

What is the CANS? ...and how do clinicians use it?

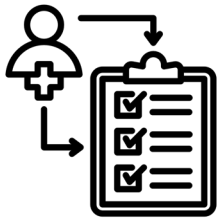


The CANS is **NOT** a: clinical assessment; interview protocol; questionnaire or treatment plan. It requires that a clinician **first** completes their clinical assessment. Then the clinician and family complete the CANS together to inform treatment planning. The steps in the process are described below.



The clinician begins by identifying the important people in the child's network. Based on the referral question(s), they will identify clinical screening or diagnostic tools to use, as well as clinical interview questions to prioritize asking.

Then the clinician meets with these key people in the child's life. The clinician gauges what questions to ask them, and how to ask these questions in a way that is culturally and clinically appropriate.



The clinician shares what they have learned with the family. They use that information to fill out the CANS items together. The CANS items are rated 0, 1, 2, or 3. A '**0**' indicates **no evidence** of a treatment need, while a '**3**' indicates a need for **urgent or intensive** treatment.

These ratings help the family and clinician prioritize what needs to be addressed in treatment, and what the family and youth's goals are for treatment.



Plan

Learn

Rate

Treat