



CANSFORMATION BRINGING IT ALL TOGETHER



Volume 1, Issue 2

Spring 2018

WELCOME TO CANSFORMATION

Since our System of Care in New Jersey has expanded so has our Newsletter. For over **9 years** the **IQ** (IMDS Quarterly) Newsletter has been sent out to all IMDS or CANS SuperUsers throughout New Jersey.

*Well it is now time to bring it all together...* connecting the **CANS** or Child Adolescent Needs & Strengths, **TCOM** or Transformational Collaborative Outcomes Management and **Wraparound**. This updated newsletter will help to strengthen our system of care by providing useful information to all system partners, especially those who are trained on the CANS Tools!

So with some trepidation

but immense hope for the future, we close the chapter on the 'old' and bring in the 'new' more interactive newsletter...CANSformation!

We have had the privilege for almost a year of having our newsletter published on TCOM Conversations. Our hope is to continue this and even take it one step further by having contributors from all over the country and beyond!

Since CANS & TCOM have been part of a mass collaboration, so too has the many individuals throughout New Jersey...collaborating with the hope of better our abilities to assist those who we serve-children/adolescents, parents/caregivers.



Information's Gateway...Technology

So a sincere 'Thank you!' goes out to the countless number of people who have contributed to the IQ Newsletter over the years.

Now we 'Welcome!' many more to the collaborative.



Inside this issue:

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Special points of interest:

- Spotlight: highlighting those who are making a mark
- Takeaways: useful tips for everyday practice

CANSFORMATION: PURPOSE & GOALS

A newsletter is a communications tool and is used to disseminate information. One of the main goals of any newsletter is to serve to bond people together and keeping them informed of all activities, functions and

advancements. Another important goal of a newsletter is to build interest in areas of innovations. Lastly, which is a foundational tenet of CANSformation is to assert both acknowledge & praise to those people and

activities for whom a system of care expands and strengthens.



## CANS TOOLS

CANS Tools are both Valid and Reliable

The Validity & Reliability must be understood from a 'communimetrics' perspective.

The following CANS information is from [Dr. Lyons' blog on TCOM Conversations](#). A 6-part series on the Key Principles of CANS

### *Principle 2. Rating for Action*

\*Permission granted for reprint of original Blog-TCOM Conversations



## \*6 KEY PRINCIPLES OF CANS TOOLS

**Principle 2.** The level of each item translates into levels of action. The measure must be non-arbitrary; every rating has an immediate meaning and the meaning relevant to future action.

Concept: Blanton and Jaccard (2006) criticized psychometric measures as arbitrary.[1] In other words, the numbers do not necessarily have any immediate meaning. This is a major limitation to practical applications of measures.

The first stage of helping is to understand the person's (or family's) circumstances. Before initiating help this type of discovery phase is critical. Oftentimes this phase is called assessment. However, it may also be related to access and engagement. The output of the process of understanding should be a prioritization based on what can be done to HELP. Given this recognition of the fundamental structure of helping,

For example, it is impossible to know the meaning of a difference of a 60 versus a 50 or a 17 versus a 13 on a psychometric measure. Norms do not fully solve the problem because they simply convert these arbitrary metrics into percentile ranks which still do not easily translate into use in the field. What are the implications of the difference between 80 and a 70 on an IQ test? Plus, establishing and maintaining norms is difficult and expensive,

Communimetric measures are designed to translate the understanding of the person into a plan to help. The structure of a Communimetric measure is designed so that it fits in the space between the output of the discovery process and the input of the planning process.

There are many possible action structures for a communimetric measure. The simplest is a two level model:

and in some cases may even be impossible, as norms require the accurate measurement of a population. Since Communimetric measures are designed to communicate, meaning is fundamental, so arbitrary measurement does not work from this perspective.

- Act
- Don't act

While this two option model is the essence of helping, such a stark distinction can be unsatisfying to professionals and the people they serve who may wish for a more nuanced approach. For this reason, the most commonly used action format is the following:

- Do not act
- Watch/prevent/assess
- Act
- Act immediately or intensively

This structure both establishes clear action levels and creates an ordinal scale of measurement that reflects escalating action. These more nuanced scales are useful for program and system level applications of the Communimetric approach.

