FROM CHECKLIST TO CONVERSATIONS: A TRANSLATION GUIDE FOR CHILD AND ADOLESCENT NEEDS AND STRENGTHS ASSESSMENT IN CHILD AND FAMILY TEAM MEETINGS

by

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A project

Submitted in partial

fulfillment of the requirements for the degree of

Master of Social Work

in the College of Health and Human Services

California State University, Fresno

May 2026

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ABSTRACT

FROM CHECKLIST TO CONVERSATIONS: A TRANSLATION GUIDE FOR CHILD AND ADOLESCENT NEEDS AND STRENGTHS ASSESSMENT IN CHILD AND FAMILY TEAM MEETINGS

All County Letter (ACL) 25-10 requires collaborative completion of the Integrated Practice-Child and Adolescent Needs and Strengths (IP-CANS) assessment within Child and Family Team (CFT) meetings to support family-centered planning. Historically, social workers completed CANS independently outside of meetings, limiting family participation and transparency in decision-making. This project developed a CANS-to-CFT Translation Guide designed to help Child Welfare Services social workers and facilitators translate technical assessment domains into strength-based, trauma-informed, family-friendly discussions during CFT meetings.

The project was guided by strength-based and trauma-informed perspectives that emphasize collaboration, family voice, emotional safety, resilience, and shared decision-making. The translation guide was designed to promote more accessible and conversational discussions of the CANS assessment.

The CANS-to-CFT Translation Guide was introduced to staff through a presentation, and feedback was collected using a pre- and post-test to assess clarity, usability, and perceived usefulness. Findings indicate that the translation guide is clear, practical, and supportive of family-centered conversations, increasing staff confidence in discussing assessment domains with families. This project highlights the value of practical tools in supporting staff preparedness and promoting meaningful family engagement as child welfare systems move toward collaborative assessment practices.

Olivia Cantu
May 2026

ACKNOWLEDGMENTS

I would like to express my deepest gratitude to my children, Ethan and Nathan, for their patience and love throughout this journey. When I first began the MSW program, Ethan was still very young, and during my second year, I experienced both heartbreak and joy through the loss of a pregnancy and later the birth of Nathan shortly after completing my second year. Although they are too young to fully understand the sacrifices this journey required, I completed this program with them in mind and in hopes of creating a better future for our family. I am also thankful to my husband for encouraging me to pursue this degree even during the most difficult moments.

To my family, thank you for the countless ways you supported me on this journey, whether by caring for my boys, helping me with household responsibilities, or simply encouraging me to keep going. I am especially grateful to my parents for instilling in me the importance of higher education and perseverance. Their sacrifices do not go unnoticed, and I am grateful to be the daughter of immigrants from Mexico. I also want to honor my grandmother, who passed away while I was in the MSW program. Although she is no longer here, I carry her love and memory with me every day.

I would also like to thank my professors at Fresno State for their support and compassion. A special thank you to Dr. Madrigal for her guidance, encouragement, and for recognizing the potential of this project before I could see it myself. I am also grateful to Genever Thomas for sharing her knowledge and reviewing my work. I am thankful for the friendships formed through this program. Rachel, Meng, Raquel, and I began this journey together and spent countless hours supporting each other.

This journey taught me that there is never a “perfect” time to pursue your goals. Even through grief, exhaustion, parenthood, and self-doubt, it is still possible to keep moving forward one step at a time.

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CHAPTER 1: INTRODUCTION

In California child welfare practice, there has been a continued shift toward working more collaboratively with youth and families when making decisions about safety, permanency, and well-being (California Department of Social Services [CDSS], 2022b). The two key components of this approach are the use of the Integrated Practice Child and Adolescent Needs and Strengths (IP-CANS) assessment and Child and Family Team (CFT) meetings. As counties begin preparing for collaborative CANS during CFT meetings, there is a need for practical tools that support staff in facilitating these discussions using strength-based and trauma-informed practice. Guided by a strength-based and trauma-informed theoretical perspective, this project is focused on the development of a CANS-to-CFT Translation Guide to support social workers and CFT facilitators in translating CANS domains into family-friendly conversational prompts during CFT meetings. For this paper, the term "CANS" will be used throughout when referring to the IP-CANS assessment, as this is the terminology commonly used in child welfare practice.

Background of the Problem

Child and Family Team (CFT) meetings are intended to support shared decision-making with families in California's child welfare system (CDSS, 2024d; CDSS, 2022b). Recent policy changes require the CANS tool assessment (Appendix A) to be completed collaboratively within those meetings. The CFT meetings serve as the primary forum to discuss the concerns and strengths for developing case plans addressing safety, permanency, and well-being for children. (CDSS, 2022b)

The assessment of CANS has expanded in California as part of this collaborative planning process. CANS is a structured assessment tool used to identify behavioral health needs, risk factors, life functioning concerns, trauma, and strengths for children and youth

aged 0 to 21 years old. The assessment is designed to serve as a communication and decision support tool that guides case planning and helps match youth and families with appropriate services.

With the publication of All County Letter (ACL) 25-10, the California Department of Social Services (CDSS) requires that, beginning July 1, 2025, counties must complete the CANS assessments collaboratively with youth, caregivers, and relevant team members and ensure that the CANS ratings directly inform case planning within CFT meetings (CDSS, 2025c). This publication represents a significant shift in how counties must conduct assessments, document needs and strengths, to ensure meaningful family voice in the case planning process. The CANS tool has been used for several years (CDSS, 2018); however, the expectation that the assessment be completed collaboratively during CFT meetings is a new state-mandated expectation. Despite California's policy requiring the CANS assessment to be completed collaboratively within CFT meetings, implementation in practice remains challenging. Participation in quarterly CFT and CANS Learning Collaborative meetings facilitated by CDSS and the University of California, Davis (UC Davis) highlighted common implementation challenges across counties related to integrating collaborative CANS practices within CFT meetings. For example, many counties across California continue to transition from the historical practice of assessments being completed independently by the assigned social worker outside the CFT process. When this practice continues, youth and caregivers may not have an opportunity to hear, reflect on, or validate the CANS findings.

The Department of Social Services (DSS) Child Welfare Services (CWS) division in Madera County routinely facilitates CFT meetings with families involved in CWS. CANS includes structured domains, rating anchors, and technical terminology that can be difficult to translate into accessible, family-friendly language during an actual CFT

meeting (CDSS, 2018). Staff must simultaneously facilitate discussion, manage group dynamics, and engage family members, which can make real-time integration of assessment challenging. This can result in social workers struggling to incorporate the assessment into the flow of the meeting while maintaining meaningful participation from families.

In addition to informing case planning, the CANS assessment will play a critical role in California's Continuum of Care Reform through the Tiered Rate Structure (TRS) as the new foster care rate starting July 1, 2027 (CDSS, 2024b; CDSS, 2025c). ACL 25-10 adds that the TRS will use the assessed needs and strengths to determine the level of placement support and services provided to the youth in foster care (2025c; CDSS, 2024b). The TRS determination will rely on the collaborative CANS ratings, "informed by the team members through the CFT process" (CDSS, 2025c). As a result, accurate and collaborative completion of the assessment is necessary not only for case planning and ensuring that youth receive services but also for financial and placement supports aligned with their level of need.

