

CAN/ANSA ENGAGEMENT TIP SHEET

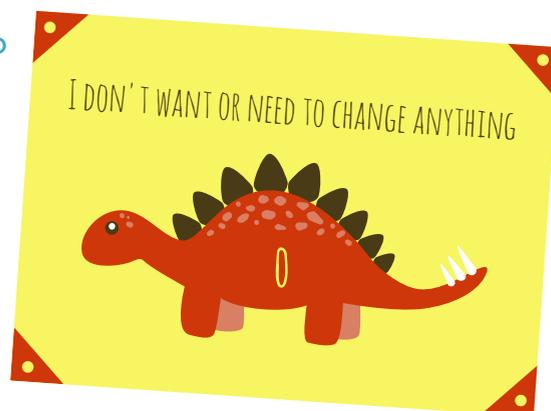


DO THIS	DON'T DO THIS
Introduce CANS with clinical utility focus	Introduce CANS with compliance focus
Provide live training “CANS Kick Off” for inspiration, support certification	Wait too long after training before use of tool
Acknowledge that it will start off as a form but provide coaching so it quickly moves to tool and practice	Rely exclusively on online training and certification methods
Reduce implementation burden where possible; Use implementation to audit current screens and reduce where you can	Wait too long to give data reports back to system
Integrate into EMR or database	Set up system of dual entry wherein assessors have to enter CANS data in two or more electronic systems
Provide training to all levels-clinician, supervisor, CQI/QA, leadership	Don't mandate this ONLY for clinicians
Provide and link to practical tools for using CANS in: <ul style="list-style-type: none"> • Assessment • Treatment Planning • Supervision • Outcome Monitoring • System Transformation 	“Train and pray” – train everyone and pray that it is used with fidelity to the TCOM framework



CENTERING VOICE AND CHOICE IN ASSESSMENT AND CARE: CANS CARDS FOR CLIENTS AND CLINICIANS¹

The CANS CARDS were developed as an adaptable and client-centered approach to gathering information relevant to the CANS. It was developed in order to increase client “Voice and Choice” and it offers a more interactive and tactile way to conduct the CANS assessment. There is no right or wrong way to use the CANS cards and the following are TIPS to facilitate this process and should be read as suggestions. There are two sets of cards, [DINO cards for younger clients](#) (or dinosaur lovers) and [CANS Cards](#).



- A)** Familiarize yourself with how to use these cards – go to <https://goo.gl/vq6U8o> (and scroll down)
- B)** Watch videos on how to use CANS CARDS with a client/caregiver – go to <https://goo.gl/ZspfyE>

¹ A Better Way's CANS cards may be used, modified, and distributed free-of-charge on condition that any subsequent use and distribution is bound by the same condition

PREP THE CARDS

1. Print out CANS cards and distribute to Clinicians in supervision or in the office, ideally on a thicker card-stock and if possible laminated. Separate cards into DOMAINS with numbered sides face down and the lowest numbered card on top.
2. Place a DOMAIN LABEL on top of each stack.
3. Clip or rubber band the stacks to keep each stack together.

USING THE CANS CARDS WITH CLIENTS OR CAREGIVERS

1) Introduce the CANS CARDS concept to your clients/care givers.

*Voice and choice tip: Provide client/caregiver with choice; whether they want to use the cards in the first place or not.

2) Lay out the ACTION LEVEL cards on the table. Describe them in a simple format and read the cards, “no action needed”, “some action needed”...etc.

*Voice and choice tip: Provide client/caregiver with simple description that highlights their voice and choice. “If there are particular areas that you would like to focus on right now, then we could put those cards in the ACTION NEEDED pile.”

3) Start going through the cards and use your own language to describe the questions.

*Voice and choice tip: Pace yourself according to client/caregiver feedback (and the time that you and client/caregiver had agreed upon prior to CANS assessment) making sure to pay attention to nonverbal body language as well, to increase client/caregiver engagement and empowerment.

4) Place DOMAIN cards in the corresponding ACTION LEVEL pile throughout the assessment.

*Voice and choice tip: Consider asking the client whether they would like to hold and place the cards themselves into the various ACTION LEVEL piles, as a means to increase client/caregiver engagement and empowerment.

5) Invite them to consider alternative points of view – especially if you or another stakeholder has a different opinion about what action is needed.

*Voice and choice tip: For example, you may have to tell the client or caregiver: “I hear you that you don’t think any change is needed in this life domain. I also want to make sure that you meet your goal of getting off probation. So can we think for a second about what your probation officer might say about action on this one?”

6) Continue this process until you and client/caregiver are done. Come back to the rest of the cards at another agreed upon time (reassessment or treatment planning).

“Capitalize on provider excitement...even if you have to use paper.”

Day Participant