as we cover specific items and JOT DOWN notes within the GUIDE.

Slide 36 – Go through some of the items within the **Child Strengths Domain.**

Family – Nuclear – This item is based on the child's point of view. Are there positives within the family? What is the overall, big picture of family life? If rate this item a 0 or 1, use comments to explain.

Family – Extended – This item is based on the child's point of view. Are there positives within the family? What is the overall, big picture of family life? If rate this item a 0 or 1, use comments to explain.

Educational – Is the school a source of support for the child/family? This is not about school performance. That is captured in the School Domain.

Talents/Interests – A talent or interest is a centerpiece "0" if the child is using the talent or exploring the interest.

Community Life – Does the child have a sense of "community" (not strictly about whether the child is involved with 'events' within the community). Does it "feel" like home?

Child involvement with care – Can the child recognize the need for going to therapy or having the agency involved? Is child invested?

Adaptability – Do not assume a child has the ability to adapt. Is there evidence to support that a child can adjust to changes and transitions.

Building Relationships – Same as previously, do not assume the child has the capacity to build relationships. Seek information that supports that the child can build relationships with others.

Resilience & Resourcefulness –Is there evidence that the child can see strength in himself or in others? Can child identify positives in his/her life, both within self (resilience) and in others (resourcefulness)?

Slide 37 – Go through some of the items within the **Life Domain Functioning.**

Family- Nuclear – This item is also from the child's point of view and is based on what is taking place **within the nuclear family currently.**

Family-Extended – This item is also from the child's point of view and is based on what is taking place **within the extended family currently.**

***Living Situation* -** This item is about the child's current living arrangement (placement), where the child's head hits the pillow. This DOES apply to emergency shelters (or hospital) IF the child is going to be there for more than a few days.

Developmental – Rating may trigger module.

Cultural – Rating may trigger module.

Legal – Refers to legal issues outside of involvement with the child welfare system. Do not worry about 30 day time frame on this item.

Slide 38 – School Domain

DCFS is instructed not to rely solely on self- or parent-reporting on this item. Talk to school personnel, use collaterals. Comments are VERY important in this domain. Provide picture of what is going on with the child in his/her daily life. For example, if a child is homeschooled and it appears that the caregiver is actually having the child(ren) work as recommended and there appear to be no problems, this wouldn't need to have an action rating, but it would need to be noted in the comments.

Slide 39 – Spend some time on **Child Behavioral/Emotional Needs**

CANS is NOT a diagnostic tool. This category is NOT based on documented diagnoses alone. Here, DCFS is rating items based on observable behaviors. What evidence or outward signs are reported? Use the comments sections on these items to support ratings. An Action for an item can be a referral for an assessment or for treatment to an appropriate service provider. This is also an area where providers have extremely important information as CANS/FAST instruments are reviewed and revised.

Adjustment to Trauma – if removed from home, DCFS is instructed to rate at least a "1" to indicate the need to watch and see how the child does.

Slide 40 – Child Risk Behaviors

Information that is relevant to keeping the child safe, regardless of time frame, should be rated and noted within this section. Pay close attention to the information contained in the Manual. For example, as noted in the Manual, a history of suicidal ideation or gesture is a predictor of future suicide, any child or adolescent with a history should be rated at least a "1"

Slide 41 – Trauma

Items in this domain are rated over a **LIFETIME and are not expected to change**. If an item is rated a 2 or a 3, it will always be a 2 or 3. An item rating can go up, e.g., from a 0 to a 2, etc. but the rating cannot go down. What can change is the child's response to traumatic incidents in his or her life.

The items on **Witnessing Domestic Violence, Community Violence, and Criminal Activity** are to be rated based on the child's perspective. How does witnessing these activities affect the child directly?

Trainer Note: Remember that the CANS-FAST are communication tools. Workers are encouraged to have a conversation with caregivers and providers about the Trauma item ratings. Providers are encouraged to remember to ask for the CANS/FAST when clients are referred for services or have been receiving services. Explain that the trauma ratings are not going to change downward. FOR THIS DOMAIN, this lack of change in scores on is not going to keep a child from going home or being reunified.

Slides 42-43 – Permanency Planning Caregiver Strengths and Needs

For this domain, rate the person identified for the permanency plan. From whom was the child removed and is the plan to reunify the child with that caregiver?

NEVER rate the temporary placement caregiver in this section.

If the child has had parental rights terminated (TPR), DCFS does not rate anyone in this section, until the child enters a pre-adoption placement.

Supervision item is not just about whether the caregiver can "watch" the child, but does the caregiver have skills to oversee all the child's needs (developmentally).

Financial item should be rated based on the caregiver's ability to meet the child's needs.

Employment: If the parent is not employed and receives some form of support (Social Security, child support, etc.) and is able to meet the child's needs, the parent does not have to have a job.

Safety item should be rated a "3" if child is currently removed from caregiver.

Remember to rate items as a "3" when an immediate action needs to be taken. For example, if the caregiver does not have transportation but is getting to appointments and taking care of business, this would not be rated a 3.

Arkansas does NOT have a Not Applicable (NA) rating. If rating an item that doesn't apply, rate as a "0".

Slide 44-45 – Modules for CANS

The following information appears on **Page 10 of the Participant Manual.**

The "modules" are triggered (required) based on responses to certain items. The modules are:

CANS 0-4:

- Developmental Needs (DD) Module (*triggered by Life Domain-Developmental item)*
- Acculturation *(triggered by Life Domain-Cultural item)*
- Substance Use Disorder (SUD) Module-Caregiver *(triggered by Caregiver Substance Use item)*

CANS 5+:

- Transition Age Module-Triggered by DOB-MUST BE FILLED OUT FOR 14+
- Developmental Needs (DD) Module (*triggered by Life Domain-Developmental item)*
- Substance Use Needs (SUN) Module *(triggered by Child-Substance Use item)* – This module is about the CHILD.
- Acculturation *(triggered by Life Domain-Cultural item)*
- Substance User Disorder (SUD) Module-Caregiver *(triggered by Caregiver Substance Use item)* – This module is about the CAREGIVER.
- Runaway Module *(triggered by Child Risk-Runaway item)*

DCFS WILL NOT FILL OUT A MODULE UNLESS THEY SCORED A 1, 2, OR 3 ON THE CORRESPONDING ITEM; THE ONLY EXCEPTION TO THIS IS THE TRANSITION MODULE WHICH **MUST BE FILLED OUT FOR ANY CHILD 14 OR OLDER.**

The FAST has no additional modules.

Slide 46- – Arkansas FAST

Assessment for children and families with an In Home (Protective)Services case.

Slide 47 – The Family Together

Parent/Caregiver Collaboration: If there is no collaboration because there is no one to collaborate with, it is not an issue ("0" rating). An absent father does not automatically receive a 3 rating. If the mother says father is not in the picture, not going to be in the picture, and she is good with that, then it is rated as 0.

Family Safety: This item is about the family's general safety within the environment/neighborhood. The safety of the child in regards to child abuse/neglect is rated under the Safety item in the Caregiver Domain.

Home Maintenance: This item looks at environmental neglect issues.

Slide 48– Caregiver Status

Boundaries: Boundaries are not the same as roles. In this item, capture how parents and children interact with each other and with the outside world. Examples are mother who acts like a friend to her children, talks with the children about adult things; a father who watches pornography with adolescent boy.

Partner Relationships: This item is a 0 if the caregiver is not in a relationship.

Vocational Functioning: This is how the caregiver's work (or not working) affects the family's functioning. Everyone does not have to have a job.

Alcohol and/or Drug Use: If the case is opened due to parent's drug use, is a Garrett's Law case, this item should be rated a 2.

Posttraumatic Reactions: Is there any history of caregiver's own trauma affecting his/her functioning? Is the caregiver able to manage reaction to the child's trauma?

Organization: This item is not about Home Maintenance, that item is rated under Family Together. This item is about ability to budget, get things done, and manage appointments.

Accessibility to Child Care: Not everyone needs childcare. If there is no need, this is rated a 0.

Family Stress: How do the child's needs affect parent? Is the parent able to manage the stressors of parenting and meeting the child's needs?

Educational Attainment: Do not automatically rate this as a 3 if the parent hasn't finished high school or obtained a GED. Everyone doesn't have to finish high school or go to college/technical school. Item should be scored based on caregiver's needs.

Safety: This is where you rate child abuse and neglect. Is caregiver providing a safe home for the child?

Slide 49 – Caregiver Advocacy

All items under Caregiver Advocacy are about the caregivers' abilities to advocate (support, promote) the child.

Knowledge of Rights & Responsibilities: Does the caregiver have a technical understanding of his/her legal responsibilities for child?

Natural supports: These are unpaid people in a family's life who provide support and assistance. An example is a coach or close family friend. If a support is there who is paid and he/she goes above and beyond the typical duties within the relationship, he/she can be counted here.

Slide 50 – Youth Status

Relationship with bio mother/father: If the biological mother or father is not in the picture and the caregiver in charge and child/youth are okay with that status and has no plans to change it, it can be rated a 0 rather than a 3. If however, the caregiver and/or youth yearn for involvement with the absent parent, then that should be captured here.

Relationship with Primary Caregiver: This is to rate someone who is providing care other than biological mother or father.

Slide 51 – LUNCH BREAK

Gauge your group's energy level to determine whether to do the Whodunit exercise and follow up exercises before or after lunch. The material actually makes a good review when people return in the afternoon (review of the need for assessment and need to share the vision). The trainer guide has been written to assume lunch will fall here.

SECTION IV: TOOLS FOR COMMUNICATION

TIME: 20 minutes (1:00 pm – 1:20 pm)

Objectives: Participants will

- Review the need for the shared vision
- Learn about the CANS-FAST as a communication tool
- Learn helpful strategies for using the CANS-FAST in assessment

Materials

- Handout 5 – All_CANS-FAST Information Gathering and Engagement Tools
- Participants Manuals
- Highlighters
- Sticky notes (if using the suggested Brain Boost)

A. Quick Review

When the group returns from lunch: Take a few minutes to ask participants to review/reflect back on the morning's content. Consider using the Make It Stick exercise and have participants write down one or two things that they remember from the morning.

B. Slide 52 – Whodunit?

Cut and paste the link into an internet browser to watch the short video. After the narrator in the video talks about the 21 changes, ask the participants for a show of hands as to how many noticed the changes. Did anyone get any more than 10? Why do you think you didn't notice these?

- **Teaching point:** It's easy to miss something you are not looking for.
- **How does this pertain:** Assessment is about accurate information about problems and needs. DCFS will talk to family members and share information with you. You may be uniquely positioned to see the situation with new eyes.

C. Slide 53 - Collaboration and Teamwork

Emphasize how much we miss in each and every interaction. Sometimes DCFS is paying attention to one thing and miss what is going on in another area. The more sources they can include, the more often they have interactions, the more information DCFS can gather. By the same token, if there is sharing, DCFS will likely bring forth information you missed in your assessment.

As we practice with a CANS situation, keep in mind the need for the shared vision of what's going on and what the child(ren) and family needs.

D. Effective Communication with Families

Direct learners to read the information on **Pages 11-12 of the Participant Manual, "Effective Communication with Families using the CANS"**. This information was taken from the CANS Training website and was developed by Mary Beth Rautkis, PhD. Participants may want to use the highlighters provided at each table to highlight important concepts.

Instruct each table of participants (or small groups as dictated by the training group size) to quickly identify **THREE (3) MAIN IDEAS** from the information on pages 11-12 and to write these on the nearest flipchart or whiteboard. Have each table share their main ideas, asking subsequent groups to avoid repeating ideas previously mentioned by another group. If time is short, ask each table to share one idea.

Remind participants that the CANS and FAST are TOOLS available to them to accomplish their work with children and families. As with any TOOL, we have to get comfortable with it and learn to use it through practice. Pass out **Handout 5 – ALL_CANS-FAST Information Gathering and Engagement Tools.** These are job aids designed to help workers and supervisors use the CANS-FAST assessments as communication tools. They are provided to stakeholders so that you will know what resources workers have to help them as they enter their assessment information into the CANS/FAST format.

SECTION V: PRACTICE OPPORTUNITY

TIME: 100 Minutes (1:20pm – 3:00 pm)

Objectives: Participants will

- **Practice scoring a CANS Assessment based on a scenario provided**
- **Discuss scoring of CANS and address how to work toward consensus**

Materials

- **Handout 4 – CANS User Manual**
- **Handout 6 –Blank CANS 5+ Form for Scoring**
- **Handout 7 – Deonte CANS with Comments**
- **Blank CANS 5+ score sheet.**
- **Pencils**
- **Participant Manual**

Trainer Note: This section works best if the larger group is broken down into small groups of 3-5. When the groups are ready to begin the work, assign each group two or more domains to work on rather than having each group work on the entire CANS scoring. If additional small groups are needed, split the Caregiver domain as that it the one that tends to take the most time and potentially generate the most discussion.

A. PRACTICE OPPORTUNITY - Completing the CANS (Slide 55)

Purpose

The purposes of this activity are to learn how to score an assessment using the CANS and to understand how the knowledge of the family that a stakeholder has can impact the assessment of the child and family needs.

Materials

Participants will need **page 13 from the Participant Manual** (Practice Scenario – Deonte), **Handout 4, CANS-FAST 5+ User Manual, Handout 6, Blank CANS 5+ form** for scoring in order to complete this activity. The trainer will need the Scoring and Comments for the Practice Scenario found in the Trainer Resource.

Methodology

1. Before the class starts reading the scenario, show **slide 56.** Explain that they will read a scenario and then score it using the CANS tools provided. It can be helpful to focus on

the need for action and the immediacy/severity of the need for action. Do not get bogged down in the anchor definitions. Use them as a guide but understand that they are necessarily limited in scope. In other words, they do not replace good sense.

2. Now, instruct the entire class to read the scenario provided on page 13 in the participant Manual- Practice Scenario.

3. Divide the larger groups into small groups of 3-5 and assign each group two or more domains to score. Using the blank CANS 5+ form and with Handout 4 – the User Manual, complete their sections of the CANS 5+ form. *In the interest of time for training purposes, any modules triggered will not be scored.*

4. Since this group is composed of stakeholders donot require them to write comments but tell them to be sure and include their reasoning for scores, especially those that are actionable. For example, a needs score of 2 or 3 requires mandatory comments when completing the CANS. Although, a needs score of 0 or 1 does not require a comment, it is recommended. The same is true for strengths. A strength item that is rated with a score of 0 or 1 will require comments, while items receiving a score of a 2 or 3 will not require comments (but they are recommended).

5. Point out to the group that while DCFS is expected to note the rationale for the score, in the comments DCFS needs to use family centered, non-judgmental language as this document will be shared with the family.

6. Allow adequate time for groups to read and score the assessment. Plan on 30-45 minutes depending on size of class/groups.

BREAK

Processing

1. Go over the scoring for each item giving the scores recommended by the assessment's developer and the experts within Arkansas who have rated this scenario. Explain that discussion will be generally limited to those items where the participants' scored differed 2 or more points from the recommended score.

2. Refer to the Scoring and Comments for the CANS 5+ in the Trainer Resource.

3. It's important that major concerns and/or reason(s) DCFS is involved are addressed somewhere on the CANS in both the scoring and in the comments. For example, if a child is put in an out-of-home placement because his father broke his arm, it must be addressed. Although there is not a specific item to rate for this particular problem (a broken arm), it must be documented in other appropriate items such as physical health, medical, living situation, etc. Depending on the situation, evidence of the abuse might also show up in other categories such as school, child behavior, etc.

4. It is important to point out that if DCFS has taken a child into care, there should be a 2 or 3 score somewhere in the CANS. Otherwise, the scores do not reflect the reality of the situation, which is that a child has been removed from the home.

5. Although participants' scores might not match up exactly, remind them that we are not concerned about small differences in scoring (a '0' versus a '1'). Instead, we are focused on major differences in scoring. Be sure to discuss any **major differences** in scoring. For example, a score of '0" versus a "3" should be discussed. The discussion should focus on how the FSW might resolve the difference. Who does he or she need to talk to in order to get more information? How might you as a stakeholder work toward consensus on evaluating the need or strength?

