Treatment Planning with a Communimetric Tool

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The purpose of Transformational Collaborative Outcomes Management (TCOM) is to facilitate understanding of the needs and strengths of the person or people served and to bring to bear effective interventions that will help change lives. TCOM begins at the individual level as a decision support tool to assist in the planning process. Whether you call it a treatment plan, care plan, service plan, individual education plan, crisis plan, or plan of care, this plan is informed by relevant information about the person and or family. A good plan is by its very nature individualized. However, that individualization must function within the natural constraints of program structures.

The selection of items included in a version of the CANS (or any other Communimetric tool), and the basic structure of the action levels of the CANS are designed to allow it to serve as the output of any assessment process to inform the creation of the plan. You will know you have the correct version of the CANS if it is capturing the information you need to create your plan. If some items are irrelevant to your planning process, they can be removed from the version. If important information is missing, then additional items can be added. The selection of items should reflect the information needed to be effective.

The basic structure of the items allows you to determine whether or not to include an item in the plan. For needs, any item with a rating of 2 or 3 (referred to as 'actionable' needs) should be considered for attention. Any strength with a rating of a 0 or 1 (referred to as 'useful' strengths) should be considered for strength-based planning. Strengths with ratings of 2 or 3 should be considered for strength-building activities.

For some needs there is a very clear relationship between what is actionable and what is recommended. For most mental health needs, there are evidence-based and promising practices that should be considered when specific actionable needs are identified. For instance a rating of '2' or '3' on Depression would generally suggest that a evidenced-based treatment of depression would be optimal. A number of places provide links between these types of actionable needs and either specific evidence-based practices or the core components model of evidence-informed practice (e.g. Practicewise which is sometimes known as the Chorpita model).

Risk behaviors also often suggest fairly specific considerations such as formal safety plans, etc. Thus an individual presenting with a 2 on Depression and a 3 on Suicide might be effectively treated with Cognitive Behavior Therapy for the depression and a specific safety plan for the suicidality

However, oftentimes a person will present with a number of actionable needs. In these circumstances it is necessary to organize your understanding of the needs (and possibly strengths) to inform the target of treatment. Put bluntly, if someone presents with 15 actionable needs, then it is rather unreasonable to assume you could create a treatment plan simultaneously and individually addressing each of these needs. That would be overwhelming not only to the provider but also to the child/youth and family. Historically, we have attempted to simplify

such situations using strategies such as picking 'a primary diagnosis' or identifying the top three needs. These types of approaches invariably sacrifice an understanding of the complexity of a situation to achieve efficiency to the intervention. That is not likely a winning strategy.

One way to organize patterns of needs to inform a more focused treatment plan is to use the actionable needs to create a causal model to explain the individual's current circumstances. It is often possible to fit together actionable needs into a causal explanation of the individual's circumstances that guide treatment choice. For example, if a youth presented with a '3' on Adjustment to Trauma, a '3' on Anxiety and a '3' on Self Injurious Behavior, it might be reasonable to propose that the Trauma led to the Anxiety which led to the Self Injury as an attempt to self regulate the anxiety. Treatment then would be focused on the Adjustment to Trauma with the idea that successfully addressing these issues would reduce anxiety and the consequent cutting (or whatever the self injuring behavior might be).

In this 'puzzle' strategy for using the CANS, it is sometimes useful to conceptualize actionable needs as either pathway needs, treatment target needs, or functional outcomes.

> **Background needs (CORE Considerations)** are needs that are likely not addressable but shift the pathway down which treatment is provided. An intellectual impairment or a significant trauma experience might be a pathway need.
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> **Treatment target** needs are those that would be the focus of intervention.
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> **Anticipated outcomes** are needs that would be expected to respond as a result of effectively targeting the treatment needs.

For example, ADHD might be a treatment target while School Behavior and Achievement would be the Functional Outcomes. In other words, a young boy might have severe ADHD which results in both severe behavioral problems at school and academic problems. Treating his ADHD as a Treatment Target would be anticipated to have a positive effect on both School Behavior and School Achievement.

Here is a different pattern of needs placed into this approach:

Background Needs

Sexual Abuse

Intellectual

Treatment Target Needs

Anxiety

Adjustment to Trauma

Functional Outcome Needs

School Attendance

Social Functioning

Self injurious behavior

In the above situation, the history of sexual abuse and low intellectual functioning set the stage for the treatment approach (trauma informed but consistent with the individual's learning style), The treatment target needs are high levels of Anxiety, problems with Adjustment to Trauma, Both of these needs would have treatment components directly addressing them. If treatment were successful one would then expect the reduction of needs involving improved School Attendance and Social Functioning, and reduced Self Injury.

For Strengths, the approach is somewhat different. Strengths can be divided into two classes—strengths to use and strengths to build. Strengths to use are those that might inform a strength-based approach. For instance, if you are going to use a child or youth's involvement with a religious organization to help address social functioning issues that would be a strength to use. A strength to build are when the CANS recognizes that no strength exists (no evidence or identified or 2 or 3) and the plan is to work with the child or youth to develop a strength in that area. For example, if a youth has no identified talents or interests then a discovery process might be recommended to identify and develop an area of interest.