

## Guidance on Rating the Virginia Child and Adolescent Needs and Strengths



To reliably rate the CANS, the assessor should:

- have a working knowledge of the **Six Key Principles for Rating the CANS**
- understand the rating (scoring) system for both needs and strengths (“0”-“3”)
- have access to the ***Users’ Guide to the Comprehensive or Reassessment CANS***
- have access to resource materials such as the ***Virginia Glossary of Items*** for additional information about the purpose of each item; and
- be currently certified on the instrument.

### Six Key Principles of the CANS

Principle	Description	Notes
1	Items are selected based on relevance to service planning	The tool has item level validity with each item having immediate relevance for creating the service plan.
2	Action level for all items	Rating or scoring levels (0,1,2,3) translate into appropriate action. See Rating Needs & Strengths below.*
3	Consider cultural and developmental factors before establishing the action level	Before rating needs and strengths, consider the individual and family’s culture. Consider the child’s stage of development, as for ex., expectations for a six year old are very different than those for a sixteen year old.
4	CANS is descriptive, not determining a cause	Most items (2 exceptions**) are descriptive, with no specific cause of the need required. CANS is about the “what” not the “why”. Most individuals and families can agree on needs and strengths. Addressing the “why” is part of service and intervention planning.**
5	CANS is about the individual, not the service	The purpose is to rate the needs of an individual and caretakers, not how they are functioning with services in place. If services are in place that “hide” a need, the ratings should reflect the need, not that the service is masking it.
6	Unless otherwise indicated, use past 30 days to rate needs	HOWEVER, time frames can and should be over-ridden if continued action is indicated.

\*See the following (next page) discussion of reliably rating the needs and strengths of individuals who are receiving services, particularly residential services.

\*\*Social Behavior and Trauma require cause and effect judgment.



## Rating Items on the CANS

There are four levels for each item with anchored definitions (found in the CANS Users' Guides). If the manual's definitions do not fit a particular situation, the rater must revert to the basic meaning of a level of need and the appropriate action level. Levels of needs/ strengths and action levels for each rating are described below.

### Rating Needs Items

Rating (Number)	Level of Need	Appropriate Action
0	No evidence of need	No action needed
1	Significant history or possible need which is not interfering with functioning-mild level of need	Watchful waiting/Prevention
2	Need interferes with functioning-moderate level of need	Action/Intervention must be taken
3	Need is dangerous or disabling-severe level of need	Immediate/Intensive action must be taken

### Rating Strengths Items

Rating (Number)	Level of Strength	Appropriate Action
0	Centerpiece strength	Central to planning*
1	Strength present	Useful in planning*
2	Identified strength or interest	Build/Develop**
3	No strength identified	May identify or create strength

\*Use/build strengths to address needs of children who are younger than 13; use/build strengths to create resiliency separate from treatment for adolescents.

\*\*Building/developing strengths is helpful. Child and youth with strengths tend to function better even if significant needs are present.

### Reliably Rating the Strengths and Needs of Children and Youth who are Receiving Residential Services

It may be difficult to reliably rate the needs of a child or youth receiving interventions or services, particularly those residing in an intensive treatment setting. To reliably rate the CANS, the assessor must know the needs of the individual; needs which may currently be masked by services or the setting. A helpful strategy is to understand the needs that brought the youth to treatment and then look for any evidence that these needs have changed and determine if the change is a "setting effect" or a "treatment effect" (an actual improvement). Setting effects are different than treatment effects. A setting effect is a change in behavior due to the structured environment. A treatment effect is a change in the individual that is likely to transcend environments.



For example, waking a student and walking with him to an on-campus school would be a setting effect for School Attendance. Identifying the factors that led to the youth's previous School Attendance needs (for example, social anxiety, learning problems) and effectively resolving those issues would be a treatment effect.

As long as the youth continues to need the treatment in the residential environment (or treatment foster care), the CANS must reflect those needs at an actionable level. Home visits may be a helpful way to determine if ratings may be reduced (improved) in a given area. Remember the assessor may note improvement on some items, while leaving ratings at an actionable level on others. Generally speaking, improvement will be noted in ratings when a youth is ready for discharge to a less restrictive environment or a lesser level of services (or no services) in the community.

The same rule applies with community-based services. If a service is in place that is addressing a need, but the need remains, the item must remain actionable on the CANS and be rated a "2" or a "3". For example, if a child's hyperactive behavior improves after being placed on medication, but the need for that medication continues; the "Hyperactive" item would continue to be rated a "2".

*Material modified from "Reliably Rating the CANS and ANSA" by Betty Walton, Ph.D. and John S. Lyons, Ph.D., Indiana Division of Mental Health and Addiction, 8/21/2009*