6. The scores the class decides upon do not necessarily have to match exactly the scores in the Trainer Resource. However, there should be a discussion if they are not somewhat similar. The teaching standard that must remain consistent is that the reason or reasons DCFS is involved with a family and/or a child came into care must receive at least a 2 or 3. In the case of severe maltreatment, the score must be a 3.

7. Conclude this exercise with Handout 7. This handout is an example of what the stakeholder should receive from DCFS (as opposed to the actual bubble sheet).

SECTION VI: CASE PLANNING AND CONNECTING THE TRAINING TO YOUR JOB

TIME: 30 Minutes (3:00pm – 3:30pm)

Objectives: Participants will

- Relate the CANS-FAST Assessment results to the case planning process.
- Discuss how the training will be applied in their work.

Materials

- Participant Manuals
- AR CANS/FAST Training PowerPoint
- Flipcharts/whiteboards
- Handout 8- Deonte Case Plan Worksheet Sample

A. CANS-FAST Informed Case Planning

Suggestion: Part of prioritizing and addressing first things first may involve the skill of being able to group clusters of 2 and 3 rankings. The example provided earlier of substance abuse ranked as a 3 and needs to improve parenting ranked as 2's might be a good example. In other words, you may identify that the other needs are symptoms or results from the substance use disorder. If the plan targets the substance abuse issues the others may well resolve or improve on their own without a specific objective or service for them, at least initially. Consider letting the groups see if they can identify needs that should be grouped **before** reviewing Handout 7 with the group.

After they have had a chance to try grouping, pass out **Handout 7.**

Slide 57 – 60 – CANS-FAST Informed Case Planning

Arkansas is the first state to directly link the CANS assessment to the computerized case plan. Participants must be able to link the information from the CANS-FAST Assessments to the case plan. Case planning is a process that arises out of the assessment. As mentioned in the preceding sections, if the assessment is inaccurate or incomplete, the plan may not work. Plans consist of several parts – CANS/FAST items, history, in order to address this identified need or strength and services.

Review Handout 7 – Deonte Case Plan Worksheet Sample, highlighting the areas of the plan and making the connection between the sections of the case plan with the information obtained in the CANS on Deonte. This worksheet shows examples for three (3) groupings within the CANS/FAST Identified Need or Strength and the supporting (accompanying) documentation designed to address those needs and strengths.

CANS-FAST Identified Need or Strength

This section is where the participants will need to consider the grouping of related items.

- Need items with actions levels of 2 or 3 will be addressed first.
- Need items with action levels of 1 that need preventive services need to be included.
- Identify the ASSETS or Strength items with a 0 or 1 that can be used within strengths-based planning.
- Strengths with an action level of 2 or 3 are skills, attributes that can be built or developed.
- Identify action steps that support the short and long term goals.

Objective:

- *History:* This is where the worker makes the link from the investigation. Write out the piece(s) of the history that the intervention will address.
- *In order to address this identified Strength/Need:* Stress here the need to write the behavioral change expected. What will the family/family member be doing differently and better as a result of any intervention and how will you know it has happened? Who will do what, by when.
- Prioritize needs with child and family to develop short and long term goals.
- If needed, refer back to the Steps in the Planning Process and the critical element of ASSESSMENT in planning for change.
- There is a section of the new case plan for "additional or court-ordered services," that we can use for any service that is requested by the court or a party of the case but cannot be directly linked to a CANS-identified need (such as a paternity/DNA test).
- Remember, it is fairly easy to pick services, but what is the desired end result of receiving the service?

Slide 59 - Remind learners to collaborate and partner with the child and family as much as possible in the development and finalization of the case plan.

Slide 60 – The CANS/FAST Assessments require that users be trained and certified in their use. Explain that workers must pass the test at a 70% in order to certify. There is a coach available should they need it. This slide does not apply to stakeholders, they do not have to certify on the CANS. But it may be helpful for them to know this fact.

B. Connecting the training to the job – 5 in 5

Purpose

The purpose of the final exercise is to assist in the transfer of learning.

Materials

Flipcharts/markers OR whiteboards with markers

Methodology

1. Ask the participants to help "crystallize" their own learning.
2. Direct pairs of learners to flip charts and whiteboards.
3. Have them generate a list of FIVE items or concepts or points from today's training that they will use within the next FIVE days.
4. When everyone is finished, have groups rotate around to other flipcharts/whiteboards and make a check mark by those items that others have identified that they believe will also apply to them.

Wrap up the training.

Ask for evaluations to be completed.

Thank the participants for their time and participation.

Distribute certificates if available.

MIDSOUTH TRAINING ACADEMY
SCHOOL OF SOCIAL WORK

CANS/FAST Orientation Training

Trainer Resources

Continuing Education Training

Brain Boosters

Posters

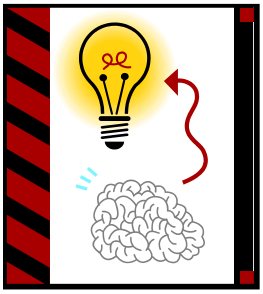
CANS Practice Scenario Scores & Notes

Scored CANS bubble sheet for Deonte

Causes Statements

University of Arkansas at Little Rock

Brain Boosters



What: incorporating brain break reviews ("brain boosters") in the classroom.

When: every 20 minutes of instruction time.

Length: each brain booster should last no longer than 1-2 minutes.

Why: because brain boosters are logical, physical, emotional and supported by research to promote maximum learning in the following ways:

A: attention grabber
I: increases energy and engagement
M: memory retention

Brain Booster Options:

1. **Share It:** Invite participants to stand and turn to a partner. Share one thing that you have learned in the past 20 minutes.

   Variation: Find a partner from across the room to share with, not from your table.

Did you know that just standing alone increases oxygen to the brain by 5-8%?!

2. **Draw It:** Invite participants to stand. Instruct participants to use one hand to draw (with invisible ink on the ceiling) a concept that they have just learned.

Did you know that in terms of retention, images are better than words for remembering concepts?

3. **Make It Stick:** Invite participants to write a new learning ("something you just learned about the signs of maltreatment") on a sticky note and adhere it to the appropriate piece of large paper posted on the wall.

   Prep: Hang several large sheets paper around the room with various labels depending on your topic (ex. Facts of Maltreatment, Signs of Maltreatment, Definitions of Maltreatment, Impact of Maltreatment). Also have a generous supply of sticky notes on the tables.

4. **Mark-Ups:** Have a supply of highlighters, colored markers, sticker dots or post-it notes/ flags on the tables. Instruct participants to use one of the following mark-up suggestions:
   - **Highlight the main idea on this worksheet**
   - **Circle the three most important facts on this page**
   - **Write a one page summary on a post-it note and stick it to this page**
   - **Flag the most important concept on this worksheet**
   - **Put stickers or dots beside 3 ideas you can use in the office**
   - **Draw a symbol or picture of the most important fact on the page**

5. **Cocktail Napkin:** Invite participants to stand. Pair up with a partner, and each grab a sticky note pad and pen. For the other person, draw and explain one concept you have recently learned (similar to what someone might do in a bar if the cocktail napkin is the only paper available).

Did you know that talking trumps listening for boosting memory?

6. **Fact or Fiction:** Read a series of 2-3 true/false questions from material covered in the past 20 minutes. You have 3 options for executing this brain booster based on level of participants' comfort with sharing information:

    a. While standing, if the answer is true, put your thumb up in front of your chest; if the answer is false, put your thumb down in front of your chest (safest method).
    b. Stand up if you believe the statement to be true; remain seated if you believe the statement to be false.
    c. Hold up a green card if the statement is true and hold up a red card for a false statement.
    d. Walk to one side of the room if you agree with the statement; walk to the other side if you disagree with the statement (least safe method).

    Prep for Method C: Have enough green and red cards for all participants at the tables. They can be any size, but should at least be 3x5 or larger.
    Prep for Method D: Put a laminated card for "Agree" on one side of the room and a laminated card for "Disagree" on the opposite wall.

Did you know that movement is better than sitting for making the training stick?

7. **Walk and Talk:** Also called "Walkabout," this activity requires that the participants pair up and walk around the training room, around the training facility or outside for 2-3 minutes. Instruct them to discuss a concept they have learned in the past hour and how they might apply what they have learned to the work-setting.

    Variation-GLP Walk: Pair up with someone from across the room and leave the room to do this activity, which takes 10 minutes. This might be more appropriate for an end-of-the-week morning review. Instruct pairs to discuss the following three topics: **G:** one thing in which I am ***grateful*** (sets a positive mood)
    L: one thing I have ***learned*** (reviews important concept)
    P: one thing I ***promise*** to do in the office (applies learning)

8. **Graffiti Time:** Also called "Wall Writing," this structured activity is when you direct learners to write specific responses on labeled charts around the wall at designated times. Here is a list of suggestions:

    - **A question I still have about…**
    - **What I want to learn…**
    - **My opinion about this is…**
    - **One fact I want to remember is…**
    - **The most important thing I have learned so far is…**
    - **I can share this information with…**
    - **How I plan to use what I have learned is…**

Variation: Each group has a chart that they complete as the training progresses.

Take a picture of the chart and email it to the group as a souvenir of the training.

9. **Beat the Clock:** Instruct each group to stand up and move around a flipchart/stand. Give them 1 minute to brainstorm as many statements about the assigned topic during that minute, while recorder writes them down on the flipchart paper. Have a timer available for this exercise. You may want to celebrate completion of this brain booster with a group cheer to get some energy flowing.

10. **Who Has the Ball?** Have participants stand. Using the stress ball at the table, one person holds the ball at a time and shares one thing learned in the past 20 minutes. The person holding the ball decides who speaks next with a toss to another person.

    Prep: Have a stress ball on each table and remove all open drinks before this exercise.

11. **Each Teach:** Instruct participants to stand and find two other people to form a triad (or group of four if necessary). Each person gets 30 seconds to teach the others a concept recently learned in class. Rotate around so that all may share. Then participants may return to their seats.

Just remember, if you want to make the training stick:

- *movement* trumps sitting;
- *talking* trumps listening;
- *images* trump words;
- *writing* trumps reading;
- *shorter* trumps longer; and
- *different* trumps same.

Resources: *Using Brain Science to Make Training Stick* by Sharon Bowman (2011) and Eric Jensen's workshop "Teaching with the Brain in Mind" (2009, 2013).

Deonte Scores and Notes

Note: The Text in blue indicates changes made in March 2016 at the direction of DCFS. The speaking points below are highlighting possible points of pushback/discussion from the class. Scoring reflects the scores of Dr. John Lyons. The class members may have a different take on these scores. The teaching point becomes how as a provider, do you help influence this scoring? What do we do if we are very far apart on a score?

With all the areas where there is only a 1 pt difference in score, direct the conversation back to need for action. Is there a need for action? If so, how immediate does that interaction need to be? Or, are we just at a wait and see place?

Just a reminder: The notes below are intended to help you identify and articulate the rationale behind the decision to score items in certain ways.

The document you see below does not necessarily reflect a "good" comment. Remember, if there are 2 points difference in scores, spend some time talking about the item and rationale.

See the scored bubble sheet for Deonte following these notes.

Child Strengths Scoring and Comments - Example

- **Family Nuclear-(2)** Deonte has little contact with his mother or other family.
- **Family Extended-(2)** Deonte was removed from his aunt's home after witnessing DV and has no further contact with her; no other identified relatives.
- **Interpersonal-(2)** Deonte has few stable relationships at this time. He has difficulties with peers at school.
- **Educational-(2) This score was previously listed as a 1 or a 2 but has been changed to only 2. There could be debate between a 2 and a 3 because of lack of information about the current school and how they are dealing with the child.** Deonte has had difficulties at a previous school (aggressive with others).
- **Talents/Interests-(2)** He participates in Cub Scouts, says he wants to be a fireman when he grows up.
- **Spiritual/Religious-(1)** 1 or 2. Currently attends church and Sunday school.
- **Community Life-(2)**
- **Relationship Permanence-(2)** **Again, this is an area where there could be a debate about whether to score this a 2 or a 3. Through no fault of his own Deonte has few stable relationships. So, what becomes important to assess is how this has impacted his ability to**

form relationships. Things seem better in his current placement but he has only been there a short time.

- **Child Involvement with Care-(3)** –**Expect that there may be some in the class who feel that this score could be a 2 because he reports liking his current placement. The debate would also involve whether or not Deonte is developmentally able to truly participant in decisions about his care.** Reports liking his current placement and wishes to stay with these foster parents.
- **Natural Supports-(2)** Remind the class that this does not include family members.
- **Adaptability-(2) This might be a point of discussion based on consistency of application for the instructions. Lyons rates this as a two (perhaps because the child is Ok in his current placement) but people who literally follow the directions may rate this as a 3 because there is really not much information in the scenario to let you know about his capacity.** Not able to identify capacity to adapt.
- **Building Relationships-(3) Anticipate there may be some debate here with folks looking at the fact that things seem to be going smoothly in his 1st 30 days of the new placement when Dr. Lyons scored this according to his instructions.** Appears to have difficulty building and maintaining relationships.
- **Resilience-(3)** Not yet able to identify that he is resilient.
- **Resourcefulness-(3)** Not yet identified.

Life Domain

- **Family-Nuclear-(3)** This is rated a 3 because Deonte was neglected by his mother and removed from the home.
- **Family-Extended-(3)** Lost maternal grandmother, lost relationship with maternal aunt, no other identified relatives.
- **Living Situation-(1)** Looking at the current living arrangement with the foster parents, McCartneys. Seems to be relatively stable, they have expressed interest in providing permanency if Deonte becomes available for adoption.
- **Sleep-(2)** Deonte does not sleep well through the night.
- **Social Functioning-Peer-(2) There may be some who want to give this a 1 (watchful waiting) because of him not currently having a problem. The discussion might center on the question of child in service. The service is a home without any other children. So, has his aggression towards peers in his previous placement improved or does he just not have the opportunity here?** Has had difficulties with peers.

- **Social Functioning-Adult-(0)** No evidence
- **Sexual Development-(0)** No evidence
- **Development-(0)** No evidence
- **Communication-(0)** No evidence
- **Cultural-(1)** Nakkita identifies that she is concerned that Deonte is placed with white foster parents, who are trying to "brain wash" him into "being white".
- **Legal -(0)** No evidence
- **Medical-(0)** Could be a 1. Deonte needs an evaluation for the bed wetting.
- **Physical Health-(0)** No evidence
- **Daily Functioning-(0)** No evidence

School

- **School Behavior-(1)** **Expect that there are some who will say this should be ranked a two because of the past behavior. The question becomes – is there anything we need to do now?** Current behavior is satisfactory at school, although he has history of problems
- **School Achievement-(0**) No evidence
- **School Attendance-(0)** No evidence
- **Special Education-(0)** No evidence

Child Behavioral/Emotional Needs

- **Note: Initially,** the instructions were that workers would ONLY score a 2 or 3 on items of Psychosis, Attachment, Impulsivity/Hyperactivity, Depression, Anxiety, Oppositional, and Conduct categories if there is a confirmed medical diagnosis. However, the Agency is now recommending that behaviors that are observed by people in the child's life can be reported here and that a rating of a 2 or 3 on these items does NOT require a confirmed medical diagnosis. Ample and detailed comments should accompany ratings.
- **Psychosis-(0)** No evidence
- **Attachment-(1)** Deonte's relationship with his mother is tenuous.
- **Impulsivity/Hyperactivity-(2)** He has a medical diagnosis of ADHD which is managed with medication.
- **Depression-(0)** No evidence, could be 1 **Especially mental health professionals might want to look at this as a 1 in terms of his angry outbursts being signs of depression.**
- **Anxiety-(1)** Difficulties sleeping, could be a 0

- **Oppositional-(0)**
- **Conduct-(0)** Could be a 1. At present, Deonte is not engaging in behaviors such as aggression, property destruction, or other serious violations of rules.
- **Adjustment to Trauma-(2)** Deonte is having problems adjusting to his removal from mother and maternal aunt.
- **Anger Control-(1)** This could possibly be a 0 **If it is ranked a 0 is it because he has not had an outburst in this current placement? And is that because he is better or because there are no other children there?**
- **Substance Use-(0)** No evidence

Child Risk Behaviors

- **Suicide Risk-(0)** No evidence
- **Self-Injurious Behavior-(0)** No evidence
- **Other Self-Harm-(0)** No evidence
- **Danger to Others-(1)** Watchful waiting due to behavior at previous school and other foster children in previous placement
- **Sexual Aggressions-(0)** No evidence
- **Runaway-(0)** No evidence
- **Delinquent Behavior-(0)** No evidence
- **Sexually Reactive Behavior-(0)** No evidence
- **Bullying-(0)** No evidence
- **Intentional Misbehavior-(0)** **This is an area where some folks want to rank a 1. Again, some of the discussion might center on whether Deonte is developmentally capable of intentional misbehavior as defined.**
- **Aggressive Behavior-(1)** 1 or 2 debate Not currently showing aggressive behavior.
- **Exploited-(0)** No evidence

Trauma

- **Sexual Abuse-(No)** No evidence
- **Physical Abuse-(Yes)** At the time of removal, Deonte had cigarette burns in various stages of healing on hands and feet. **This is a change from previous version discussions because the scoring scale has changed. Trainees will not know that and this note is not intended to direct trainers to go into past history. It is just to draw your attention to the changes.**

- **Emotional Abuse-(No) Expect that some may want a "yes" ranking on the basis of whether it is possible to have other types of maltreatment without at least some degree of emotional maltreatment.**
- **Neglect-(Yes)** Two or 3 debate. Deonte was removed from his mother's care due to be left unsupervised overnight.
- **Medical Trauma-(No)** No evidence—because the physical abuse has been documented elsewhere, it does not need to be documented here again.
- **Natural Disaster-(No)** No evidence
- **Witness to Domestic Violence-(Yes)** Deonte witnessed his maternal aunt being stabbed with a knife by her paramour.
- **Witness to Community Violence-(No**) No evidence
- **Witness/Victim to Criminal Activity-(Yes)**
- **War/Terrorism (No) – New category in Trauma**
- **Disruption in Caregiver (Yes) - New category in Trauma**
- **Grief and Loss (Yes) - New category in Trauma**
-

Permanency Planning Caregiver Strengths and Needs

Supervision-(3) Deonte was removed from mother's care due to being left unsupervised overnight.