Purpose of the Project

The purpose of this project was to develop a CANS-to-CFT Translation Guide (Appendix B) designed to help Madera County social workers and CFT facilitators translate technical assessment domains into strength-based, family-friendly, trauma-informed conversational prompts. The guide was intended to make CANS assessments more accessible and actionable during collaborative CFT meetings. This project aimed to enhance child welfare practices by improving youth and caregiver engagement, increasing transparency, and ensuring that assessment results meaningfully inform individualized case planning decisions. This project also supports accurate assessment practices in preparation for the implementation of the TRS through collaborative CANS.

The project was intended for use by both CFT facilitators and assigned social workers responsible for completing the CANS assessment. By providing structured prompts, the guide was to assist staff in discussing assessment domains directly with families rather than completing the assessment independently outside the CFT meeting. The goal was to support social workers with ways to translate an area from the CANS when they feel stuck, and in return, increase engagement from CFT members. This project did not evaluate a specific agency but instead addresses broader implementation considerations relevant to child welfare settings, adapting to new statewide requirements.

Historically, CANS has been completed independently by the assigned social worker outside of the CFT meetings due to workflow habits and the technical structure of the assessment tool. When the CANS is completed outside of the CFT, families may not understand how needs and strengths are identified or how decisions regarding services and case planning are made, limiting transparency, reducing youth and caregiver participation, and weakening the intent of collaborative decision-making. As a result, the CANS assessment was functioning more as a documentation tool than a shared planning tool. A barrier is the absence of a practical facilitation tool, which can make social workers feel less comfortable translating structured assessment language into conversational dialogue during CFT meetings. Without a structured approach to integrating CANS into live discussions, counties may struggle to meet collaborative assessment fidelity requirements, and families may experience reduced engagement in case planning. By utilizing the CANS-to-CFT Translation Guide, the project promotes having staff discuss and interpret domains directly with the families and CFT members for shared decision-making and increasing transparency.

This project took place within the Madera County Department of Social Services Child Welfare Services division, where CFTs are routinely facilitated with youth and families who experience CWS involvement. The CANS assessment uses technical

language, rating scales, clinical domains, and structured scoring, making its content difficult to verbalize in a supportive, accessible, and family-friendly format during CFT meetings. Additionally, there is no one-page standardized tool that helps CFT facilitators and social workers convert CANS into family-friendly language during CFT meetings. Agencies often face staff shortages, high caseloads, and challenges in the consistent implementation of new policy mandates that the county lacks the infrastructure to adapt quickly (U.S. Department of Health and Human Services, 2016). Therefore, the development of a supportive tool such as the CANS-to-CFT translation guide provides a low-barrier solution that supports CFT fidelity, enhances youth voices, and aligns county practice with the statewide mandates.

Need for the Project

DSS issued ACL 25-10, which updates the requirements for administration of the CANS tool and for CFT meetings. As of July 1, 2025, placing agencies must collaboratively complete CANS for youth in foster care and ensure that CANS results inform CFT decisions (CDSS, 2025c). The CANS is a tool with ratings and a checklist. Through participation in the CANS and CFT Learning Collaborative, it was observed that some child welfare agencies shared that CANS is completed without family engagement or collaboratively within a CFT meeting. Most social workers find it easier to fill out CANS by checking boxes, but less effective in building meaningful case plans. However, implementing CANS in CFTs in a thoughtful, strength-based, collaborative way is more likely to capture appropriate needs and strengths, resulting in better services matching and funding for resources (CDSS, 2025c). Since the CANS assessment will be used to determine service intensity and placement support through TRS, collaborative completion is essential.

This project is necessary because facilitators must process a large volume of information, maintaining flow, managing complex dynamics, de-escalating conflict, and ensuring participation from youth, caregivers, providers, schools, and other system partners all while taking notes and following the conversation for Next Steps. This project would be beneficial to help facilitators translate the CANS tool into conversation and while not requiring the facilitator with additional information to memorize. Without a practical method for discussing assessment domains during CFT meetings, staff may struggle to incorporate family input in real time.

Definition of terms

Child and Adolescent Needs and Strengths (CANS)

A standardized assessment tool used to identify different domains in the youth's behavioral health, life functioning, risk behaviors, cultural factors, strengths, caregiver resources, and needs. The CANS is used throughout the country in various adapted versions. This is the old statewide version.

Integrated Practice-Child and Adolescent Needs and Strengths (IP-CANS)

California's adopted version of the CANS tool, with the addition of potential traumatic/adverse childhood experiences and the childhood module. It is used within California's child welfare system to support collaborative assessment, case planning, and service decision making. The basis of this research.

Child and Family Team (CFT) Meeting

A collaborative meeting process used in child welfare to plan for safety, permanency, and well-being, bringing youth, caregivers, natural support, and professionals together to make shared decisions.

Collaborative Assessment

A practice approach in which assessment information is gathered and interpreted with the participation of youth, caregivers, and team members.

Placing agency

The entity responsible for placing the child/youth in out-of-home care, making case plans, and coordinating services is usually child welfare or probation.

Natural supports

Non-paid individuals in a youth's network (extended family, friends, mentors, community members) who can contribute to planning and support.

Continuum of Care Reform (CCR)

A Statewide child welfare initiative in California designed to increase placement stability, reduce reliance on congregate care, and improve permanency and well-being outcomes for youth.

Integrated Core Practice Model (ICPM)

California's child welfare practice framework that establishes shared values, principles, and expectations for collaborative, family-centered practice.

Children and Youth System of Care

A California initiative that promotes cross-system collaboration across child welfare, behavioral health, education, probation, and community-based organizations to provide coordinated, family-centered services for youth and families.

Tiered Rate Structure (TRS)

A statewide shift towards determining placement support and service reimbursement based on assessed needs and strengths rather than placement type. The TRS is expected to be fully implemented beginning July 1, 2027.

Fidelity

It refers to how closely a program or practice is delivered as it was intended by its developers. Fidelity to the IP-CANS and CFT means the practices meet the timeliness, accuracy, and collaboration standards as delineated in state-issued guidance.

Translation Guide

A real-time facilitation tool developed for this project that converts CANS technical domains into plain-language, strength-focused, and trauma-informed conversational prompts used during CFT meetings.

Indian Child Welfare Act (ICWA)

A federal law that was passed in 1978 to protect the best interests of Native American children and to promote stability and security of tribes and families.

Strength-Based Approach

A practice approach that identifies and builds upon the existing abilities, relationships, and resources of youth and families instead of focusing on the problems.

Trauma-Informed Practice

An approach to service delivery that recognizes the impact of trauma on behavior and functioning and seeks to avoid re-traumatization.

Project Design

This project was conducted with selected staff at the Madera County Department of Social Services, Child Welfare Services division. The purpose of the project was to develop and introduce a CANS-to-CFT Translation Guide designed to support social workers and CFT facilitators in translating CANS domains into strength-based and trauma-informed conversational prompts.

The project involved the development of a one-page, double-sided Translation Guide based on the domains and guiding questions from the State-issued IP-CANS

manual. The domains were reviewed and reworded into family-friendly language to support real-time conversations with youth and caregivers.

A 15-minute PowerPoint presentation (Appendix C) was provided to Child Welfare Services staff to introduce the Translation Guide, explain its purpose, and provide examples of how the questions were translated. Participants completed a brief pre-and post-questionnaire to assess their perceptions of the guide's clarity, usability, and potential use in real-life CFT meetings.

