

Utilizing CANS Strengths in Therapy

Why Focus on Strengths?

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

Strength-focused Assessment

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

Strength-focused Objectives for the Client Plan

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

Strength-oriented Intervention(s):

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

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

- Develop one strength (increase of a CANS Strength item to a rating of '0' or '1' at discharge). This represents a fully built strength, such as learning to play a musical instrument and joining band.
- Enhance one strength (For instance, a CANS Strength item moves from a '2' to a '1' at discharge). This represents a partially built strength, such as starting to take music lessons.
- Spend more time engaged in strengths at the end of treatment



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

References

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