Parenting Skills-(2) Could be 2 or 3 debate. Mother has provided care for son inconsistently and sporadically.

Knowledge of Child-(2) Nakkita does not understand the needs of her seven year old son.

Knowledge of Rights & Responsibilities-(0) No evidence

Organization-(3) Mother has seen Deonte only a few times in the past year. She has not been consistently working her case plan toward reunification. Mother does not have housing of her own but is residing with various friends at this time.

Social Resources-(1) Could be a 2. Deonte and Nakkita have limited resources to help form stable support network.

Residential Stability-(3) Nakkita does not have housing of her own, residing with various friends.

Empathy with Children-(0) Anticipate there could be a heated debate over this item because the scenario as written actually makes a good case that there is little to no empathy for the child. The

debate would seem to be between a 2 and a 3 rather than a 0 and a 1.

Boundaries-(0)

Involvement-(2) Could be a 3. Nakkita has been inconsistent in her caregiving of Deonte for much of his life. She relied heavily on her own mother to care for Deonte. Nakkita's mother is now deceased.

Posttraumatic Reactions-(0) No evidence

Knowledge of Family/Child Needs-(1) Could be a 2. Mother does not appear to understand her son's need for safe, permanent, stable home.

Knowledge of Service Options-(0) No evidence

Ability to Listen-(0)

Ability to Communicate-(0)

Satisfaction with Services Arrangement-(2) Could be a 3. Mother has expressed dissatisfaction with Deonte's current placement with the McCartneys.

Physical Health-(0) No evidence

Mental Health-(0) No evidence

Substance Use[7]-(3) Nakkita has serious substance dependence problems; used while pregnant (Deonte was born substance exposed); engaged in prostitution to support her substance addiction; is inconsistent in following case plan requiring weekly urine tests, outpatient drug treatment, and regular CA attendance.

Developmental-(0) No evidence

Accessibility to Child Care Services-(0) Could be a 1

Family Stress-(1)

Employment/Educational Functioning-(0) No evidence

Educational Attainment-(0) No evidence

Legal-(1) Prior conviction for prostitution

Financial Resources-(3) Mother has no financial resources.

Transportation-(0) Nakkita does not have a car, but she is able to find transportation.

Safety-(3) Mother left her son unsupervised overnight.

Marital/Partner Violence -(0) No evidence

Acculturation Module

Language-(0) No evidence

Identity (1) Deonte is African-American, living with a white foster family.

Ritual (1) Deonte is African-American, living with a white foster family.

Cultural Stress (1) Deonte is African-American, living with a white foster family.

Substance Use Disorder (SUD) Module – Caregiver

Severity of Use (3)

Duration of Use (3)

Stage of Recovery (2)

Peer Influences (3)

Environmental Influences (3)

CAUSE 1

We think she is not coming to the staffing because she is probably at home either drunk or drugged out. She just can't maintain sobriety.

CAUSE 2

During our work with Mom, we have started to wonder whether or not she can read. We are concerned that she really may not be able to read well but is afraid to say anything.

CAUSE 3

We know that Mom's car is a real junker and there's no public transportation here. You know, she has had trouble getting to her job because the car was giving her fits.

CAUSE 4

This is really not like her. She has made every visit with the children. I wonder if she is sick? No, not drunk….really sick?

CAUSE 5

During our last session, Mom talked about being scared that she was doing so well. She was afraid that she would mess up if the kids came home. She really doesn't trust her progress.

CAUSE 6

I hate to say this but I think she has a new boyfriend. I hope they haven't run off together.

DISSECTION OF A CANS/FAST DOMAIN

Domain

LIFE DOMAIN FUNCTIONING

Item & Item Definition

Action Levels (Ratings)

# 15	**FAMILY-NUCLEAR** *This item rates how the child is functioning within his/her nuclear family. Family ideally should be defined by the child; however, in the absence of this knowledge consider biological and adoptive parents and/or siblings with whom the child has contact as the definition of nuclear family. For children involved with child welfare, family refers to the person(s) fulfilling the permanency plan..*
0	Child is doing well in relationships with family members.
1	Child is doing adequately in relationships with family members although some problems may exist. For example, some family members may have some problems in their relationships with child.
2	Child is having moderate problems with parents and siblings. Frequent arguing, difficulties in maintaining any positive relationship may be observed.
3	Child is having severe problems with parents and siblings. This would include problems of domestic violence, constant arguing, etc.

Anchor Definitions

0	Child is doing well in relationships with extended family members.
1	Child is doing adequately in relationships with extended family members although some problems may exist. For example, some family members may have some problems in their relationships with child.
2	Child is having moderate problems with extended family members. Frequent arguing, difficulties in maintaining any positive relationship may be observed.
3	Child is having severe problems with extended family members. This would include problems of domestic violence, constant arguing, etc.

CANS = Modules

FAST = No Modules

DCFS Commitment

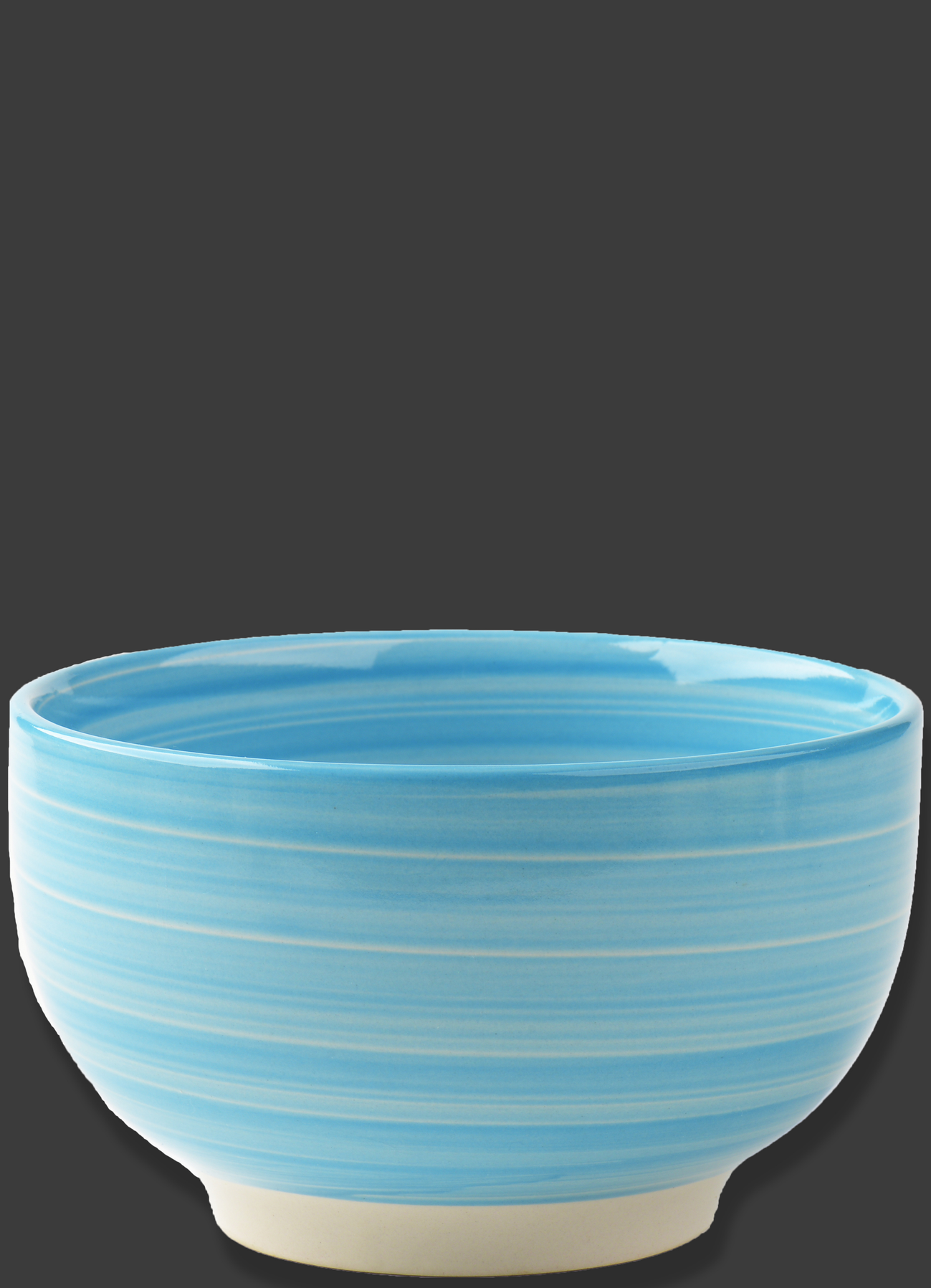
IV Waiver Initiatives

Differential Response
Permanency Roundtables
Team Decision Making
Foster Parent (recruitment/retention)
Nurturing Families of Arkansas
CANS/FAST

Hotline
Investigation
Differential
Response

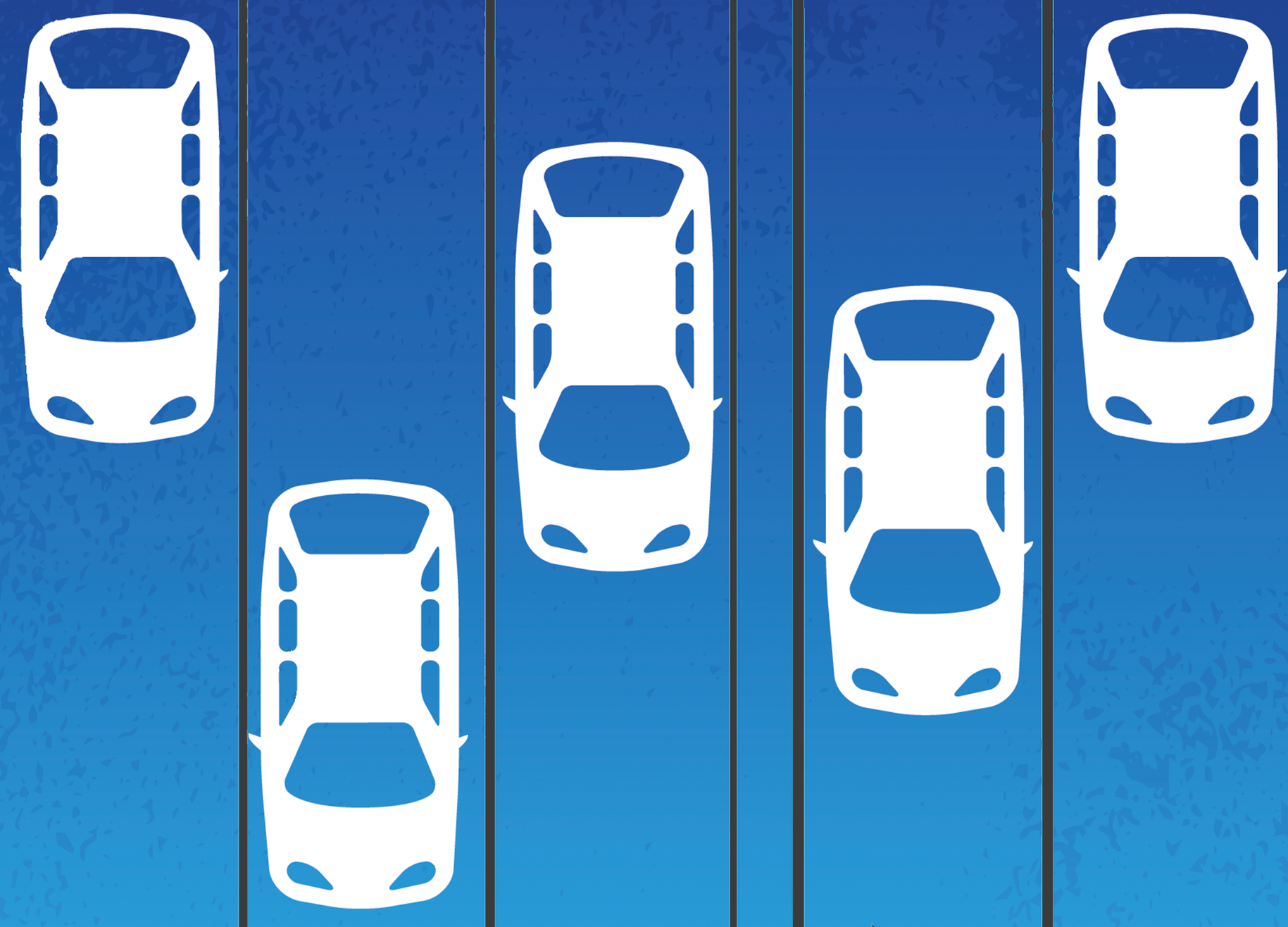
Permanency
Increased
Parental
Capacity

Structured Decision Making



What We Want to Learn

PARKING



IDEAS

Steps in the Planning Process

1. Identify Problem
   - Investigation
   - → Is there maltreatment?
   - → If so, plan?

2. Assess Situation
   - CANS/FAST
   - → Why is there maltreatment?
   - → What are needs/strengths?

3. Identify goals & behaviors

4. Identify intervention tasks

Findings

Protection

Case Plan

5. Reassess
   - → Staffings/Court Hearings
   - → How are we doing?

- Initial
- Subsequent
- Permanency
- Close

MIDSOUTH TRAINING ACADEMY
SCHOOL OF SOCIAL WORK

CANS-FAST ORIENTATION TRAINING Stakeholders

Participant Manual

Continuing Education Training

University of Arkansas at Little Rock

COMPETENCIES

When training DCFS workers and supervisors on the CANS-FAST, the training is organized around these competencies and the value base reflected in the competencies.

The worker understands the importance of effective case assessment and planning as the foundation of casework intervention (102-2).

The worker understands the factors that must be addressed in the family strengths and needs assessment, including contributing factors to abuse and neglect, the functioning of the family as a unit, the cognitive, behavioral, social, and emotional strengths and limitations of each family member, and resources available to the family (102-4).

The worker knows how to involve families in the development of appropriate, time-limited case goals and objectives; knows how to formulate observable, behavioral measures of these goals and objectives; and knows how to identify the most appropriate services and activities to achieve case plan objectives (102-9).