Relevance to Social Work

This project is relevant to the social work profession because it supports core professional values identified in the NASW Code of Ethics, including dignity and worth of the person, the importance of human relationships, client self-determination, and social justice (2021). Child welfare decision-making affects families' lives, and social workers have an ethical responsibility to ensure that families understand and meaningfully participate in planning processes (CDSS, 2024c). Families and youth can experience confusion and a lack of participation when technical language is used by social workers. Having the CANS domains translated into understandable conversational language, the CANS-to-CFT Translation Guide promotes transparency and allows families to actively contribute to identifying needs, strengths, and service goals.

The project supports trauma-informed and strength-based engagement. By providing staff with prompts, it encourages collaborative dialogue to elevate the youths, family, and caregiver voice. This approach supports empowerment by shifting the assessment process to a collaboration and partnership process, which will potentially increase family engagement and shared decision-making.

At the systems level, the State of California now requires collaborative completion of the CANS, as it will be used to determine service intensity and placement

support through the TRS. The translation guide assists staff in implementing collaborative assessment practices, the project supports ethical service delivery, culturally responsive practice, and fidelity to California's ICPM.

Summary

In this chapter, I have introduced the challenges counties face across California, trying to establish a process of implementing the requirement of collaborative completion of CANS through CFT meetings that started on July 1, 2025. As a result, CANS remains disconnected from meaningful case planning, limiting the potential for genuine family-centered decision-making. This project will develop the CANS-to-CFT Translation Guide, evaluate its usability amongst staff, and assess the likelihood of being used in a CFT meeting. The next chapters will show how different implementations and organizations are involved with creating CANS, CFTs, and the different theoretical perspectives to further justify the need for and design of the translation guide.

CHAPTER 2: LITERATURE REVIEW

Introduction

This chapter provides an overview of the frameworks that support collaborations with youth and caregivers. This section also explores gaps between policy and practice and explains the rationale for the development of the CANS-to-CFT Translation Guide.

Continuum of Care Reform

The Continuum of Care Reform (CCR) was signed into legislation on October 11, 2015, by Governor Edmund G. Brown Jr. in response to concerns about outcomes for youth in out-of-home care (CDSS, 2015). The purpose of CCR is to reform California's policy regarding placement and treatment for youth in foster care by focusing on placement stability, reducing congregate care (emergency shelter, group homes, residential treatment facilities, etc.), and reducing the time a youth is in foster care (Metcalf et al., 2022; CDSS, 2015). Two of the fundamental principles of CCR related to CFT's and CANS are "The child, youth, and family's experience and voice is important in assessment, placement and services planning. A process known as a "child and family team," which includes the child, youth, family, and their formal and informal support network will be foundation for ensuring these perspectives are incorporated throughout the duration of the case" and "Agencies serving children and youth including child welfare, probation, mental health, education, and other community service providers need to collaborate effectively to surround the child and family with needed services, resources and supports rather than requiring a child and caregiver to navigate multiple services providers" (CDSS, 2015).

There is also a CCR dashboard where data and reports are available for CANS and CFT meeting completion. The CCR dashboard is intended to ensure fidelity to CANS assessments and CFT completions since it provides a glimpse of the collaboration and

accountability to ensure practice record keeping. The CCR Dashboard is accessible to the public, providing data trends for individual counties and at the state level. (CDSS, 2025a)

The Integrated Core Practice Model and Children, Youth System of Care (ICPM)

The ICPM guides California Youth System of Care (CYSOC) partners with the most current best practices when serving children, youth, and nonminor dependents (NMDs), and families. It all started at the beginning of fall 2019, when a short-term ICPM advisory and review team was formed to evaluate and refine the original practice mode (2018 version) developed by the Child Welfare, probation, and Mental Health experts. The ICPM emphasizes teamwork with parents, youth, tribes, and other natural supports. (CDSS, 2019). The ICPM "emphasizes the importance of healing relationships, nurturing family, parents and caregivers, cultural appropriateness, and timely and accessible services for at-risk children and youth" (CDSS, 2024c; CDSS, 2024a). The goal of the CYSOC is to "limit redundancy and conflict across plans and maximize resources and alignment in planning activities" (CDSS, 2019).

Background on CFT's and CANS

Child Welfare Services (CWS) has had numerous team-based approaches when working with families in the state of California beginning in 1997 (California Department of Social Services [CDSS], 2016). The first ACL 16-84 about CFTs was issued on October 7, 2016. In October 2015, Governor Jerry Brown signed the Assembly Bill (AB) 403, commonly known as the Continuum of Care Reform (CCR) where major changes in California's child welfare system, including the requirement for county placing agencies to implement CFT meetings starting January 1, 2017. Per ACL 16-84, CFT meetings were meant to work with families to ensure that case plans were informed by and reflective of an individual youth and family's needs and strengths. This requirement was

applied to children and youth who came into foster care placement, a group home, probation, and non-minor dependents. Beginning January 1, 2025, CFT Meetings were implemented for voluntary or court-ordered Family maintenance (FM), although some counties had already began implementing CFT Meetings for FM cases (CDSS, 2025b).

The background of CANS is that the assessment tool was previously known as CANS Core 50, which was a one-page score sheet designed for children ages 5 to 21. The CANS tool was initially meant to be administered by mental health clinicians and shared and discussed within the CFT process to guide the conversation. The placing agency was not required to conduct a new CANS but instead consider the one that was used by the mental health clinician. For the children and youth who were in foster care and not receiving mental health services, the placing agency was responsible for completing the CANS tool. If the CANS tool indicated that mental health services were needed, the CANS was to be shared with the referred mental health clinician, allowing them to use that CANS and not require a new one to be completed. The purpose of sharing each others' CANS was to ensure that children and youth are not subject to multiple assessments. In 2018, the State implemented Integrated Practice-Child and Adolescent Needs and Strengths and included assessments for children from birth to 5 years old. (CDSS, 2018; CDSS 2025d)

Table 1

Timelines Between CFT and CANS

Case Event	CFT Requirements	CANS Requirement
Case Opening (VFM and FM)	CFT held before case plan	CANS completed before the case plan
Indian Children	Initial CFT within 30 days	CANS within 30 days
Foster Care Entry	Initial CFT within 60 days	CANS within 60 days
Case Plan Update	CFT before court review	CANS updated before review
STRTP/Intensive Services	CFT every 90 days	Review CANS every 90 days
Case Closure	CFT before closure	Final CANS before closure

Note. The timeline alignment demonstrates that the CANS assessment is intended to occur during the CFT meeting process and not separate from it. (CDSS, 2022)

Overview of CFT Meetings

The CFT meeting gets initiated by the placing agency, either child welfare or probation. That worker or designee is responsible for coordinating with the family and other members identified by the family and youth to initiate a CFT meeting (CDSS, 2016). A CFT is a meeting where individuals who are invested in the youth and family collaborate for the youth and family to succeed (CDSS, 2016; CDSS, 2022b). Such a group can consist of the youth, family members, resource parents, tribal representatives, professionals, natural community support, the county social worker, probation officer, and other individuals identified by the family (CDSS, 2022b; CDSS, 2025a). Having a child/youth participate in a CFT meeting is preferred, especially if the team has determined that the child is age-appropriate. The child(ren)/youth voice must be elicited and prioritized even when a child/youth declines or is unable to be part of the CFT meeting (CDSS, 2021). The facilitator engages participants to work together cooperatively and effectively by utilizing a strength-based and collaborative approach

(CDSS, 2021). The facilitator's role is to ensure the team addresses risk and safety of the children (CDSS, 2021). It is also encouraged to maintain the same facilitator throughout the life of the case to help reduce anxiety for the child/youth and family (CDSS, 2021).