Many measures also have strength or asset or skill type items that are positive in nature and are used differently in planning processes. The standard action levels for these items are:

- Strength/skill fully developed (mastery) and may be central to the planning process
- Strength/skill immediately useful
- Possible strength/skill identified but must be developed
- No strength/skill evident

While the action structures described above are the mostly commonly used among existing Communimetric approaches, they should not be considered exhaustive. There are actually an enormous variety of different types of action frameworks that might be relevant in different circumstances.

**Background:** I first proposed the action levels as an alternative way to think

about the Likert type ratings in the original Severity of Psychiatric Illness (SPI) and Childhood Severity of Psychiatric Illness (CSPI). These measures had four level items that were anchored with an essential structure of:

- No evidence
- Mild
- Moderate
- Severe

However, since these tools were often used in chart reviews it became difficult for reviewers to come up with consensus understanding of these levels.

To assist in chart review studies, I began training reviewers to consider whether something needed to be done in order to distinguish the mild from the moderate level. To better distinguish the moderate from the severe level, I suggested people consider whether or not the need was dangerous or disabling.

In the conversion of the CSPI to the CANS in 1999, we met with parents and professionals in Allegheny County, Pennsylvania. At this two day meeting, the original Child and Adolescent Needs and Strengths (CANS) tool was

created. Walking back from lunch on the first day with the lead family representative, Julie Hladio, I was struck by something she said in passing. From her perspective she said that the family participants thought the action level way of thinking about the item structure was the single most important aspect of how we were talking about developing the CANS. She told me that parents and family members were sick and tired of undergoing assessment processes where in the end they had no idea what they were supposed to be

working on next with their child. This conversation was the primary impetus for the action levels moving to the forefront of the item design. Now the action levels are the cornerstone of the Communimetric theory of measurement.

**Proof of Concept:** The use of the action levels — in combination with individual item reliability — has created analytic options that are simply unavailable with other measurement approaches.

Communimetric measures can be effectively mapped into sophisticated treatment planning approaches. Also, algorithms can be developed to support decision making that divides items into actionable (2 or 3) versus not actionable (1 or 0). At the time of this writing there are now five independent research groups who have demonstrated the reliability and validity of this approach to decision support using the

CANS (for example, see Chor, et al., 2012 [2]; Israel, et al., 2015[3]). This scaling approach also fits very well into machine learning analytics that allow branching logic with decision breaks at meaningful levels of each items[4].

Despite the item level design and the action level structure, it also has proved possible to create traditional psychometric scales using Communimetric items.[5]

These scales can be useful for research and evaluation purposes and systems level outcomes monitoring.

In sum, the action level structure of a Communimetric measure creates a meaningful approach at the person level to effectively support planning and level of care decisions, but simultaneously provides useful information in support of more sophisticated analytics.

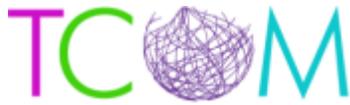
[1] Blanton, H., & Jaccard, J. (2006). Arbitrary metrics in psychology. *American Psychologist*, 61(1), 27-41. doi:10.1037/0003-066x.61.1.27

[2] Chor, K.H.B., McClelland, G. M., Weiner, D. A., Jordan, N., & Lyons, J. S. (2012). Predicting outcomes of children in residential treatment: A comparison of a decision support algorithm and a multidisciplinary team decision model. *Children and Youth Services Review*, 34(12), 2345-2352. <https://doi.org/10.1016/j.childyouth.2012.08.016>

[3] Israel, N., Accomazzo, S., Romney, S., & Zlatevski, D. (2015). Segregated care: Local area tests of distinctiveness and discharge criteria. *Residential Treatment for Children & Youth*, 32(3), 233-250. <https://doi.org/10.1080/0886571x.2015.1108090>

[4] Cordell, K., Snowden, L., & Housier, L. (2016). Patterns and priorities of service need identified through the Child and Adolescent Needs and Strengths (CANS) assessment. *Child and Youth Services Review*, 60, 129-135.