The worker understands how principles of family-centered practice are integrated in all aspects of child welfare, including intake, health and safety assessment, family assessment, case planning, service interventions, reunification, foster care placement, and adoption (206-3).

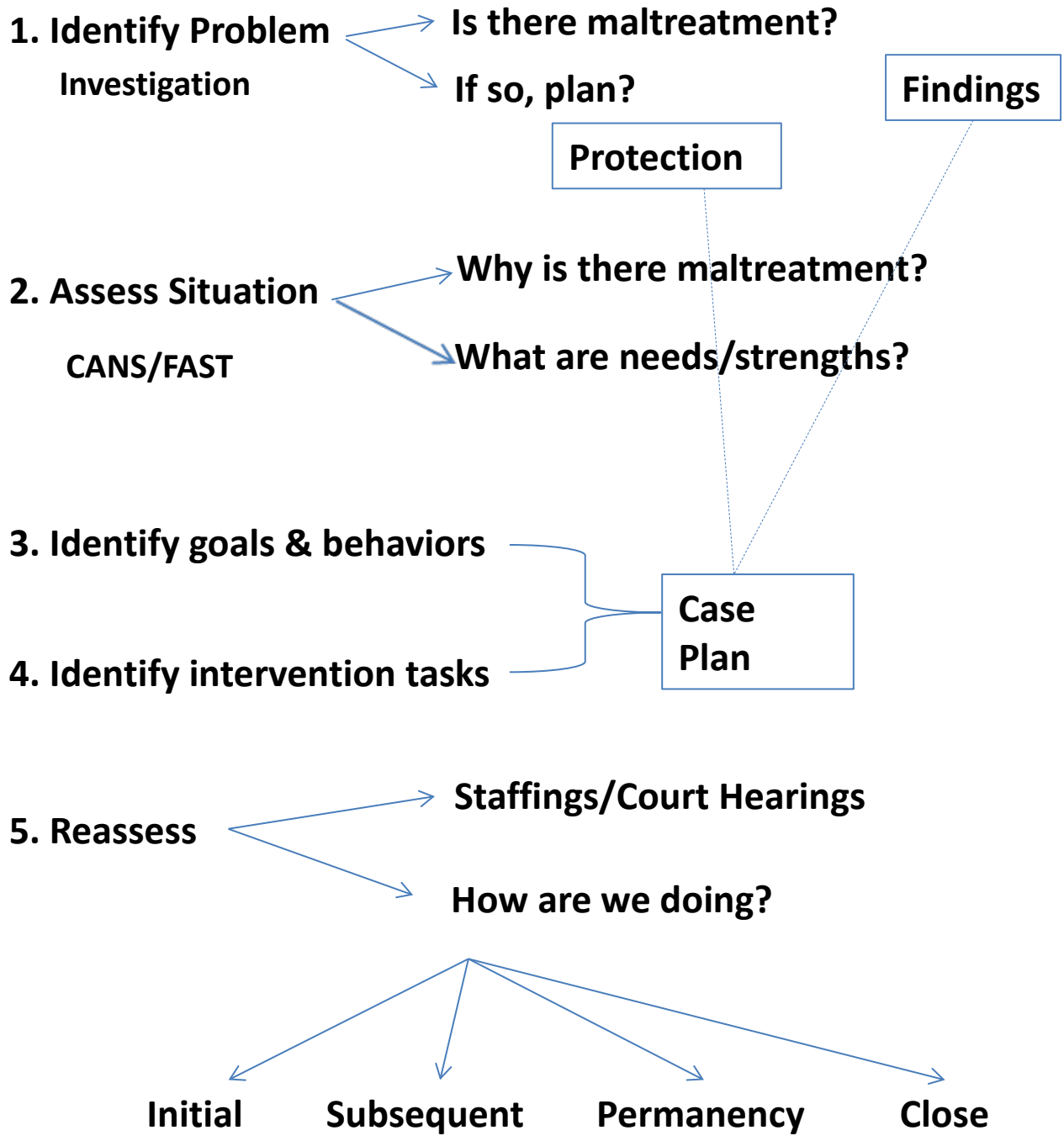
The worker can conduct thorough, individualized family assessments that address family members' strengths and needs, family dynamics, the family's functioning within its environment, and family members' capacity for change (206-5).

The worker understands the purpose and operations of multi-disciplinary service and knows how to access and coordinate services for a family from a variety of service providers (206-7).

KEY TO PLANNING FOR CHANGE: ASSESSMENT

PLANNING	REACTING

Steps in the Planning Process



RATIONALE FOR CANS/FAST

Why is Arkansas using the CANS (Child and Adolescent Needs and Strengths)?

- CANS is a way to give children in out-of-home placements a more individualized assessment so that DCFS is meeting the child's specific needs.
- CANS is evidence-based and provides a way to track progress on an individual case level as well as a system-wide level. CANS assessment tools will help DCFS to identify service gaps and successes by tracking progress over time.
- CANS tools will help FSWs to prioritize the child/family needs so that DCFS can address the most imminent needs first. DCFS can use CANS to focus on the service needs to ensure that the safety/risk factors are addressed first (for example, a parent with severe addiction issues will not fully benefit from their parenting class, counseling, or other services until the addiction issues are resolved…with CANS DCFS would prioritize substance abuse treatment). Once the safety/risk factors have been addressed, the Department and court can re-evaluate the family situation at that point and determine if the child can **safely** be returned while the Department keeps open an in-home protective services case and continues to work with the family on other needs that may not be safety factors.

Why is Arkansas using the FAST (Family Advocacy and Support Tool)?

- The FAST will assess families as a whole for in-home protective service cases.
- The FAST will be a more in-depth look at DCFS in-home cases to ensure that DCFS is really addressing any family needs while the case is open, instead of just "putting a band aid" on the problem by only addressing the specific reason the case is open (i.e. the 'true finding').
- The FAST will provide a more in depth look and address more issues while DCFS has a case open with a family. DCFS hope to prevent families having repeat/multiple cases with DCFS and prevent children from eventually entering foster care.

Case Planning

- The CANS/FAST Case Plan will tie services to specific individual and family needs. In the case plan, every individual in the family has their own section. Within that section, their identified needs will be listed along with the specific service that DCFS will be putting in place to address that need. The case plan is specific in identifying who is responsible, when the service should be completed by, and what the status of the service is.

CANS/FAST IMPORTANT INFORMATION

- **CANS**: **Any child in an out-of-home placement**. This will often be foster care but could also be a child that the Department placed in temporary custody of a family member after a home study; this is any case where the child is in foster care OR they are not in foster care but DCFS is still working a reunification or placement with a fit parent goal.
    - There is a CANS 0-4 and a CANS 5+. If a child is almost 5 years old DCFS (will turn 5 within the 3 months before the next CANS is due) has the discretion to choose to use the CANS 5+. A supervisor will ultimately have to approve this.
    - "Caregiver" is defined as any potential **permanency planning** caregiver. DCFS will rate caregivers separately. Examples: If mom has a boyfriend who lives with her in her home he is a potential caregiver and will potentially need services so he will be rated; If mom and dad are not together but both are working reunification services and we could potentially place/return the child to either of them they will both need to be rated; If a child's parents have had rights terminated and the child is in a pre-adoptive placement the pre-adoptive parents will be rated; If a child's parents parental rights have been terminated but there is no identified potential permanency caregiver (ex: possibly an APPLA case), there will be no caregiver to rate.

- **FAST**: This is for any in-home Protective Services case. This can be both court involved and non-court involved. If the children remain in the home DCFS does a FAST.
    - FAST "caregivers" are any adult living in the home **who plays a caregiver role for the child**; if both parents live in the home rate both parents, if a grandparent lives in the home and assists in care rate parent and grandparent; if a friend lives in the home but does not participate in the day to day care of the child they would not be rated.

- There may be some cases where DCFS does both CANS and FAST. If DCFS removed one child but left another child in the home they would do a FAST for the "family" that is still in the home (child that stayed and caregiver) and a CANS for the child that was removed.
- The CANS/FAST is a much more in depth look at families. In order to remain in compliance with policy and complete case plans and staffings within 30 days DCFS recommends that FSWs set a goal of completing a CANS/FAST within **the first 2 weeks of a case opening**. FSW's should be reviewing

the CANS/FAST with the family PRIOR to creating the case plan, and getting signatures on the CANS/FAST results to document that the family received and reviewed their CANS/FAST.

- The CANS and FAST are **COMMUNICATIONS TOOLS**. The CANS/FAST results will not be printed and placed in a file-***they will be shared*****!** The results of a CANS/FAST are meant to be shared with the families as well as anyone involved with the family. This would include CASA, attorneys, and counselors or other service providers.

SIX KEY CHARACTERISTICS

1. **Items impact case planning**
    a. CANS-FAST are item level tools.
    b. Each individual item has potential impact on case planning
    c. Because items influence interventions and activities, then they also influence your practice or what you do in relation to your work with this child, family
    d. Items guide you in thinking about what you are going to do next.

2. **Levels of items translate into Action Levels**
    a. Every number has an immediate meaning.
    b. This is important in communication because everyone needs to understand meaning of what is being discussed, addressed.
    c. Action levels describe what you know at the time.
    d. Strengths and needs are not on the opposite ends of the spectrum.

ACTION LEVEL RATINGS

NEEDS	STRENGTHS
0 – No Evidence	**0 – Centerpiece Strength**
1 – Watchful Waiting	**1 – Useful Strength**
2 – Action Needed	**2 – Potential Strength**
3 – Immediate	**3 – None Identified**

TIP: A "0" is always good

Need Items should be scored based on these guidelines:

- 0- No evidence, there is no reason to believe it is a need
- 1 – there is a suspicion of an emerging need, there is history of this need or behavior; there is contention about the item (people cannot agree about what is going on)
    - Example: a mother is falling asleep during meetings. Staff thinks she has a substance abuse problem. She adamantly and consistently denies and says she is taking too much cold medicine. She cannot successfully advocate for her

children if she is sleeping during the meetings. This needs to be watched in order to see what happens with the behavior and addressed further.

- 2 – Action needed. A need has risen to the level of needing to be addressed. A behavior is interfering with functioning in some way.
- 3 – Action is required immediately. Need is dangerous or disabling.
- Use CANS-FAST as a tool. Share output with families so they can be working on 2's and 3's.

Strengths are different from needs. Strengths should be scored based on these guidelines:

- 0 - Centerpiece Strength, make it focus of a strength-based plan
- 1 – Can use this strength in planning
- 2 – an identified strength that needs to be built, developed
- 3 – no strength identified, it is not known

It is harmful to pretend that people have strengths when they don't. Dr. Lyons' proposed that "You can achieve the same outcomes when you build strengths as when you work with a strength that is present."

3. Consider the child, not the service.

a. The shared vision of the child serving system is that children are safe and healthy. It is not the vision for children and families to be "in a service". Child welfare system is the route or mechanism to the solution, not the solution.
b. An example might be that the shared vision is a safe and permanent home/family for a child. Foster care may be the service provided for the child toward reaching that goal, but it is not ultimately the ideal goal or vision for children to reside in foster care.

4. Culture and Development

a. Consider these factors before determining action level.
b. Culture influences practice in 3 ways.
    i. Cultural sensitivity – adjusting what you do based on someone's culture.
    ii. Identifying and addressing cultural needs.
    iii. Eliminating disparities and learning how to treat people the same.
    iv. An example is a Pentecostal who speaks in tongues would not be rated psychotic just on the basis of speaking in tongues.
c. Development must be considered when scoring items.
    i. Generally, use the child's chronological age as your anchor when considering action level.
    ii. The exception to using chronological age is school achievement. For this item, use developmental age.
        1. Ask, how is the child doing with his learning, consistent with his learning style and capability?
        2. Is the child achieving consistent with her current level of development?

iii. For example, every 3 year old has anger management issues, but when a 13 year old acts like a 3 year old and has similar methods of dealing with his anger, it requires a different assessment and plan.

5. It is about the WHAT, not the WHY (AGNOSTIC TO ETIOLOGY)

a. Professionals have broad expertise when it comes to people. They know a lot about people in general. Individuals have deep expertise about themselves. In other words, we do not know someone like they know themselves.
b. Professionals may determine that someone isn't doing what she should be doing. She's non-compliant. She responds that we haven't walked in her shoes, we don't know what it is like to be her.
c. CANS-FAST is designed to make a consensus judgment, not an expert judgment. It is meant to be done as a team, with other professionals and with the families as full partners.
d. Make the assessment about the WHAT not the WHY helps because it is easier to reach consensus about the WHAT rather than the WHY.
e. There is stigma, shame, and blame associated with why people behave a certain way. The why of behavior is contentious, touchy, prickly, antagonistic.
f. Treatment (intervention) is about testing hypotheses about the why of behavior.
g. Assessment is about the what of behavior.
h. An example is a middle school boy having behavior problems in school. There may be a variety of reasons he is having problems. The action level on the assessment may be the same for all, regardless of the *reason* for the behavior.
    i. He has ADHD that isn't being treated, managed and can't sit still.
    ii. He doesn't want to be in school and is trying to get kicked out.
    iii. He is being bullied and teacher only sees his responses to bullying.
    iv. He reminds teacher of someone she hates.

6. There is a 30 day window on items, except where otherwise indicated.

a. The work is about the children and families. It is okay to override the 30 day window with action levels if it is in the best interests of the child.
b. The timeframe is to remind us to keep it fresh, keep it about NOW.
c. Don't get too rigid about the timeframe.
d. This timeframe builds in an opportunity for success. It is based on the expectation that people can and do get better and change.

What do you want from an Assessment?

- What do we need to address?
- What assets can we tap into to address the needs?

MODULES

The "modules" are triggered (required) based on responses to certain items. The modules are:

CANS 0-4:

- Developmental Needs (DD) Module (*triggered by Life Domain-Developmental item)*
- Acculturation *(triggered by Life Domain-Cultural item)*
- Substance Use Disorder (SUD) Module-Caregiver *(triggered by Caregiver Substance Use item)*

CANS 5+:

- Transition Age Module (*triggered by DOB-**MUST BE FILLED OUT FOR 14+**)*
- Developmental Needs (DD) Module (*triggered by Life Domain-Developmental item)*
- Acculturation *(triggered by Life Domain-Cultural item)*
- Substance Use Needs (SUN) Module *(triggered by Child-Substance Use item)* **THIS IS ABOUT THE CHILD'S NEEDS.**
- Substance User Disorder (SUD) Module-Caregiver *(triggered by Caregiver Substance Use item)* **THIS IS ABOUT THE CAREGIVER'S NEEDS.**
- Runaway Module *(triggered by Child Risk-Runaway item)*
- Sexual Abuse Module (*triggered by Trauma Domain item)*

DCFS WILL NOT FILL OUT A MODULE UNLESS THEY SCORED A 1, 2, OR 3 ON THE CORRESPONDING ITEM; THE ONLY EXCEPTION TO THIS IS THE TRANSITION MODULE WHICH MUST BE FILLED OUT FOR ANY CHILD 14 OR OLDER.

EFFECTIVE COMMUNICATION WITH FAMILIES USING THE CANS
BY MARY BETH RAUTKIS, PhD*
https://canstraining.com/lschmidt/cans-comprehensive-trainer/node/introduction-1

Please take a moment to read over the following information as you prepare for the CANS-FAST Orientation Training.

Communication happens constantly—even when you are not communicating verbally, you are communicating through your body posture, gestures, eye contact, etc. The CANS is at the heart, a communication tool, and how you communicate when you are working through the CANS is as important as the words on the printed page. Remember, this is not a "form" to be completed, but the reflection of a story that needs to be heard.

The CANS is organized into parts: you can start with any of the sections—Life Domain Functioning or Mental Health, or Risks or Child/youth Strengths, or Parent/Caregiver Needs and Strengths. This is your judgment call. Sometimes, people need to talk about needs before they can acknowledge strengths. Sometimes, after talking about strengths, then they can better explain the needs. Trust your judgment, and when in doubt, always ask—"we can start by talking about what you feel that you and your child/youth need, or we can start by talking about the things that are going well and that you want to build on. Do you have a preference?"