A CFT meeting is required to be held within 60 days of entering into the CWS foster care, every 90 days when a youth is in a Short-Term Residential Therapeutic Program placement, every 6 months for case plan updates, but within 30 days of the next court hearing, and at case closures (CDSS, 2016; CDSS, 2025c). It is encouraged to have CFT meetings at the referral stage when there are imminent risk of removal and a safety plan implemented, for (CDSS, 2021) and required for Family Maintenance (FM) and Voluntary Family Maintenance (VFM) cases (CDSS, 2022a).

During a CFT meeting, the team discusses strengths and challenges to help the family determine resources and goals. The parents and child/youth are first allowed to share their contribution, and then the professionals or other network support members provide their perspective (CDSS, 2021). The intention is that by sharing relevant information, it helps build trust amongst the CFT members, such as family and professionals (CDSS, 2016).

Overview of CANS

The CANS assessment is a standardized assessment tool used nationwide, while the "IP-CANS" is California's adapted version of the CANS tool (Praed Foundation, 2023). CANS is a multi-purpose tool that supports decision-making to a facilitate youth's and parents and/or caregivers' needs and strengths for case planning. The CANS helps identify which child's needs are most important to address in a treatment or service planning purpose. It also helps identify strengths, which can be used as part of the treatment or service plan. The CANS provides a comprehensive summary of information

about family well-being, safety, educational, behavioral, social, and other domains. (Praed Foundation, 2024; CDSS, 2018).

The CANS is completed by a trained and certified care coordinator, case worker, clinician, or other care provider (Praed Foundation, 2024). The certification expires after a year, and annual training is required. The certification is completed after the professional completes training and passes a test case vignette with at least a 0.70 score. (Praed Foundation, 2024)

The IP-CANS Manual/Reference guide states that the CANS should be done collaboratively with the youth, family, and others, such as the resource parent (2024). The CANS rating sheet scores the child's needs in different areas, as well as strengths for the child (0-21), parent, and/or resource parents. The domains in the "Needs" sections include Behavioral/Emotional Needs, Life Functioning, Risk Behaviors, Culture Factors, and Potentially Traumatic/Adverse Childhood Experiences. For children between 0 and 5, challenges and Dynamic Consideration are also assessed. Under each domain, there is a single word/phrase that appears in a list form. The multiple domains represent different areas of a child's functioning, including strengths, emotional and behavioral needs, risk behavior, life functioning, cultural factors, caregiver resources and needs, and potentially traumatic/adverse childhood experience (ACE). Within each domain, there are core items that are rated using a four-level scale and are separated by needs and strengths. The needs rating identifies areas where a child or family may require monitoring, support, or intervention. In the strength's ratings, it identifies protective factors and useful strengths that can be used in case planning. (Praed Foundation, 2024)

All county agencies are required to ensure that there is a collaborative completion of a CANS assessment for all children, youth, and non-minor dependents beginning July 1, 2025 (CDSS, 2025a). The purpose of having the CANS completed is to help prepare for California's new foster care rate called the Tiered Rate Structure (TRS) that goes into

effect July 1, 2027. The CANS is to be used collaboratively through the CFT to determine the foster care rate. (CDSS, 2025c)

For needs items, a rating of 0 indicates no evidence of a need and that no action is required at the time of the assessment. A rating of 1 indicates a need that should be monitored or watched. A rating of 2 reflects a need that requires intervention or support, and a rating of 3 indicates that an immediate or intensive action is needed. The strength items are scored in reverse. A rating of 0 in strengths represents a centerpiece strength that can be used to support planning. A rating of 1 indicates a useful strength that can be built upon. A rating of 2 reflects a strength that is present and identified and can be nurtured, while a rating of 3 shows an absence of that identified strength. The CANS assessment is not a structured interview process but instead completed through a collaborative conversation with the youth, family, and CFT members. (Praed Foundation, 2024)

Tiered Rate Structure

As mentioned previously, the TRS will be the new foster care rate structure that will begin by July 1, 2027. TRS will replace the current rate structure that was implemented in 2017. Unlike the current Level of Care (LOC) rate assessment, the TRS is intended to provide placement support and service reimbursement based on a youth's assessed needs and strengths rather than placement type alone. When using the CANS tool collaboratively and with fidelity, it can provide a more accurate picture of the youth's needs, strengths, level of functioning, and support. It is planned for there to be additional funds for youth to access in order to support and strength-building activities. The children and youth with complex needs will also receive resources for services and interventions. (CDSS, 2025c)

Indian Child Welfare Act (ICWA)

When completing a CANS rating sheet for Indian children, the CANS assessment must reflect the input of the child's tribe and continue to provide active efforts to tribal families. The county agency is to help identify additional strengths of the youth and family from a cultural perspective, identifying family for both placement and support, understanding more about the youth and family history, culture, and community, and identifying culturally appropriate services and supports (CDSS, 2025a). Children who meet ICWA conditions require an initial CANS and CFT completion within 30 days of initial contact with the department (CDSS, 2021; CDSS, 2025a; CDSS, 2022a). The child's Tribe is a required member of the CFT. The tribal representative can participate over the phone, via video conference, or in person (CDSS, 2024d)

Theoretical Perspective

Strength-based and trauma-informed approaches are foundational when working with youth and families involved in child welfare. These approaches closely align with the values of social work practice, including family empowerment, collaboration, cultural responsiveness, and promoting emotional safety during service delivery (CDSS, 2024a).

A strength-based approach shifts the focus from deficits and problems to identifying and building upon the existing capacities, resources, and resilience of youth and their families. This practice recognized that families possess knowledge, abilities, relationships, and experiences that can support positive change, rather than viewing families solely through the lens of risk or dysfunction. It is also "relational" when social workers recognize that families are their experts in their own experiences, and it promotes shared decision-making in service planning. (Lietz, 2011) This approach promotes shared decision-making and encourages social workers to partner with families instead of directing services without their input. Research further demonstrates that when

strength-based approaches are utilized, families are more likely to engage in services, perceive workers as respectful, and demonstrate improved outcomes (Fusco, 2019).

In addition to strength-based practice, trauma-informed care is essential due to the trauma youth are exposed to when involved with child welfare and/or the reason for their involvement. Trauma-informed approach emphasizes creating safety, building trust, and avoiding re-traumatization when engaging with families (Lang et al., 2016; Beck et al., 2022). Beck et al. add that trauma-informed approaches emphasize creating emotional and psychological safety, promoting transparency, building trust, and avoiding re-traumatizing during interactions with youth and families (2022).

At trauma-informed practice is essential when collaborating, like in a CFT meeting, where there are different service providers. Beck explains that this allows a common understanding of the trauma/impact, builds resiliency, reduced system induced trauma for youth and families (2022). Trauma-informed approaches also support resilience-building by recognizing the importance of empathy, emotional safety, and respectful communications throughout the planning process (Beck et al., 2022).