[5] Lyons, J.S. (2009). *Communimetrics: A theory of measurement for human service enterprises*. New York: Springer.



## CANSformation...

Bringing it ALL Together!!!



*“The TCOM approach is grounded in the concept that the various perspectives in a complex service system creates conflicts. The tensions that results from these conflicts are best managed by keeping a focus on common objectives—a shared vision. In human service enterprises, the shared vision is the person (or people served). In health care, the shared vision is the patient; in the child serving system, it is the child and family, and so forth. By creating systems that all return to this shared vision, it is easier to create and manage effective and equitable systems.”*

*Præd Foundation 2017*

## PLAN FOR TRANSITION

Are you incorporating the Strengths & Needs Tool with Wrap-around Values and the Child Family Team Process?

CANS & Wraparound...with TCOM as our GOAL...

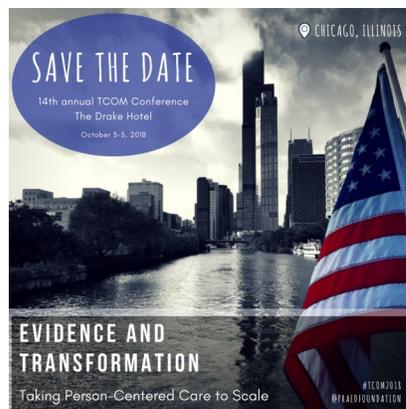
- Transformation means that it is focused on the personal change that is the reason for intervention.
- Collaborative means that a shared visioning approach is used—not one person’s perspective.
- Outcomes means the measures are relevant to decisions about approach or proposed impact of interventions.
- Management means that this information is used in all aspects of managing the system from individual family planning to supervision to program and system operations.

Understanding our Work  
What are trying to accomplish?

I.	Commodities
II.	Products
III.	Services
IV.	Experiences
V.	Transformations ←

- Gilmore & Pine, 1997

Start with the **What?**...then come up with **Why?**...this will lead you to **HOW?**





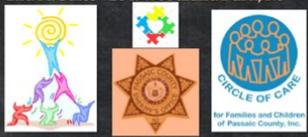
### Autism ID Event

Passaic County Sheriff Dept. has partnered with Family Support Organization of Passaic County to give FREE ID's to Individuals who have been diagnosed with Autism.

Family Support Organization of Passaic County  
Presents  
**FREE Passaic County Autism ID**  
For Children with Autism Spectrum Disorder (ASD)

**Wednesday, May 9TH 6:30-8PM**  
For Spanish Group: Passaic City Hall Senior Center  
330 Passaic Street, Passaic City, NJ

**Thursday, May 24TH 6:30-8PM**  
For English Group: 3 Garret Mountain Plaza  
2nd Fl. Suite #204, Woodland Park, NJ



Contact: Kathy, Chairperson for more information: (973) 427-0100 Ext: 209  
If you need more information for your family: oficina # 973-427-0100

## WRAPAROUND




Substance Abuse and Mental Health Services Administration  
**SAMHSA**  
www.samhsa.gov • 1-877-SAMHSA • 7 (1-877-726-4727)

THE TA NETWORK  
**MONTHLY MINUTE**  
Byte - size knowledge from the TA Network

**THE TA NETWORK**  
the national technical assistance network for children's behavioral health

Monthly Minute - Youth Peer Support

## TCOM Conversations



This blog is intended to serve as the forum to provide resources, answer your questions, and spark meaningful discussion for all members of the international TCOM collaboration through the Praed Foundation.

TCOM Conversations is jointly hosted by Chapin Hall at the University of Chicago and The Praed Foundation "We are committed to improving the well-being of all through the use of personalized, timely and effective interventions."

For more info about joining the blog contact Katherine Sun, University of Chicago-Chapin Hall at [ksun@chapinhall.org](mailto:ksun@chapinhall.org)

You can also follow the many CANS developments that are taking place nationally as well as internationally by clicking on [Twitter @Praedfoundation](https://twitter.com/Praedfoundation).