It is also a good idea to know the CANS. If you are constantly flipping through the pages, or if you read verbatim without shifting your eyes up, it can feel more like an interview than a conversation. A conversation is more likely to give you good information, so have a general idea of the items.

Also, some people may "take off" on a topic. The great thing about the CANS is that you can follow their lead. So, if they are talking about anger control and then shift into something like—"you know, he only gets angry when he is in Mr. S's classroom", you can follow that and ask some questions about situational anger. So that you are not searching and flipping through papers, have some idea of what page that item is on.

Listening is the most important skill that you bring to the CANS. Everyone has an individual style of listening. The better you are at listening, the better the information you will receive. Some things to keep in mind that make you a better listener and that will give you the best information:

At the end of the CANS, we recommend the use of two open-ended questions. These questions ask if there are any past experiences that people want to share that might be of benefit to planning for their child/youth, and if there is anything that they would like to add. This is a good time to see if there is anything "left over"—feelings or thoughts that they would like to share with you.

Take time to summarize with the family the areas of strengths and of needs. Help them to get a "total picture" of their child/youth and family, and offer them the opportunity to change any ratings as you summarize or give them the "total picture".

Take a few minutes to talk about what the next steps will be. Now that you have the information organized into a framework, it is time to move into the next stage—planning.

You might close with a statement such as: "OK, now the next step is a "brainstorm" where we take this information that we've organized and start writing a plan—it is now much clearer which needs must be met and what can be built. So let's start . . ."

Practice Scenario - Deonte

Deonte is a seven-year-old, African-American boy currently living with his foster parents, Mr. and Mrs. McCartney, for the past month. This is Deonte's fourth placement since coming again to the attention of DCFS two years ago when his mother, Nakkita, left Deonte unsupervised throughout the night. Protective Services was notified when building maintenance staff where Nakkita was residing with her paramour discovered Deonte home alone. Additionally, Deonte had several cigarette burns in various stages of healing on his hands and feet. Deonte was placed with his maternal grandmother who acknowledged her daughter had a long history of "problems with crack and nasty men." Deonte was soon placed with his maternal aunt after his grandmother became seriously ill and was diagnosed with stomach cancer and died within five months. Deonte was removed from his maternal aunt's care within seven months after she was injured as a result of an incident of domestic violence when her paramour stabbed her with a knife. Deonte witnessed the abuse of his maternal aunt and he was placed in traditional foster care after the maternal aunt did not press charges against her paramour and resumed living with him. No other relatives were identified and he was placed in traditional foster care.

Deonte lived with his first foster parent, Ms. Kessler, for a period of nine months until she requested his removal after he became increasingly aggressive at school when he pushed a child on the school bus and also pulled a chair out from underneath another peer in the lunchroom. Deonte was also aggressive in her home with other foster children including pushing them, pulling their hair and stabbing one of them with a fork during an argument at dinner.

Nakkita has rights of visitation and has made contact with Deonte on a few occasions during the past year. She is upset about his current foster care placement with the McCartney's and blames them for her limited contact with Deonte because they are Caucasian and trying to "brain wash" him into "being white." She feels he should not have been placed with a Caucasian family nor made to attend a predominately white school. She does not believe he has any friends in his neighborhood who are African American. She feels his foster parents should have enrolled him in athletic extra-curricular activities rather than the Cub Scouts and Sunday school through the church. She is upset the foster parents returned the Rap music CDs of Eminem and Ludacris which she gave Deonte during their last visit. She does not believe the McCartney's are supportive of her relationship with Deonte and that they are trying to take him away from her. She feels it is too difficult to continue visitations with Deonte while he remains in that placement.

Nakkita has a serious substance dependence disorder and has not been consistent in the service plan which calls for weekly urine drops, out-patient drug treatment and regular attendance at Cocaine Anonymous meetings. Presently, she resides with various friends within the community but does not have housing of her own. Deonte's biological father is unknown as Nakkita reports a history of prostitution including one conviction) to support her substance addiction at that time. Deonte was born substance exposed and placed with his maternal grandmother while Nakkita was provided outpatient services for chemical dependency. She complied with all aspects of the service plan and Deonte was ultimately returned to his mother's primary care. Later, she resumed using crack cocaine after becoming involved with a substance-abusing paramour. She moved in and out of her mother's home and relied heavily on her to care for Deonte.

Deonte was transferred to River Ridge Elementary School when he began living with the McCartney's. He is diagnosed with Attention Deficit Hyperactivity Disorder and is currently prescribed Ritalin while attending school. The McCartney's are interested in providing permanency for Deonte should he be come available for adoption. They do not have children of their own or any other foster children currently in their care. They do not feel it would be safe to accept other children to be placed with them in order to concentrate on Deonte's present behavioral needs. The McCartney's report Deonte does not sleep well throughout the night and has been wetting his bed at least once per week since being placed in their care. Deonte states he likes the McCartneys and wants to remain with them. He likes the fact there are no other children in the home. He wants to become a fireman when he grows up just like Mr. McCartney.

ELEVEN STRATEGIES FOR EFFECTIVE CASE PLANNING

QUOTE: "When working on a case plan with the family, don't just focus on what's wrong with the family but remember to look for what's strong with the family."

Consider the following questions:
Does the plan focus on **safety** and **permanence** for the child?

Does the case plan begin with the first contact and include a **thorough assessment** of the family's situation?

Did DCFS remember that case planning begins with engagement and involvement of the family? Families can be engaged with a **family-centered approach** that includes the following concepts: partnership, empowerment, strengths, trust, honesty, and respect. Remember that they are "experts" in the sense that they know their family best. Have you (Provider) engaged the family with a **family-centered approach?**

Did DCFS try to **prioritize**? If possible, include only those behaviors or conditions that present immediate safety threats and/or place the child at risk of future harm.

Did DCFS write clearly and in **easy to understand** language?

Does the plan have **specific**, concrete objectives with **measurable** outcomes/tasks?

Example: By March 13, Mr. James will demonstrate three positive ways to interact with his son, Peter. These might include providing praise, reading a story, or playing a game with his son.

Has DCFS been aware and sensitive to **cultural issues?**

Did DCFS go beyond the basic form? Always try to be **case specific** and creative (not generic).

Did DCFS include the **family's support resources** in creating an achievable plan?

Are all **court orders** in the case plan (if the case is under court jurisdiction)?

Remember to address **concurrent planning** every step along the way. It is not a separate item; it is part and parcel of the plan. Develop strategies for discussing concurrent planning in a family-centered environment.

Do you (Provider/Stakeholder) have information that would help DCFS be more accurate in its assessment of the child and family needs?

MIDSOUTH TRAINING ACADEMY
SCHOOL OF SOCIAL WORK

CANS-FAST Orientation Training Stakeholders

Handouts

Continuing Education Training

University of Arkansas at Little Rock

HANDOUTS

AM	PM
Handout 1 – Agenda **Handout 2 –** AR CANS-FAST Orientation PowerPoint **Handout 3** – Dissection of CANS/FAST Domain **Handout 4 –** CANS-FAST USER Manuals & Forms Printed from MidSOUTH website (see note below)* CANS User Guide for CANS (0-4)and Blank CANS (0-4) form CANS User Guide for CANS 5+ Blank CANS 5+ form FAST User Guide Blank FAST form **Handout 5 –** CANS/FAST Assessment Guides**. NOTE: this material should be printed from the MidOUTH website. It is located on the staff side under the Training materials tab.**	**Handout 6 –** Blank CANS 5+ form for scoring **Handout 7 –** Copy of CANS with Comments **Handout 8 -** Case Plan

Handout 1

AGENDA

I. Introduction

A. Agenda

B. Competencies

C. Initial experiences with CANS-FAST

II. The Key to Planning for Change: ASSESSMENT

III. Orientation to Arkansas CANS-FAST Assessments – The Tools

IV. Tools for Communication

V. Practice Opportunity with Scenario

VI. Case Planning and Connecting the Training to Your Job

Handout 2

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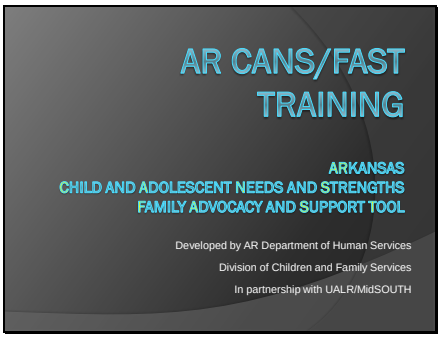

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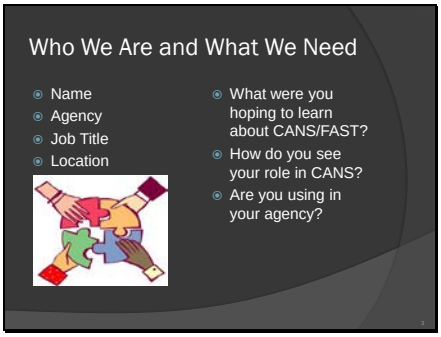

Slide 4

Purpose

- Provide an overview of the CANS-FAST instruments
- Provide an opportunity to discover how you can help DCFS make accurate child and family assessments

Slide 5

What is your definition of planning?

- **Planning is a thoughtful process of determining a method to achieve a goal or solve a problem.**
- It involves gathering information, evaluating the information, defining outcomes, planning for obstacles, prioritizing, and assigning activities, timeframes and methods.
- Planning *also* includes a provision for monitoring and follow-up of the plan that is developed.

Slide 6

What is your definition of Reacting?

- **Reacting is responding without fully evaluating or thinking about the situation before acting**. Reacting often involves emotion. Reactions are often determined by the demands of others.
- Reaction is not always a bad thing – your child runs into a busy street.
- But reacting to families experiencing abuse or neglect may not result in actions that decrease the risk of harm or help them move toward solutions.
- Planning is gathering adequate information and thinking about the desired outcomes based on the *information available at the time*. Plans change as more information is gathered. The more information, the better the chance of making a plan that will work.

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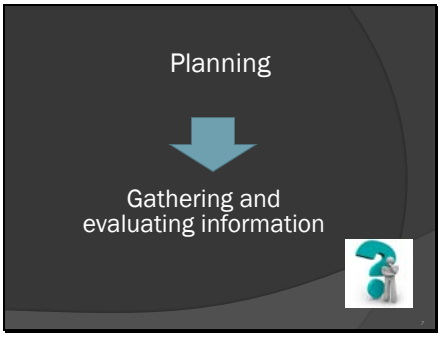

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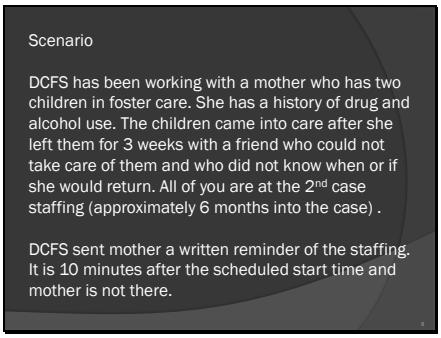

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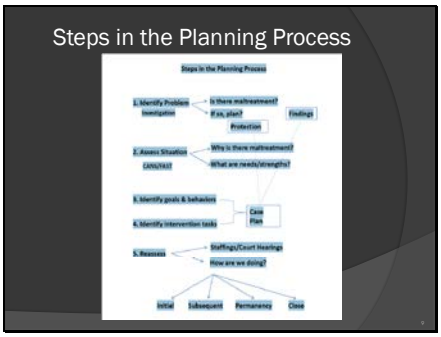

Slide 10

Assessment: critical step in the planning process

- If the assessment is faulty, the information used to make the plan is faulty or inadequate.
- If the information is faulty, the plan may look beautiful on paper but it probably won't work in the real world.
- If assessment does not continue the process of involving the family in the problem solving process then the plan may not work.
- You have information to inform the assessment.
- Assessment goes on from the time the report is made to the Hotline until the day the case is closed.

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Slide 11

CANS
Child and Adolescent
Needs and Strengths

FAST
Family Advocacy & Support Tool

11

Slide 12

Why CANS & FAST?

- The CANS/FAST Assessment Model is
  - evidence-based and
  - provides a way to **track progress**
    - on an individual case level
    - and a system-wide level.
- CANS will help DCFS identify gaps and successes in services.
- CANS will help FSWs to prioritize child/family needs in order to address the most imminent needs first.
- Information from family and providers is essential to this prioritization

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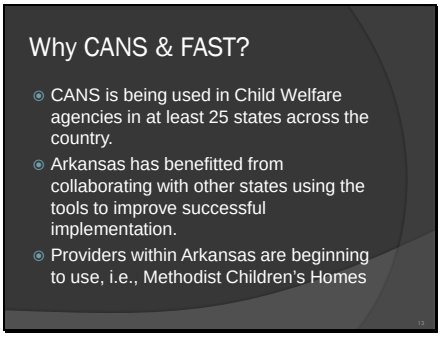
Slide 13



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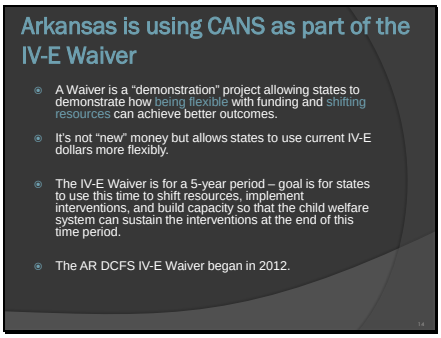

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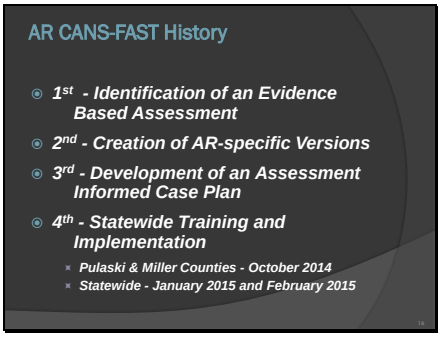

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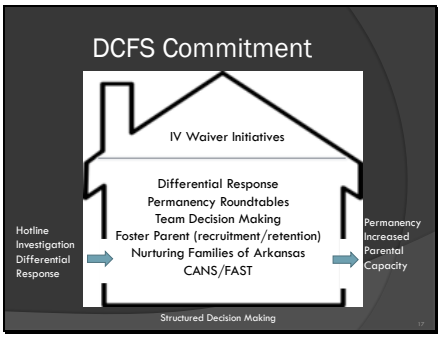

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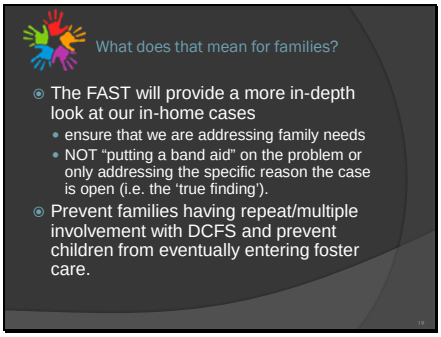

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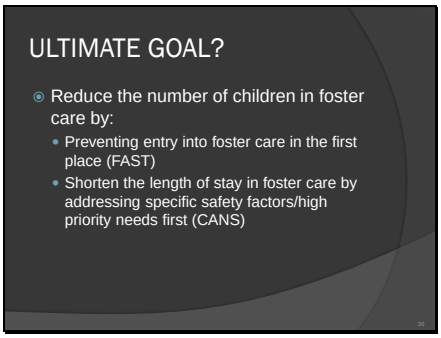

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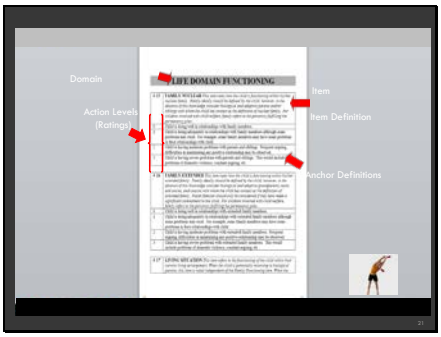

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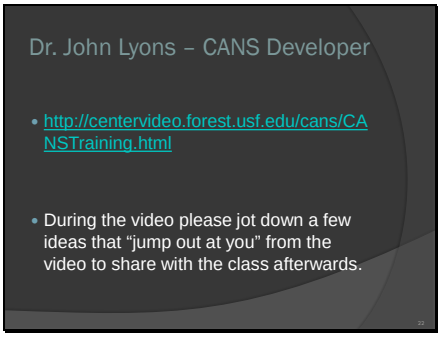