Both theoretical perspectives fit into the CFT meetings, where we want to highlight the strengths of the youth and family by addressing their current needs and hopes (Snyder et al., 2011), all while avoiding causing harm.

Gaps in Practice and Literature

Frameworks such as ICPM and CYSOC highlight the importance of shared decision-making, strength-based approaches, and trauma-informed care when working with families. Policy guidance, such as ACL 25-10, requires that CANS be completed collaboratively within CFT meetings to support transparency and family voice in case planning. Throughout the ACLs and the literature, it describes the importance of family-

centered practice, engagement of families, and collaborative planning, yet there are limited tools for real-time translation.

A key gap identified is the lack of practical tools that support social workers in translating structured assessment tools into meaningful, family-friendly conversations. The literature indicates that while strength-based and trauma-informed approaches are recognized as best practice, they are not always implemented when working with youth and families. Although the State provides guidance through the IP-CANS Manual, including sample questions to support assessment, the language may not always translate easily into strength-based and trauma-informed conversations with families.

Rationale and Goal of the Project

The literature reviewed highlights a consistent emphasis on collaborative, family-centered practice within child welfare systems. Frameworks such as the CYSOC and ICPM promote shared decision-making, strength-based approaches, and trauma-informed care as essential components of effective service delivery with youth and caregivers (CDSS, 2019, CDSS, 2024a, CDSS, 2024c). Additionally, recent policy guidance, including ACL 25-10, reinforces the expectation that the CANS assessment be completed collaboratively within CFT meetings. Despite this expectation, the literature also identifies a gap between policy and practice. While tools such as the CANS are designed to support communication, the structured format and technical language can create challenges when applied in real-time conversation with families, limiting meaningful family engagement.

The literature further suggests that while strength-based and trauma-informed approaches are widely supported, they are not always consistently implemented in practice. The contributing factor is the lack of practical tools that assist social workers in

translating assessment domains into accessible, family-friendly language during interactions with youth and caregivers.

Based on these findings, the rationale for this project is to address the gap by developing a practical, user-friendly tool that supports the translation of CANS domains into conversation prompts. The goal of the project is to create a CANS-to-CFT Translation Guide that helps social workers and CFT facilitators engage families, ultimately supporting more collaborative and meaningful case planning.

Conclusion

This chapter reviewed the literature related to collaborative and family-centered practices within child welfare, including the use of the CANS assessment and CFT meetings. The literature highlights the importance of collaboration, shared decision-making, and the use of strength-based and trauma-informed approaches when working with youth and families. There was a gap between policy and practice.

Based on these findings, there is a clear need for practical tools that support social workers in translating assessment language into accessible, family-friendly conversations. The development of the CANS-to-CFT Translation Guide is intended to address this gap by providing a resource that supports strength-based and trauma-informed communication during CFT meetings. The following chapter will provide a project description, its implementation, and the outcomes associated with the development of the Translation Guide.

CHAPTER 3: REFLECTIONS, CONCLUSIONS, AND RECOMMENDATIONS

This chapter describes the design and implementation of the CANS-to-CFT Translation Guide as part of the Master of Social Work project. This chapter outlines the project description, how it was developed, the project setting, participants, findings, challenges, reflections, implications for social work practice, and recommendations.

Project Description

This project developed a CANS-to-CFT Translation Guide designed to support the integration of the CANS assessment into the CFT meetings within Madera County Child Welfare Services. The guide was created as a facilitation method for using assessment collaboratively in a CFT environment. The translation guide is a double-sided quick reference document organized by the CANS domains, including strengths, emotional and behavioral needs, life functioning, risk behaviors, cultural factors, caregiver resources/needs, traumatic experiences, and domains for birth to 5 years of age. Each domain is paired with strength-based, trauma-informed prompts written in family-friendly language. The guide organizes CANS domains into simplified, family-friendly questions that promote engagement, encourage participation, and support collaborative discussion. The prompts were intentionally written using open-ended, non-judgmental, and conversational language to align with trauma-informed and strength-based principles.

The questions included in the CANS-to-CFT Translations Guide were developed using the State of California IP-CANS Manual/Reference Guide as a foundation. The manual provides sample prompts intended to guide the assessment; however, many of these prompts are written in clinical language. For this project, the questions in the States' Manual/Reference Guide were reviewed and reworded into strength-based and trauma-informed conversational prompts. The goal was to translate questions into

language that is more accessible, respectful, and appropriate for real-time discussion with youth and families during CFT meetings.

Project Implementation

As part of the project implementation, a 15-minute presentation was conducted within the Madera County Department of Social Services, Child Welfare Services division. The purpose of the presentation was to introduce the translation Guide, explain its intended use, and demonstrate how assessment language can be translated into more natural and supportive conversations with families. The Department agreed to allow staff who are curretnly CANS certified to take part in the presentation. Although nine staff members were expected to attend, three participants were present for the presentation. The participants consisted of two social workers, one of whom is a CFT facilitator, and a program manager. During the session, participants were provided an overview of the guide, examples of translated questions, and an explanation of how the guide supports strength-based and trauma-informed practice. A pre-and post-questionnaire was administered to gather feedback regarding clarity, usability, and perceived usefulness of the tool.

The project did not involve direct interaction with youth or families and was limited to staff feedback regarding the guide's clarity, usability, and potential impact on practice. Staff participation was voluntary, and no incentives were provided.

Discovery

This project supports existing knowledge in child welfare that emphasizes the importance of family engagement, strength-based practice, and trauma-informed care. The development of the translation guide highlighted the challenge of translating structured assessment tools, such as the CANS, into meaningful, real-time conversations

with families. It also reinforces the importance of reducing clinical language and promoting emotional safety during discussions.

Findings from the project suggest that even when staff are familiar with assessment tools, there remains a need for practical strategies to support how information is communicated. This aligns with the literature indicating that strength-based practices are not always consistently implemented in practice despite being widely recognized as best practice (Lietz, 2011).

At the mezzo level, this project provides insight into how small, practical tools can support staff readiness and confidence when preparing for new policy expectations, such as collaborative CANS implementation. At the micro level, the guide supports improved communications between social workers and families by encouraging more respectful and accessible dialogue.

Additionally, this project was recognized in a CANS/CFT Learning Collaborative that is facilitated by UC Davis Northern Academy in partnership with the California Department of Social Services when the CANS-to-CFT Translation Guide was featured in a resource-sharing platform on March 11, 2026. The guide was accessible to professionals engaged in CANS and CFT implementation. This demonstrates that the need for translating assessment language into family-friendly conversation extends beyond a single agency and reflects a broader practice need within child welfare systems. Having the guide included in a professional collaborative space further supports its relevance and potential usage across counties working towards collaborative CANS implementation.

Conclusion

The results of this project suggest that the CANS-to-CFT Translation Guide is a clear, usable, and potentially helpful resource for staff. Participants responded positively

to the guide, indicating that it was easy to understand and aligned with strength-based and trauma-informed approaches. The project demonstrates that tools designed to simplify and translate assessment language may improve staff preparedness and confidence when discussing complex topics with families. Although the guide was not implemented in a live CFT meeting, the feedback indicates that staff perceive value in having a tool to support conversations. Based on the findings, the CANS-to-CFT Translation Guide has the potential to support future implementation of collaborative CANS practices.