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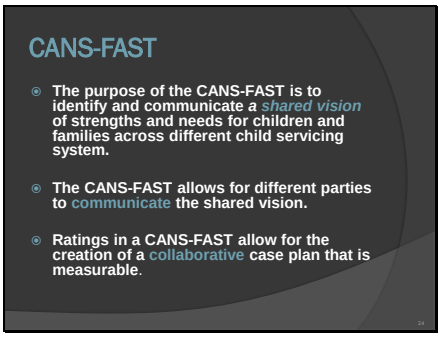

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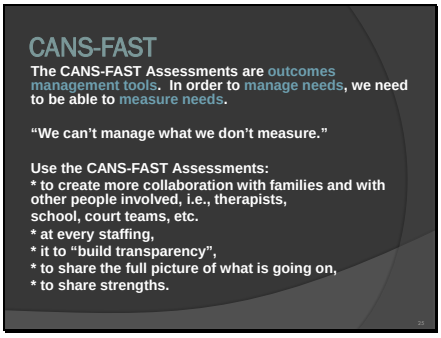

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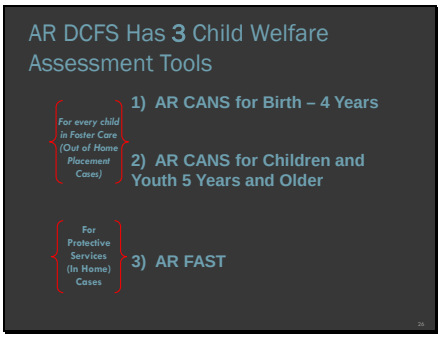

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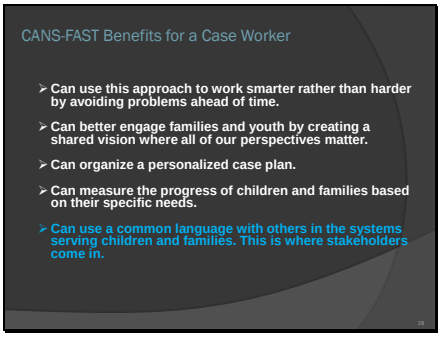

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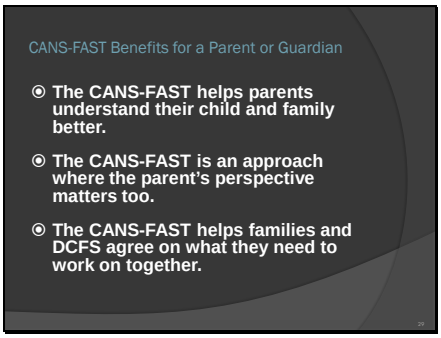

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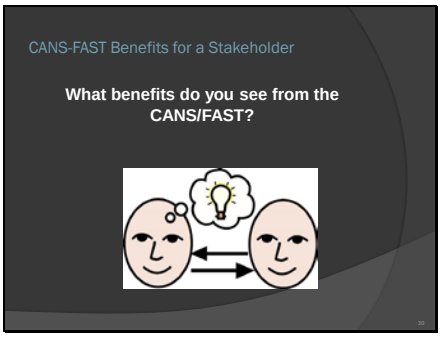

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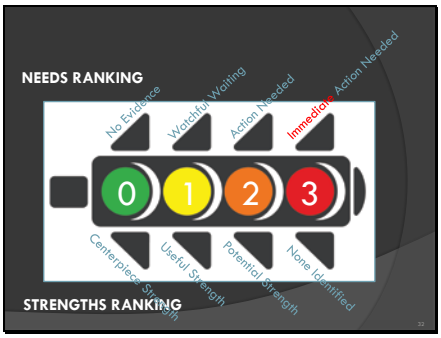

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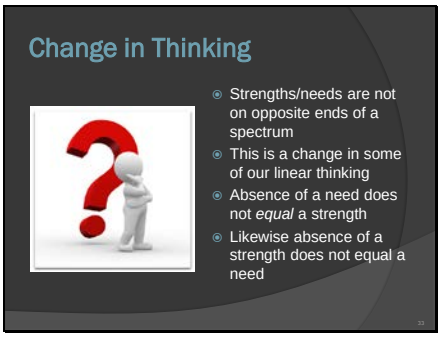

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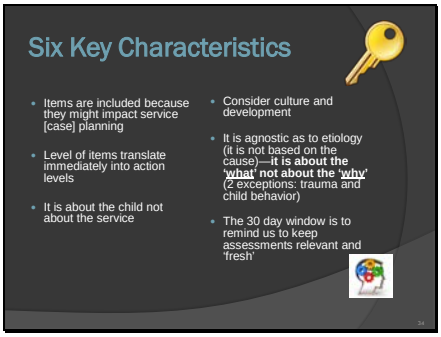

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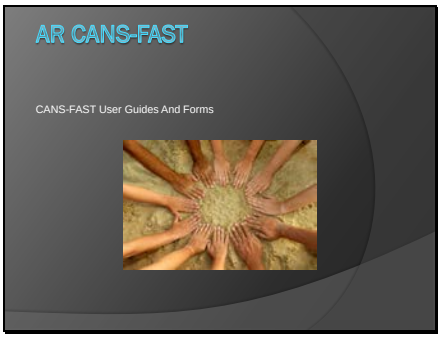

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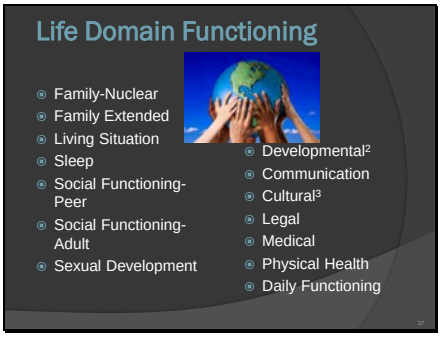

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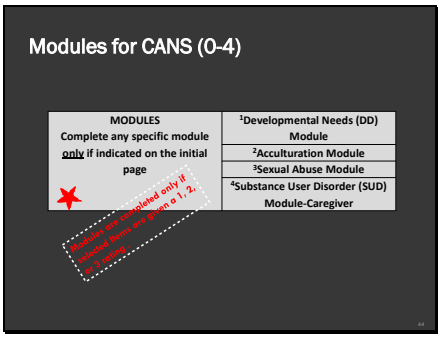

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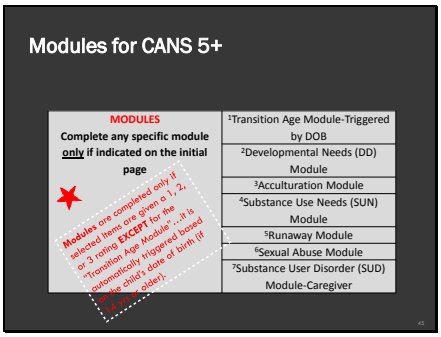

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Caregiver Advocacy

- Knowledge of Service Options
- Knowledge of Rights & Responsibilities
- Ability to Listen
- Ability to Communicate
- Natural Supports
- Satisfaction with Youth's Living Arrangement
- Satisfaction with Youth's Educational Arrangement
- Satisfaction with Services Arrangement

Slide 50

Youth Status

- Relationship w/ Bio Mother
- Relationship w/ Bio Father
- Relationship w/ Primary Caregiver
- Relationship with other Adult Family Members
- Health Status
- Mental Health Status
- Adjustment to Trauma
- Cognitive Skills
- Self-Regulation Skills
- Interpersonal Skills
- Educational Status

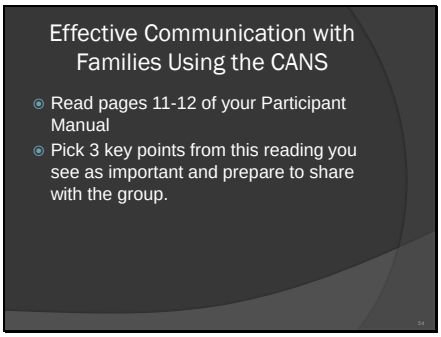
Slide 51

Lunch

Slide 52

Slide 53

Slide 54



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Practice Scenario

- Deonte Scenario
- Difficulties with scenarios and vignettes when scoring – don't have all the information and cannot get it.

No mention = No evidence

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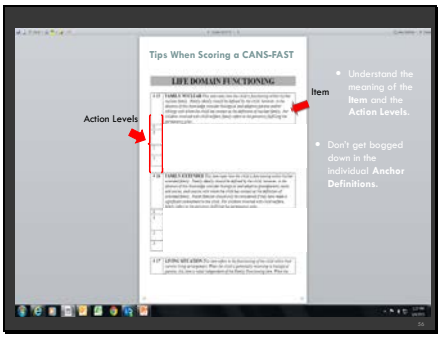

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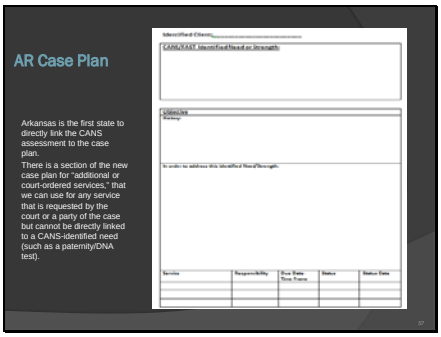

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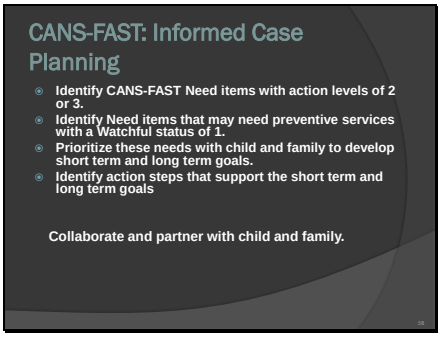

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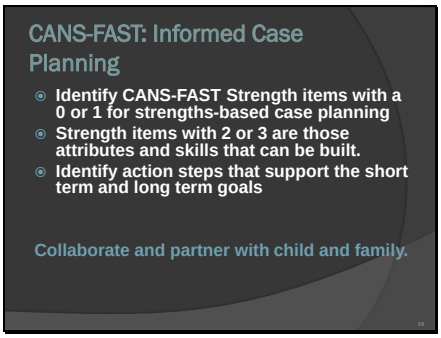

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Questions & Answers
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HELP
TIPS
GUIDANCE
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Handout 3

Domain

DISSECTION OF A CANS/FAST DOMAIN

LIFE DOMAIN FUNCTIONING

Item & Item Definition

Action Levels (Ratings)

Anchor Definitions

# 15	**FAMILY-NUCLEAR** ***This item rates how the child is functioning within his/her nuclear family. Family ideally should be defined by the child; however, in the absence of this knowledge consider biological and adoptive parents and/or siblings with whom the child has contact as the definition of nuclear family. For children involved with child welfare, family refers to the person(s) fulfilling the permanency plan.***
0	**Child is doing well in relationships with family members.**
1	**Child is doing adequately in relationships with family members although some problems may exist. For example, some family members may have some problems in their relationships with child.**
2	**Child is having moderate problems with parents and siblings. Frequent arguing, difficulties in maintaining any positive relationship may be observed.**
3	**Child is having severe problems with parents and siblings. This would include problems of domestic violence, constant arguing, etc.**
#16	**FAMILY-EXTENDED** ***This itemrates how the child is functioning within his/her extended family. Family ideally should be defined by the child; however, in the absence of this knowledge consider biological and adoptive grandparents, aunts and uncles, and cousins with whom the child has contact as the definition of extended family. Foster families should only be considered if they have made a significant commitment to the child. For children involved with child welfare, family refers to the person(s) fulfilling the permanency plan.***
0	**Child is doing well in relationships with extended family members.**
1	**Child is doing adequately in relationships with extended family members although some problems may exist. For example, some family members may have some problems in their relationships with child.**
2	**Child is having moderate problems with extended family members. Frequent arguing, difficulties in maintaining any positive relationship may be observed.**
3	**Child is having severe problems with extended family members. This would include problems of domestic violence, constant arguing, etc.**

CANS = Modules

FAST = No Modules

HANDOUTS 4 and 5

Handout 4 is the CANS/FAST Manuals and score sheets. Handout 5 is the CANS/FAST Assessment Guide. Both documents are located on the MidSOUTH Staff side under the main Training tab. It is titled CANS/FAST Assessment Guides. This material is set out as a discrete document because it is used in multiple training. Having it in only one place helps insure that the most current version gets included in all training offerings that use it.

Handout 6

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)					ARKANSAS – 5+
Child's Name:		DOB:	Gender:	Race/Ethnicity:	
Caregiver(s):		Form Status:	Initial	Subsequent	Annual	Discharge
		Case Name:				
		Case Number:				
Assessor:		Date of Assessment:	m m	d d	y y	

CHILD STRENGTHS				
*Please note only for the Strengths section 3 is "no evidence"				
0=Centerpiece strength	1=Useful strength			
2=Identified strength	3=No evidence			
	0	1	2	3
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	○	○	○	○

LIFE DOMAIN FUNCTIONING				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Family-Nuclear	○	○	○	○
Family Extended	○	○	○	○
Living Situation	○	○	○	○
Sleep	○	○	○	○
Social Functioning-Peer	○	○	○	○
Social Functioning-Adult	○	○	○	○
Sexual Development	○	○	○	○
Developmental[2]	○	○	○	○
Communication	○	○	○	○
Cultural[3]	○	○	○	○
Legal	○	○	○	○
Medical	○	○	○	○
Physical Health	○	○	○	○
Daily Functioning	○	○	○	○

SCHOOL				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
School Behavior	○	○	○	○
School Achievement	○	○	○	○
School Attendance	○	○	○	○
Special Education	○	○	○	○

CHILD BEHAVIORAL/EMOTIONAL NEEDS				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Psychosis	○	○	○	○
Attachment	○	○	○	○
Impulsivity/Hyperactivity	○	○	○	○
Depression	○	○	○	○
Anxiety	○	○	○	○
Oppositional	○	○	○	○
Conduct	○	○	○	○
Adjustment to Trauma	○	○	○	○
Anger Control	○	○	○	○
Substance Use[4]	○	○	○	○

CHILD RISK BEHAVIORS				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Suicide Risk	○	○	○	○
Self-Injurious Behavior	○	○	○	○
Other Self-Harm	○	○	○	○
Danger to Others	○	○	○	○
Sexual Aggression	○	○	○	○
Runaway[5]	○	○	○	○
Delinquent Behavior	○	○	○	○
Sexually Reactive Behavior	○	○	○	○
Bullying	○	○	○	○
Intentional Misbehavior	○	○	○	○
Aggressive Behavior	○	○	○	○
Exploited	○	○	○	○

TRAUMA			
Characteristics of the Traumatic Experience			
Please rate over the lifetime			
N=No evidence of trauma	Y=Evidence of trauma		
S=There is reason to suspect that Trauma of this type may have occurred at some point in this child's life (there may have been unconfirmed allegations or there may be behavioral indications).			

	N	Y	S
Sexual Abuse[3]	○	○	○
Physical Abuse	○	○	○
Emotional Abuse	○	○	○
Neglect	○	○	○
Medical Trauma	○	○	○
Natural Disaster	○	○	○
Witness to Family Violence	○	○	○
Witness to Community Violence	○	○	○
Witness/Victim to Criminal Activity	○	○	○
War/Terrorism Effected	○	○	○
Disruption in Caregiver	○	○	○
Grief and Loss	○	○	○

PERMANENCY PLANNING CAREGIVER STRENGTHS & NEEDS	
0=no evidence	1=history, mild, suspicion
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed

	0	1	2	3
Supervision	○	○	○	○
Parenting Skills	○	○	○	○
Knowledge of Child	○	○	○	○
Knowledge of Rights & Responsibilities	○	○	○	○
Organization	○	○	○	○
Social Resources	○	○	○	○
Residential Stability	○	○	○	○
Empathy with Children	○	○	○	○
Boundaries	○	○	○	○
Involvement	○	○	○	○
Posttraumatic Reactions	○	○	○	○
Knowledge of Family/Child Needs	○	○	○	○
Knowledge of Service Options	○	○	○	○
Ability to Listen	○	○	○	○
Ability to Communicate	○	○	○	○
Satisfaction with Services Arrangement	○	○	○	○
Physical Health	○	○	○	○
Mental Health	○	○	○	○
Substance Use[7]	○	○	○	○
Developmental	○	○	○	○
Accessibility to Child Care Services	○	○	○	○
Family Stress	○	○	○	○
Employment/Educational Functioning	○	○	○	○
Educational Attainment	○	○	○	○
Legal	○	○	○	○
Financial Resources	○	○	○	○
Transportation	○	○	○	○
Safety	○	○	○	○
Marital/Partner Violence	○	○	○	○

MODULES	
Complete any specific module only if indicated on the initial page	[1]Transition Age Module-Triggered by DOB
	[2]Developmental Needs (DD) Module
	[3]Acculturation Module
	[4]Substance Use Needs (SUN) Module
	[5]Runaway Module
	[6]Sexual Abuse Module
	[7]Substance User Disorder (SUD) Module-Caregiver

MODULES

TRANSITION AGE MODULE				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Independent Living Skills	○	○	○	○
Residential Stability	○	○	○	○
Transportation	○	○	○	○
Peer/Social Experiences	○	○	○	○
Health Management & Maintenance	○	○	○	○
Self-Care	○	○	○	○
Educational Attainment	○	○	○	○
Resiliency	○	○	○	○
Resourcefulness	○	○	○	○
Financial Resources	○	○	○	○
Caregiving Roles	○	○	○	○
Military Transitions	○	○	○	○

DEVELOPEMTNAL NEEDS (DN) MODULE				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Cognitive	○	○	○	○
Social/Emotional Development	○	○	○	○
Self-Care/Daily Living	○	○	○	○

ACCULTURATION MODULE				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Language	○	○	○	○
Identity	○	○	○	○
Ritual	○	○	○	○
Cultural Stress	○	○	○	○

SUBSTANCE USE NEEDS (SUN) MODULE				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Frequency of Use	○	○	○	○
Duration of Use	○	○	○	○
Readiness to Change	○	○	○	○
Recovery Environment	○	○	○	○
Relapse Skills	○	○	○	○

RUNAWAY MODULE				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Frequency of Running	○	○	○	○
Consistency of Destination	○	○	○	○
Safety of Destination	○	○	○	○
Involvement in Illegal Activities	○	○	○	○
Likelihood of Return on Own	○	○	○	○
Duration of Run Episodes	○	○	○	○
Planning	○	○	○	○
Involvement with Others	○	○	○	○
Realistic Expectations	○	○	○	○

SEXUAL ABUSE MODULE				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Emotional Closeness to Perpetrator	○	○	○	○
Frequency of Abuse	○	○	○	○
Duration	○	○	○	○
Physical Force	○	○	○	○
Reaction to Disclosure	○	○	○	○

SUBSTANCE USE DISORDER (SUD) MODULE-CAREGIVER				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Severity of Use	○	○	○	○
Duration of Use	○	○	○	○
Stage of Recovery	○	○	○	○
Peer Influences	○	○	○	○
Environmental Influences	○	○	○	○

Handout 7

Child's Name:	Deonte Lyons	**DOB:**	01/29/2007		
Caregiver(s):	Nakkita Lyons	**Gender:**	Male		
		Form Status:	Initial	Subsequent	Discharge
		Case Name:	LYONS		
		Case Number:	22408439		
Assessor:	Student Twentyeight	**Date of Assessment:**	07/05/2014		

ACTION LEVELS FOR "NEED" ITEMS

0 - No Evidence of Need -

This rating indicates that there is no reason to believe that a particular need exists. Based on current assessment information there is no reason to assume this is a need. For example, "does Johnny smoke weed?" He says he doesn't, his mother says he doesn't, no one else has expressed any concern – does this mean Johnny is not smoking weed? NO, but we have no reason to believe that he does and we would certainly not refer him to programming for substance related problems.

1 - Watchful Waiting/Prevention -

This level of rating indicates that you need to keep an eye on this area or think about putting in place some preventive actions to make sure things do not get worse (e.g. a child/youth who has been suicidal in the past). We know that the best predictor of future behaviour is past behaviour, and that such behaviour may recur under stress, so we would want to keep an eye on it from a preventive point of view.

2 - Action Needed -

This level of rating implies that something must be done to address the identified need. The need is sufficiently problematic, that it is interfering in the child/youth's or family's life in a notable way.

3 - Immediate/Intensive Action Needed -

This level rating indicates a need that requires immediate or intensive effort to address. Dangerous or disabling levels of needs are rated with this level. A child/youth who is not attending school at all or an acutely suicidal youth would be rated with a "3" on the relevant need.

ACTION LEVELS OF "STRENGTHS" ITEMS

0 - Centerpiece Strength -

This rating indicates a domain where strengths exist that can be used as a centerpiece for a strength-based plan. In other words, the strength-based plan can be organized around a specific strength in this area.

1 - Useful Strength -

This rating indicates a domain where strengths exist and can be included in a strength-based plan but not as a centerpiece of the plan.

2 - Identified Strength -

This rating indicates a domain where strengths have been identified but that they require significant strength building efforts before they can be effectively utilized in a strength-based plan.

3 - No Strength Identified -

This rating indicates a domain in which efforts are needed in order to identify potential strengths for strength building efforts.

ACTION LEVELS OF "TRAUMA CHARACTERISTICS" ITEMS

These ratings are made based on the LIFETIME exposure to Trauma or adverse childhood experiences. For this domain, the following categories and action levels are used

N (No) - No Evidence of Trauma

Y (Yes) - Evidence of Trauma

S (Suspected) - Suspicison of Trauma

CHILD STRENGTHS

2	**Family--Nuclear**

Comment: Deonte knows who his mother is and she has been in his life but the relationship is not currently a 'strong' one. Deonte and Nakkita have only visited a few times in the last year.

2	**Family--Extended**

Comment: Deonte had a very close relationship with his Grandmother, however, she passed away. The Department has not yet been able to identify additional extended family members to work with.

2	**Interpersonal**
2	**Educational**
2	**Talents/Interests**

Comment: Deonte is currently enrolled in cub scouts in his current placement. He has also expressed that he wants to be a firefighter when he grows up.

2	**Spiritual/Religious**

Comment: Deonte is currently attending a church and Sunday school regularly in his foster home.

2	**Community Life**
2	**Relationship Permanence**
2	**Child Involvement with Care**

Comment: Deonte has expressed that he is happy with the McCartney's and wants to remain in his current foster home; DHS is hopeful that Deonte will do what he can to ensure that he is able to remain in this placement.

2	**Natural Supports**
2	**Adaptability**

Comment: Deonte is so far doing well adapting to his current placement; he has only been here about a month and the Department hopes to see him continue to do well.

2	**Building Relationships**

Comment: Deonte has only been in his current placement for about a month but is already bonding with his foster family and has expressed a desire to remain with them.

3	**Resilience**

CHILD STRENGTHS

3	**Resourcefulness**

Overall Child Strengths Comments

Deonte is currently doing well. In his most recent foster home he has had the opportunity to begin attending a church and Sunday school regularly and get enrolled in cub scouts. He seems to be doing well so far in this new placement and enjoying the activities he is involved in.

LIFE DOMAIN FUNCTIONING

3	**Family--Nuclear**

Comment: Deonte has problems within his nuclear family currently. Deonte is in foster care due to neglect by Nakkita (she left him home alone overnight). Nakkita has not been consistenly visiting Deonte and their relationship is strained because of this. They have only seen eachother a few times in the last year. Nakkita has expressed that she does not believe she can continue to visit Deonte as long as he remains in his current foster home; Deonte is happy in the foster home but Nakkita does not want him with a white family.

3	**Family--Extended**

Comment: Deonte lived with his grandmother off and on throughout his life and was originally placed with her but she passed away after battling stomach cancer. This was very difficult for Deonte. The Department then was able to place with his maternal aunt where he remained for seven months. Deonte ended up being moved from his aunt's home due to domestic violence between she and her boyfriend that resulted in Deonte's witnessing her boyfriend stab her with a knife. She did not press charges and refused to end the relationship and make him move out which created an unsafe environment for Deonte. Deonte was placed back in a foster home and this has been a difficult transition. The Department has so far been unsuccessful in identifying other potential family members that could care for or visit Deonte.

1	**Living Situation**

Comment: Deonte is doing well in his current placement with the McCartney. However, he has only been there for about a month and disrupted at his last placement after 9 months due to physical aggression both in the home and at school. Deonte has not displayed the aggressive behaviors at the current placement but it is possible he is still 'honeymooning.'

2	**Sleep**

Comment: Deonte is having issues currently with bedwetting. Deonte also reports that he, "doesn't sleep very good."

2	**Social Functioning--Peer**

Comment: Deonte had extreme behaviors and exhibited aggression with peers in his last school and placement. Currently, the Department and foster family have Deonte placed as the only child in his home and he is not exhibiting any aggression in his new school at this time but the behaviors were pretty recent (just over a month ago) and severe (Deonte pushed a child on the school bus and also pulled a chair out from a peer in the lunch room, in the former foster home Deonte would push, pull the other children's hair, and stabbed one of them with a fork during an argument).

0	**Social Functioning--Adult**

LIFE DOMAIN FUNCTIONING

0	**Sexual Development**
0	**Developmental**
0	**Communication**
1	**Cultural**

Comment: Deonte is an African American child and is currently placed in a white foster family and is attending a primarily white school and church. While Deonte has expressed being happy in the placement, his mother Nakkita has lots of concerns and has expressed that she wants him moved from the home for cultural reasons. She has stated that she believed the foster family is trying to 'brain wash' him into 'being white.' She has also expressed she wants him in sports rather than cub scouts and believe they are not enrolling him in appropriate activities for his culture.

0	**Legal**
1	**Medical**

Comment: Deonte is currently on a medication that will need to continue to be monitored (for his ADHD). The Department also intends to assess further whether his bed wetting is a physiological or psychological issue; if it is determined to be a medical issue the Department will seek proper treatment for enuresis.

0	**Physical Health**
0	**Daily Functioning**

Overall Life Domain Functioning Comments

Deonte is a healthy 7 year old African American male. Deonte functions at an average level for his age. This is Deonte's second time in foster care (he came in as an infant due to prenatal exposure). Deonte entered care this time due to neglect and inadequate supervision by his mother. Deonte recently disrupted at a placement but seems to have stabilized his behaviors and he is currently doing well in his new foster home and school.

SCHOOL

1	**School Behavior**

Comment: Deonte had disruptive behavior at his previous school placement. So far this has not been an issue at his current school but he has only been there about a month; the Department and foster family are staying in close contact with the school to ensure his behaviors are remaining stable and in order to intervene quickly if he starts acting out again. Deonte does have ADHD and pretty recently got on a medication; this seems to help him control his behaviors in school.

0	**School Achievement**
0	**School Attendance**

SCHOOL

0	**Special Education**

Overall School Comments

Deonte is currently in his 3rd school since entering into foster care. He remained at his original school while living with his Grandmother and Aunt but when he had to be placed back in a foster home he was moved and then had to be moved again when he recently switched placements. Deonte is doing well currently at the new school.

CHILD BEHAVIORAL/EMOTIONAL NEEDS

0	**Psychosis**
1	**Attachment**

Comment: Deonte has experienced a lot of loss in the last few years. His grandmother passed away who had been his main source of stability throughout his life, his aunt did not do what she needed to in order to keep him safe in her home, and his mother is not visiting consistently. He was recently moved from a 9 month placement due to his behaviors. However, in his current placement he has shown the ability to attach and bond appropriately and is currently doing well.

2	**Impulsivity/Hyperactivity**

Comment: Deonte has been diagnosed with ADHD and is currently on Ritalin (20mg in morning, 10mg in afternoon). His dose was upped 10mg after the issues he was having at his previous school. It appears that this has helped him focus more at school and be less impulsive in general but his psychiatrist is still monitoring him monthly at this time to determine if this dosage is correct and his behaviors are remaining stabilized.

0	**Depression**
1	**Anxiety**

Comment: The recent bed wetting could be related to anxiety over the placement change.

0	**Oppositional**
1	**Conduct**

Comment: Deonte's former foster mother expressed serious concern with Deonte's conduct issues, especially when he stabbed another child placed in the home with a fork during an argument. However, that was the most extreme of his behavior and he is currently not exhibiting any aggressive or manipulative tendencies.

2	**Adjustment to Trauma**

Comment: Deonte has experienced a lot of trauma throughout his life (detailed in trauma domain). Deonte's behavior problems are likely rooted in the trauma he has experienced. The bed-wetting could be a trauma reaction as well.

1	**Anger Control**

Comment: Deonte was having definite anger control issues previously but again currently seems to be managing his emotions a lot better.

CHILD BEHAVIORAL/EMOTIONAL NEEDS

0	**Substance Use**

Overall Child/Behavioral Emotional Needs Comments

Deonte is currently in outpatient therapy through the local mental health clinic. Deonte sees his therapist weekly.

CHILD RISK BEHAVIORS

0	**Suicide Risk**
0	**Self-Injurious Behavior**
0	**Other Self Harm**
1	**Danger to Others**

Comment: At this time, Deonte is the only child in his foster home and it was decided that for now it is in his best interest to remain the only child in the home so as to not put Deonte at risk for another placement disruption (or other children) if he begins to act out again.

0	**Sexual Aggression**
0	**Runaway**
0	**Delinquent Behavior**
0	**Sexually Reactive Behavior**
1	**Bullying**

Comment: Deonte was having issues at his previous placement/school. Deonte pushed a child on the school bus and also pulled a chair out from a peer in the lunch room, in the former foster home Deonte would push, pull the other children's hair, and stabbed one of them with a fork during an argument. Deonte has not exhibited any of these behaviors at his current school.

0	**Intentional Misbehavior**
1	**Aggressive Behavior**

Comment: Deonte was acting aggressively to peers both at home and at school, however, his behaviors have subsided since his most recent placement move.

0	**Exploited**

TRAUMA EXPERIENCE

A	**Sexual Abuse**

TRAUMA EXPERIENCE

Y	**Physical Abuse**

Comment: When Deonte came into care, it was discovered that he had several cigarette burns in various stages of healing on his hands and feet. It is unknown at this time who burned Deonte.

N	**Emotional Abuse**
Y	**Neglect**

Comment: Deonte has actually been in foster care twice in his life. Originally he was removed at birth for pre-natal substance exposure (he was positive at the time of birth) and his mother worked her case and he was returned. Most recently, Deonte came into foster care due to inadequate supervision; his mother left him home alone unattended at her boyfriends apartment and he was found by another adult. At the time he was just 5 years old.

N	**Medical Trauma**
N	**Natural or Man-Made Disaster**
Y	**Witness to Family Violence**

Comment: Deonte witnessed his aunt's boyfriend stab her during an altercation. She refused to press charges although the police were called the night of the incident. She chose to stay with him and this would have put Deonte at risk so he had to be removed from her care. This is the only confirmed incident but Deonte has said that the aunt and boyfriend fought a lot around him.

N	**Witness to Community/School Violence**
Y	**Witness/Victim to Criminial Activity**

Comment: Deonte witnessed his aunt's boyfriend assault her. Deonte also lived with his mother during times that she was engaged in prostitution and drug usage in the home.

N	**WAR/TERRORISM AFFECTED**
Y	**DISRUPTION IN CAREGIVER**

Comment: Deonte has experienced this many time. He has been in foster care twice. He has had many placements and sudden changes in caregivers (his mother, his grandmother, his aunt, his previous foster parents).

Y	**GRIEF AND LOSS**

Comment: Deonte has experienced a lot of trauma due to loss. In the 2+ years he has been in care he has been in four different placements, his grandmother (who was the one consistent and stable adult in his life previously) passed away, his aunt severed the relationship by choosing to remain with a dangerous boyfriend, and then a recent disruption and move from a foster home he was in for 9 months. Deonte is also seeing his mother infrequently (she has only visited a few times in the last year).