Supporting Data

Data for this project was collected through pre-and post-questionnaires completed by three child welfare services staff participants. The questionnaires consisted of Likert-scale questions to assess participants' perceptions regarding the clarity, usability, and potential application of the translation guide. At the same time, assess their perceptions of the importance of strength-based and trauma-informed approaches when working with families. The questionnaires are included in Appendix D and Appendix E.

Pre-Questionnaire Findings

The pre-questionnaire results (Appendix F) showed that participants demonstrated general agreement with the importance of family-centered communication and the need for supportive tools when discussing assessment with families. When asking if examples of conversational prompts could be helpful when discussing assessment topics with families, 33.3% neutral, while 66.7% strongly agreed. This demonstrates that participants generally recognize potential challenges in translating technical assessment language into family-friendly conversations.

The pre-questionnaire responses also reflect an overall openness toward practical tools that could support strength-based and trauma-informed engagement with families, 33.3% agreed and 66.7% strongly agreed. This aligned with the purpose of the project,

which was to develop a guide that supports social workers in discussing structured assessment domains more conversationally and collaboratively.

Post-Questionnaire Findings

Post-questionnaire results (Appendix G) indicated strong positive feedback regarding the Translation Guide. All three participants strongly agreed that the guide was clear and easy to understand, that the guide translated domains into family-friendly conversations, it supported strength-based and trauma-informed discussions, and felt more prepared to discuss CANS topics with families.

Additionally, 66.7% indicated that they would strongly agree to consider using the guide in future practice, 33.3% were neutral. This response suggested that staff viewed the guide as a potentially valuable support tool for future implementation efforts, even in a setting where collaborative CANS has not yet been implemented.

Overall, the findings suggest that the CANS-to-CFT Translation Guide was well received by participants and may help support staff with being prepared, family engagement, strength-based, and trauma-informed communications during future collaborative CANS in CFT meetings. It also adds the need for implementation tools that help in future policy expectations, like collaborative CANS in CFT meetings.

Project Challenges

Several challenges were encountered during the implementation of this project. One challenge involved limited participation, as only three staff members attended the presentation despite more being expected. The department also limited the participants to selective staff who had an active CANS certification. This had an impact of the amount of feedback collected and limited the diversity of perspectives and the project findings.

Another challenge relates to the timing of the project. At the time of the presentation, Madera County had not yet implemented collaborative CANS discussion

within CFT meetings. As a result, participants were being introduced to a tool designed to support a practice that is still in the early stages of implementation. This limited the ability to evaluate how the Translation Guide would function in a real-time CFT meetings.

Additionally, there were organizational considerations related to how the project might be perceived, particularly regarding concerns that the presentation could be interpreted as identifying gaps in current practice. To address this, the project was carefully framed as a voluntary support tool intended for future use, rather than a critique or evaluation of existing practices.

Despite these challenges, the project was successfully implemented, and participants provided meaningful feedback indicating that the Translation Guide was clear, practical, and aligned with strength-based and trauma-informed approaches.

Reflections

This project provided valuable learning experiences both professionally and personally. Through the development of the CANS-to-CFT Translation Guide, a deeper understanding of the complexities involved in implementing policy changes within the child welfare system.

One key reflection is the importance of how ideas are introduced within an organization. Presenting the guide as a supportive tool rather than a change in practice was critical in gaining acceptance and reducing resistance. The experience demonstrated that implementation efforts are often more successful when staff understand that tools are intended to support practice rather than evaluate performance.

Another important reflection involved the broader challenge of cross-system collaboration between CWS and Behavioral Health. Current state guidance emphasizes that Behavioral Health Plans and placing agencies are expected to share completed

CANS assessments to support collaborative planning, avoid duplication of assessment, and improve coordination of care (CDSS, 2018). However, this information sharing is not implemented within child welfare services and behavioral health in Madera County. Perhaps the upcoming collaborative process may help bridge communication gaps across the system and improve consistency in family-centered practice.

Additionally, the feedback received from staff shows that staff often need practical tools to apply new policies and practices in real settings. Although social workers are familiar with CANS, translating the technical language into strength-based and trauma-informed conversations during live CFT meetings can feel challenging. With a small sample of participants, it was decided that most seek practical guidance on how to apply policy expectations in real-time interaction with youth and families.

Implications for Social Work Practice

The project highlights the importance of translating assessment tools into accessible, family-friendly language to support meaningful engagement with youth and caregivers. It also reinforces the value of strength-based and trauma-informed approaches. When social workers use language that is respectful and non-judgmental, it can promote trust, increase participation, and support more collaborative decision-making with families (Lang et al., 2016; Lietz, 2011).

Recommendations

Based on the findings and experiences from this project, several recommendations are offered for social work practice and future implementation efforts. First, the CANS-to-CFT Translation Guide may benefit from further pilot testing with a larger group of staff, including implementation during CFT meetings once collaborative CANS practices are in place. Expanding participation would allow for a broader evaluation of the guide's usability, clarity, and effectiveness within a CFT meeting.

Second, it appears from the pre-and post-questionnaire that agencies should be encouraged to develop practical job aids that support the integration of policy into practice. Tools such as the CANS-to-CFT Translation Guide can support staff in engaging with families positively.

Third, it would be beneficial for agencies to give staff the opportunity to provide feedback when introducing new tools or practices. It was beneficial when reviewing the feedback for the staff, and if additional time was possible, a revision of the Translation Guide would be made for best practice.

Additionally, future implementation efforts may benefit from increased collaboration and communication between child welfare services and behavioral health regarding sharing the CANS assessment. The current ACL 25-71 continues to encourage both agencies to share the completed CANS assessment to reduce duplication and increase family engagement.

Finally, future research may explore the impact of translation tools on family engagement, case planning outcomes, and service delivery in agencies where collaborative assessments are fully implemented. Including how strength-based and trauma-informed communication strategies influence youth and caregiver participation during collaboration assessment and planning processes.

Summary

In summary, the CANS-to-CFT Translation Guide project demonstrated the value of developing a practical, user-friendly tool to support social work practice. While the project was introduced on a small scale, the feedback received indicates that the guide is clear, relevant, and aligned with strength-based and trauma-informed approaches. This project contributes to the ongoing efforts as the child welfare system continues to move towards collaborative CANS in CFT meetings.

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APPENDICES

APPENDIX A: INTEGRATED PRACTICE-CHILD AND ADOLESCENT NEEDS AND STRENGTHS ASSESSMENT

CALIFORNIA INTEGRATED PRACTICE—CHILD AND ADOLESCENT NEEDS AND STRENGTHS **CA IP-CANS**

Child's Name:		DOB:	Gender:	Race/Ethnicity:	
Caregiver(s):		Form Status: ☐ Initial	☐ Reassessment	☐ Discharge	
		Case Name:			
		Case Number:			
Assessor:		Date of Assessment (dd/mm/yyyy)			

BEHAVIORAL/EMOTIONAL NEEDS DOMAIN

0 = No evidence
1 = History or suspicion; monitor
2 = Interferes with functioning; action needed
3 = Disabling, dangerous; immediate or intensive action needed

	0	1	2	3
1. Psychosis (Thought Disorder)	☐	☐	☐	☐
2. Impulsivity/Hyperactivity	☐	☐	☐	☐
3. Depression	☐	☐	☐	☐
4. Anxiety	☐	☐	☐	☐
5. Oppositional	☐	☐	☐	☐
6. Conduct	☐	☐	☐	☐
7. Anger Control	☐	☐	☐	☐
8. Substance Use	☐	☐	☐	☐
9. Adjustment to Trauma	☐	☐	☐	☐

LIFE FUNCTIONING DOMAIN

0 = No evidence
1 = History or suspicion; monitor
2 = Interferes with functioning; action needed
3 = Disabling, dangerous; immediate or intensive action needed

	0	1	2	3
10. Family Functioning	☐	☐	☐	☐
11. Living Situation	☐	☐	☐	☐
12. Social Functioning	☐	☐	☐	☐
13. Developmental/Intellectual	☐	☐	☐	☐
14. Decision Making	☐	☐	☐	☐
15. School Behavior	☐	☐	☐	☐
16. School Achievement	☐	☐	☐	☐
17. School Attendance	☐	☐	☐	☐
18. Medical/Physical	☐	☐	☐	☐
19. Sexual Development	☐	☐	☐	☐
20. Sleep	☐	☐	☐	☐

RISK BEHAVIORS

0 = No evidence
1 = History or suspicion; monitor
2 = Interferes with functioning; action needed
3 = Disabling, dangerous; immediate or intensive action needed

	0	1	2	3
21. Suicide Risk	☐	☐	☐	☐
22. Non-Suicidal Self-Injurious Behavior	☐	☐	☐	☐
23. Other Self-Harm (Recklessness)	☐	☐	☐	☐
24. Danger to Others	☐	☐	☐	☐
25. Sexual Aggression	☐	☐	☐	☐
26. Delinquent Behavior	☐	☐	☐	☐
27. Runaway	☐	☐	☐	☐
28. Intentional Misbehavior	☐	☐	☐	☐

CULTURAL FACTORS DOMAIN

0 = No evidence
1 = History or suspicion; monitor
2 = Interferes with functioning; action needed
3 = Disabling, dangerous; immediate or intensive action needed

	0	1	2	3
29. Language	☐	☐	☐	☐
30. Traditions and Rituals	☐	☐	☐	☐
31. Cultural Stress	☐	☐	☐	☐

STRENGTHS DOMAIN

0 = Centerpiece strength
1 = Useful strength
2 = Identified strength
3 = No evidence

	0	1	2	3
32. Family Strengths	☐	☐	☐	☐
33. Interpersonal	☐	☐	☐	☐
34. Educational Setting	☐	☐	☐	☐
35. Talents and Interests	☐	☐	☐	☐
36. Spiritual/Religious	☐	☐	☐	☐
37. Cultural Identity	☐	☐	☐	☐
38. Community Life	☐	☐	☐	☐
39. Natural Supports	☐	☐	☐	☐
40. Resiliency	☐	☐	☐	☐

☐ Youth has no known caregiver. Skip Caregiver Resources and Needs Domain.

CAREGIVER RESOURCES AND NEEDS

A. Caregiver Name:
Relationship:

0 = No evidence; this could be a strength
1 = History or suspicion; monitor; may be an opportunity to build
2 = Interferes with functioning; action needed
3 = Disabling, dangerous; immediate or intensive action needed

	0	1	2	3
41a. Supervision	☐	☐	☐	☐
42a. Involvement with Care	☐	☐	☐	☐
43a. Knowledge	☐	☐	☐	☐
44a. Social Resources	☐	☐	☐	☐
45a. Residential Stability	☐	☐	☐	☐
46a. Medical/Physical	☐	☐	☐	☐
47a. Mental Health	☐	☐	☐	☐
48a. Substance Use	☐	☐	☐	☐
49a. Developmental	☐	☐	☐	☐
50a. Safety	☐	☐	☐	☐

CAREGIVER RESOURCES AND NEEDS

B. Caregiver Name:

Relationship:

0 = No evidence; this could be a strength
1 = History or suspicion; monitor; may be an opportunity to build
2 = Interferes with functioning; action needed
3 = Disabling, dangerous; immediate or intensive action needed

	0	1	2	3
41b. Supervision				
42b. Involvement with Care				
43b. Knowledge				
44b. Social Resources				
45b. Residential Stability				
46b. Medical/Physical				
47b. Mental Health				
48b. Substance Use				
49b. Developmental				
50b. Safety				

CAREGIVER RESOURCES AND NEEDS

D. Caregiver Name:

Relationship:

0 = No evidence; this could be a strength
1 = History or suspicion; monitor; may be an opportunity to build
2 = Interferes with functioning; action needed
3 = Disabling, dangerous; immediate or intensive action needed

	0	1	2	3
41d. Supervision				
42d. Involvement with Care				
43d. Knowledge				
44d. Social Resources				
45d. Residential Stability				
46d. Medical/Physical				
47d. Mental Health				
48d. Substance Use				
49d. Developmental				
50d. Safety				

CAREGIVER RESOURCES AND NEEDS

C. Caregiver Name:

Relationship:

0 = No evidence; this could be a strength
1 = History or suspicion; monitor; may be an opportunity to build
2 = Interferes with functioning; action needed
3 = Disabling, dangerous; immediate or intensive action needed

	0	1	2	3
41c. Supervision				
42c. Involvement with Care				
43c. Knowledge				
44c. Social Resources				
45c. Residential Stability				
46c. Medical/Physical				
47c. Mental Health				
48c. Substance Use				
49c. Developmental				
50c. Safety				

POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERS.

NO = No evidence of any trauma of this type.
YES = Exposure/experienced a trauma of this type.

	NO	YES
T1. Sexual Abuse		
T2. Physical Abuse		
T3. Emotional Abuse		
T4. Neglect		
T5. Medical Trauma		
T6. Witness to Family Violence		

POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERS.

NO = No evidence of any trauma of this type.
YES = Exposure/experienced a trauma of this type.

	NO	YES
T7. Witness to Community/School Violence		
T8. Natural or Manmade Disaster		
T9. War/Terrorism Affected		
T10. Victim/Witness to Criminal Activity		
T11. Disruption in Caregiving/Attachmnt Losses		
T12. Parental Criminal Behaviors		

EARLY CHILDHOOD MODULE

This section is to be completed when the child is birth to 5 years old. The Potentially Traumatic/Adverse Childhood Experiences (#T1-T12 below) must also be completed for this age group. This section can also be completed for youth of any age who are experiencing developmental challenges.

POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERS.

NO =no evidence
YES = Exposure/experienced a trauma of this type.