ACCULTURATION MODULE

0	**Language**
1	**Identity**
1	**Ritual**
1	**Cultural Stress**

Overall Acculturation Comments

Deonte is an African American child who is currently placed in a white foster home, living in a primarily white community and attending a primarily white church and school. While Deonte reports being happy at his current placement his mother has expressed concerns and wants him moved. She feels that the foster family is trying to 'brainwash' him into 'being white.'

PERMANENCY PLANNING CAREGIVER STRENTHS & NEEDS

Caregiver A - Nakkita Lyons

3	**Supervision**

Comment: Deonte came into care for inadequate supervision after it was discovered he was left home alone in Nakkita's boyfriends apartment for an extended period of time when he was just 5 years old.

2	**Parenting Skills**

Comment: Nakkita has not been visiting consistently so her actual hands-on parenting skills recently are hard to assess. However, Nakkita has not successfully completed any parenting classes yet and continues to make innapropriate parenting decisions (such as provide Deonte with music at a visit that was innapropriate for his age and make comments in front of Deonte that could be harmful, such as talking negatively about his placement/foster family).

2	**Knowledge of Child**

Comment: Nakkita does not have age appropriate expectations for Deonte and the reason he came into care was due to her believing he would 'be alright' at home unattended at 5 years old. She believes that Deonte can 'pretty much take care of himself.' She has expressed a lot about things she thinks he needs or are best for him (which extracurricular activities he participates in, his foster family, etc.) but she has not taken the time to ask or consider what Deonte wants/needs.

0	**Knowledge of Rights and Responsibilities**

Comment: Nakkita understands her legal rights and how the court system/DHS case works. She has worked a case successfully to reunification previously (when Deonte was an infant).

3	**Organization**

Comment: Nakkita is not currently complying with attending any of her services; she does not keep appointments or request transportation to her appointments (which she knows that she can do). Nakkita consistently misses visitations, and is frequently unable to be reached by her FSW. Nakkita also does not have a home or stable place to live and does not keep FSW updated of where she is staying for FSW to be able to monitor her home environment.

PERMANENCY PLANNING CAREGIVER STRENTHS & NEEDS

Caregiver A - Nakkita Lyons

1	**Social Resources**

3	**Residential Stability**

Comment: Nakkita does not have a place to live currently and is just staying with various friends. There is not a consistent address that she can be found at and FSW has not been able to monitor her home environment as she is staying many different places and has not kept FSW informed of when/where she is staying.

3	**Empathy with Children**

Comment: Nakkita does express concern for Deonte often, but her concerns are based on HER wants/desires for Deonte, not based on what he actually needs or how he has expressed that HE feels to her. She also does not seem to think about how like her lack of visitation effect him in a negative way.

1	**Boundaries**

Comment: Nakkita does not always keep clear boundaries and has displayed innapropriate behaviors/decisions regarding Deonte (for example, giving him the age-innapropriate CD at a visitation or talking negatively about his foster family in front of Deonte).

3	**Involvement**

Comment: Nakkita has not been visiting consistently and in fact has only seen Deonte 3 times in the last 10 months since he was moved out of her sisters home and back into a regular foster home placement. Recently, she has expressed she is unsure if she can continue visiting at all.

0	**Post-Traumatic Reactions**

2	**Knowledge of Family/Child Needs**

Comment: Nakkita has expressed extreme concern over what she believes Deonte needs (to be moved to a different placement with an African American family), however, she has not taken the time to talk to Deonte about it or why he is happy at his placement.

0	**Knowledge of Service Options**

0	**Ability to Listen**

Comment: Nakkita is not being compliant with her services, but she has never had an issue with being able to reasonable discuss her case with FSW and she understands what is needed in order to get Deonte back.

0	**Ability to Communicate**

3	**Satisfaction with Services Arrangement**

Comment: Nakkita has expressed she is so dissatisfied with Deonte's placement that if he is not moved she does not believe she can continue visitations. She has been very inconsistent in attending her own services which she does not believe she needs or attending visitation.

0	**Physical Health**

PERMANENCY PLANNING CAREGIVER STRENTHS & NEEDS

Caregiver A - Nakkita Lyons

0	**Mental Health**
3	**Substance Use**

Comment: Nakkita has a long history of substance abuse. Deonte was positive at the time of birth and Nakkita got him back after attending outpatient treatment. She then relapsed, reportedly after getting into a relationship with a current addict. Nakkita has admitted to resorting to prostitution in the past to support her drug habit. Her drug of choice is crack cocaine.

0	**Developmental**
1	**Accessibility to Child Care Services**
1	**Family Stress**
3	**Employment/Educational Functioning**

Comment: Naakkita is currently unemployed and has been throughout the case. Nakkita has resorted to prostitution as a means of income in the past.

0	**Educational Attainment**
1	**Legal**

Comment: Nakkita does have one prior arrest for prostitution. Nakkita has admitted that she used prostitution to support her drug habit. She has not had any drug related charges.

3	**Financial Resources**

Comment: Nakkita currently has no reportable income. She has no stable home or means to provide for herself and Deonte.

0	**Transportation**
3	**Safety**

Comment: Nakkita currently still poses a safety threat to Deonte. She has not undergone proper treatment and has still tested positive when the Department has been able to reach her for screens (which she is often unavailable/unreachable). She is reportedly still in a relationship off and on with the addict that she ended up relapsing with. She does not have a stable home and just stays at various different friends houses. She has not completed parenting and has not been visiting consistently to display adequate parenting skills with Deonte; she still does not seem to understand what is appropriate for a child of Deonte's age as far as what type of supervision is required.

0	**Marital/Partner Violence**

Overall Caregiver Strengths and Needs Comments

Nakkita is a 27 year old African American female. Nakkita has a long drug history and has not shown an ability to remain clean and sober for any extended period of time. Nakkita is not remaining in contact consistently with the Department, not visiting consistently, and not complying with her services. Nakkita has so far been unable to remedy the issues that brought Deonte back into foster care.

Caregiver A - Nakkita Lyons

2	**Severity of Use**

Comment: The Department has not been able to consistently test Nakkita as she does not remain in contact consistently but she has had a positive screen within the last 45 days.

3	**Duration of Use**

Comment: Nakkita has been using drugs off and on for at least 7+ years (she was using during pregnancy with Deonte).

2	**Stage of Recovery**

Comment: Nakkita knows that she will have to get sober in order to ever reunify with Deonte but does not seem ready to give up her lifestyle. She believes she can use occasionally without being an 'addict' and it effecting other areas of her life.

3	**Peer Influences**

Comment: Nakkita's boyfriend is an addict and this is who she originally relapsed with. It appears that Nakkita's friends are engaged in a lifestyle of using drugs.

3	**Environmental Influences**

Comment: Nakkita does not have her own home and is just staying with various friends (who have their own addictions or at least histories of use).

Caregiver A: Nakkita Lyons	
Signature	**Date**

Family Service Worker Name (print):	
Signature	**Date**

Supervisor Name (print):	
Signature	**Date**

Handout 8

Case Plan Worksheet

Identified Client: Nakkita

CANS/FAST Identified Need or Strength:

(3) Substance Use
(3) Safety

Objective

History:

Nakkita has a long history of substance abuse. Deonte was positive at the time of birth and DCFS was involved at that time (he was placed with his grandmother and Nakkita worked a reunification plan). Nakkita has since relapsed, reportedly after getting into a relationship with a current addict. Nakkita has admitted to resorting to prostitution to support her habits in the past and has a prior conviction for prostitution. Nakkita's drug of choice is crack cocaine.

In order to address this identified Need/Strength:
Nakkita needs to become sober and drug free and show that she can maintain her sobriety for an extended period of time. Nakkita's treatment needs to focus on relapse prevention and Nakkita needs to develop and display alternative coping skills to stress and be able to identify her triggers for use to prevent relapse.
1. Nakkita will submit to weekly random drug screens. Nakkita will provide a sample within 4 hours of being called for a random drug test. Nakkita will test negative for all substances unless she can provide a valid prescription.
2. Nakkita will attend an outpatient drug treatment program. The Department will refer Nakkita to the local mental health clinic for outpatient treatment. Nakkita will attend all scheduled sessions and follow recommendations of the drug counselor. Nakkita will notify the Department if she needs transportation to her outpatient treatment no less than 24 hours prior to the appointment.
3. Nakkita will attend Cocaine Anonymous meetings. Nakkita will attend a minimum of 6 per month, in addition to her outpatient treatment. The Department will provide Nakkita with a sign-in sheet that Nakkita will need to turn back into the Department monthly as proof of attendance.

Service	Responsibility	Due Date-Time Frame	Status	Status Date
Drug Screening	Parent/Caregiver	10/29/15		
Substance Abuse Treatment (Outpatient)	Parent/Caregiver	10/29/15	Referred	7/29/15
Support Groups	Parent/Caregiver	10/29/15		

Identified Client: Nakkita

CANS/FAST Identified Need or Strength:

(3) Supervision
(2) Parenting Skills
(2) Knowledge of Child
(2) Involvement
(2) Physical Abuse
(3) Safety

Objective

History:

Deonte entered foster care after it was discovered Nakkita left him home alone overnight. It was also discovered that Deonte had cigarette burns on his hands and feet in various stages of healing. Nakkita has not taken full advantage of her visitation with Deonte since he entered care and has missed multiple visitations. Throughout Deonte's life, Nakkita's mother has assisted in the daily care of Deonte but she has passed away.

In order to address this identified Need/Strength:
Nakkita needs to display that she is capable of safely and appropriately parenting Deonte, including age-appropriate expectations and an understanding of his needs.

1. **Nakkita will attend an age appropriate parenting class. The Department will make a referral for parenting classes. Nakkita will attend and participate in all sessions and provide a certificate upon completion. Nakkita will be able to verbalize the skills she has learned in the classes including appropriate discipline and supervision techniques and display the learned skills in all interactions with Deonte.**
2. **The Department will provide weekly supervised visitation for Nakkita and Deonte. Nakkita will attend all scheduled visitations. Nakkita will display appropriate bonding and parenting skills during all visitations. If Nakkita is more than 15 minutes late to any scheduled visit, it will be cancelled and Deonte will be transported from the office. Nakkita will notify the Department if she needs to cancel or reschedule a visit.**
3. **Nakkita will attend individual counseling. The Department will send a referral to the local community mental health clinic. Nakkita will attend all scheduled sessions and follow recommendations of her therapist. The Department will request that the therapy focus on helping Nakita to understand that all of her life choices effect Deonte and her ability to effectively parent and provide a safe and stable environment for Deonte.**
4. **Nakkita will participate in family sessions with Deonte as requested by her or Deonte's therapist.**
5. **If Nakkita needs transportation to any of the above listed services (parenting, visitation, or therapy), she will notify the Department no less than 24 hours prior to the scheduled appointment.**

Service	Responsibility	Due Date-Time Frame	Status	Status Date
Parenting Education (Group)	Parent/Caregiver	10/29/15	Referred	7/29/15
Visitation	Parent/Caregiv	10/29/15		

	er			
Counseling (Individual)	**Parent/Caregiver**	**10/29/15**	**Referred**	**7/29/15**
Counseling (Family)	**Parent/Caregiver**	**10/29/15**		

Identified Client:___Nakkita_____

CANS/FAST Identified Need or Strength:

(3) Residential Stability
(3) Safety

Objective

History:

Nakkita does not have her own housing currently and has been residing with various friends. Nakkita has a history of living with various inappropriate boyfriends which did not create a safe and stable environment for Deonte. Nakkita frequently moved in and out of her mother's home and relied on her for help caring for and providing stability to Deonte but she has passed away.

In order to address this identified Need/Strength:
Nakkita needs to obtain and maintain her own housing. Nakkita needs to show that she can provide a safe, stable and drug-free environment for Deonte. Nakkita will provide the Department her address and notify the Department within 24 hours if she moves. If Nakkita is living with friends or a boyfriend Nakkita will notify the Department and provide the individuals names and information so that appropriate checks can be completed to ensure that the individuals would be safe and appropriate to live in the home with Deonte when he is returned. The Department will monitor the home environment through random home visits.

Service	Responsibility	Due Date-Time Frame	Status	Status Date
Housing	**Parent/Caregiver**	**10/29/15**		
Home Visit	**Agency**	**10/29/15**		

Services Pick List

Acute CRT	Education Services	Physical Exam
Acute Psychiatric Hospital	Educational Advocacy	Physical Therapy
Adoption (Photo Listing)	Educational Assessment	Podiatrist
Adoption (Post-Legal	Emergency Shelter for	Pre-Adoptive Home
Adoption (Web Site)	Employment Services	Private Agency Foster Family
Adoption Assessment Update	EPSDT	Provisional (Fictive Kin)
Adoption Disclosure	Extracurricular Activity	Provisional (Relative)
Adoption Exchange	Family Planning	Psychiatrist
Adoption Home Studies	FFSS (Foster Family Support System)	Psychological Evaluations
Adoption Legal Packet	Fictive Kin Foster Family	Psychologist
Adoption Preparation	Food Assistance	Public Guardianship
Adoption Recruitment (Child Specific)	Foster Family Home	Recreational Programs
Adoption Registration	Gas Card	Recreational Therapy
Adoption Selection	General Practitioner	Reintegration
Adoption Services	Hair Follicle Testing	Relative Foster Family
Adoption Subsidy	Health Department Services	Relative Guardianship
Adoption Subsidy Packet	Home Studies	Residential Care Only
Adoption Summary	Homemaker Services	Residential Treatment Care
Adoption Summary Update	Hospital (Inpatient)	Respite Care/Temporary
Adoptive Home	Hospital (Outpatient)	Sex Offender Treatment (Inpatient)
Advocacy	Housing	Sex Offender Treatment (Outpatient)
Alcohol testing	Human Development Center	Sexual Abuse Treatment (Inpatient)
Alcohol Treatment (Inpatient)	Human Services Worker in Schools	Sexual Abuse Treatment (Outpatient)
Alcohol Treatment	ICPC	Sexual Issues Treatment
Alternative School	ILP (After Care Services)	Sexual Offender
Anger Management	ILP (Residential)	Sexual Offender Victim
Behavior Management	ILP Sponsor	Socialization Skills
Bus Pass	Incarceration	Special Medical Needs Care
Cash Assistant	Independent Living	Speech Therapy
Child Care Services	Independent Living Skills	SRPCRT
Clothing Assistance	Independent Living Subsidies	SRP – Outpatient Therapy
Comprehensive Health Assessment	Independent Living-Education &	SRP – Residential Treatment
Comprehensive Residential Treatment	In-home Nursing LPN	SRP – Diag & Asmt
Counseling (Family)	In-Home Nursing RN	SRP – Therapeutic Foster

Counseling (Group)	Interdisciplinary Meeting	Sub-Acute CRT
Counseling (Individual)	Intensive Family Services	Sub-Acute Psychiatric Hospital
Counseling (In-Home)	Interpreter Services	Substance Abuse Counseling
Crisis Intervention	Legal Services	Substance Abuse Treatment (Inpatient)
Day Care Services	Life Skills Training	Substance Abuse Treatment (Outpatient)
Day Treatment	Literacy	Supervised Visitation
DDS Services	Maternity Services (Non-Residential)	Support Groups
DDS Services – ICF-MR	Maternity Services (Residential)	Temporary Family Placement (No Board)
DDS Specialized Community Home	Mediation Services	Therapeutic Day Care
DDA Supportive Living	Medical Services	Therapeutic Foster Care
Dentist	Mental Health Crisis Response	Therapy (Family)
Diag. and Eval.	Mental Health Services (Outpatient)	Therapy (Group)
Domestic Violence Education	Mentoring Services	Therapy (Individual)
Drivers License	Nurturing the Families of Arkansas (NFA)	Transportation
Drug Assessments	Nutrition Services	Tutoring
Drug Screening	OB/GYN	Visitation
DYS After Care	Occupational Therapy	Vocational Skills
Education Funding	Ophthalmologist	Vocational/Technical (Residential)
Education Services (Non- Residential)	Optometrist	Youth Services/Serious Offender Program
	Parent Aids	
	Parent/Child Interaction Therapy	
	Parenting Education (Group)	
	Parenting Education (In-Home)	
	Parenting Skills	
	Paternity/DNA Testing	
	Pharmacy	