	NO	YES
T1. Sexual Abuse	☐	☐
T2. Physical Abuse	☐	☐
T3. Emotional Abuse	☐	☐
T4. Neglect	☐	☐
T5. Medical Trauma	☐	☐
T6. Witness to Family Violence	☐	☐
T7. Witness to Community/School Violence	☐	☐
T8. Natural or Manmade Disaster	☐	☐
T9. War/Terrorism Affected	☐	☐
T10. Victim/Witness to Criminal Activity	☐	☐
T11. Disruption in Caregiving/Attachmnt Losses	☐	☐
T12. Parental Criminal Behaviors	☐	☐

CHALLENGES

0 = No evidence
1 = History or suspicion; monitor
2 = Interferes with functioning; action needed
3 = Disabling, dangerous; immediate or intensive action needed

	0	1	2	3
EC1. Impulsivity/Hyperactivity	☐	☐	☐	☐
EC2. Depression	☐	☐	☐	☐
EC3. Anxiety	☐	☐	☐	☐
EC4. Oppositional	☐	☐	☐	☐
EC5. Attachment Difficulties	☐	☐	☐	☐
EC6. Adjustment to Trauma	☐	☐	☐	☐
EC7. Regulatory	☐	☐	☐	☐
EC8. Atypical Behaviors	☐	☐	☐	☐
EC9. Sleep (12 months to 5 years old)	☐	☐	☐	☐

FUNCTIONING

0 = No evidence
1 = History or suspicion; monitor
2 = Interferes with functioning; action needed
3 = Disabling, dangerous; immediate or intensive action needed

	0	1	2	3
EC10. Family Functioning	☐	☐	☐	☐
EC11. Early Education	☐	☐	☐	☐
EC12. Social and Emotional Functioning	☐	☐	☐	☐
EC13. Developmental/Intellectual	☐	☐	☐	☐
EC14. Medical/Physical	☐	☐	☐	☐

RISK BEHAVIORS & FACTORS

0 = No evidence
1 = History or suspicion; monitor
2 = Interferes with functioning; action needed
3 = Disabling, dangerous; immediate or intensive action needed

	0	1	2	3
EC15. Self-Harm (12 months to 5 years old)	☐	☐	☐	☐
EC16. Exploited	☐	☐	☐	☐
EC17. Prenatal Care	☐	☐	☐	☐
EC18. Exposure	☐	☐	☐	☐
EC19. Labor and Delivery	☐	☐	☐	☐
EC20. Birth Weight	☐	☐	☐	☐
EC21. Failure to Thrive	☐	☐	☐	☐

CULTURAL FACTORS

0 = No evidence
1 = History or suspicion; monitor
2 = Interferes with functioning; action needed
3 = Disabling, dangerous; immediate or intensive action needed

	0	1	2	3
EC22. Language	☐	☐	☐	☐
EC23. Traditions and Rituals	☐	☐	☐	☐
EC24. Cultural Stress	☐	☐	☐	☐

STRENGTHS

0 = Centerpiece strength
1 = Useful strength
2 = Identified strength
3 = No evidence

	0	1	2	3
EC25. Family Strengths	☐	☐	☐	☐
EC26. Interpersonal	☐	☐	☐	☐
EC27. Natural Supports	☐	☐	☐	☐
EC28. Resiliency (Persist. & Adaptability)	☐	☐	☐	☐
EC29. Relationships Permanence	☐	☐	☐	☐
EC30. Playfulness	☐	☐	☐	☐
EC31. Family Spiritual/Religious	☐	☐	☐	☐

DYADIC CONSIDERATIONS

0 = No evidence
1 = History or suspicion; monitor
2 = Interferes with functioning; action needed
3 = Disabling, dangerous; immediate or intensive action needed

	0	1	2	3
EC32. Caregiver Emot. Responsiveness	☐	☐	☐	☐
EC33. Caregiver Adj. to Traumatic Exper.	☐	☐	☐	☐

☐ Child has no known caregiver. Skip Caregiver Resources and Needs Domain.

CAREGIVER RESOURCES AND NEEDS

A. Caregiver Name:

Relationship:

0 = No evidence; this could be a strength
1 = History or suspicion; monitor; may be an opportunity to build
2 = Interferes with functioning; action needed
3 = Disabling, dangerous; immediate or intensive action needed

	0	1	2	3
EC34a. Supervision				
EC35a. Involvement with Care				
EC36a. Knowledge				
EC37a. Social Resources				
EC38a. Residential Stability				
EC39a. Medical/Physical				
EC40a. Mental Health				
EC41a. Substance Use				
EC42a. Developmental				
EC43a. Safety				
EC44a. Family Rel. to the System				
EC45a. Legal Involvement				
EC46a. Organization				

CAREGIVER RESOURCES AND NEEDS

C. Caregiver Name:

Relationship:

0 = No evidence; this could be a strength
1 = History or suspicion; monitor; may be an opportunity to build
2 = Interferes with functioning; action needed
3 = Disabling, dangerous; immediate or intensive action needed

	0	1	2	3
EC34c. Supervision				
EC35c. Involvement with Care				
EC36c. Knowledge				
EC37c. Social Resources				
EC38c. Residential Stability				
EC39c. Medical/Physical				
EC40c. Mental Health				
EC41c. Substance Use				
EC42c. Developmental				
EC43c. Safety				
EC44c. Family Rel. to the System				
EC45c. Legal Involvement				
EC46c. Organization				

CAREGIVER RESOURCES AND NEEDS

B. Caregiver Name:

Relationship:

0 = No evidence; this could be a strength
1 = History or suspicion; monitor; may be an opportunity to build
2 = Interferes with functioning; action needed
3 = Disabling, dangerous; immediate or intensive action needed

	0	1	2	3
EC34b. Supervision				
EC35b. Involvement with Care				
EC36b. Knowledge				
EC37b. Social Resources				
EC38b. Residential Stability				
EC39b. Medical/Physical				
EC40b. Mental Health				
EC41b. Substance Use				
EC42b. Developmental				
EC43b. Safety				
EC44b. Family Rel. to the System				
EC45b. Legal Involvement				
EC46b. Organization				

CAREGIVER RESOURCES AND NEEDS

D. Caregiver Name:

Relationship:

0 = No evidence; this could be a strength
1 = History or suspicion; monitor; may be an opportunity to build
2 = Interferes with functioning; action needed
3 = Disabling, dangerous; immediate or intensive action needed

	0	1	2	3
EC34d. Supervision				
EC35d. Involvement with Care				
EC36d. Knowledge				
EC37d. Social Resources				
EC38d. Residential Stability				
EC39d. Medical/Physical				
EC40d. Mental Health				
EC41d. Substance Use				
EC42d. Developmental				
EC43d. Safety				
EC44d. Family Rel. to the System				
EC45d. Legal Involvement				
EC46d. Organization				

APPENDIX B: CANS-TO-CFT TRANSLATION GUIDE

CANS-TO-CFT TRANSLATION GUIDE

BEHAVIORAL/EMOTIONAL NEEDS

·Has your child ever talked about seeing or hearing things that others might not notice?
·When your child gets upset or excited, how easy or hard is it for them to calm their body or words?
·How has your child's mood been lately?
·What kind of things make the child worry or nervous?
·When adults set limits, how does the child usually respond?
·Has the child ever hurt others or broken serious rules?
·How has the child show anger or frustration?
·After difficult or scary experiences, how has the child coped?

RISK BEHAVIORS

·Have there been times your child has tried to hurt themselves when they were very upset or overwhelmed?
·Are there times your child makes quick decisions before thinking about what might happen next?
·Have there ever been concerns about your child crossing personal boundaries with others?
·Has there ever been concerns about the child acting in sexually aggressive ways toward another child?
·Has the child broken any laws (even if the child has not been charged or caught)?
·Has the child ever left home or school without permission?
·Has your child had any school discipline such as office referrals or suspensions?

CULTURAL DOMAIN

·Are there cultural, religious, or family traditions that are important to your child?
·Have there been any stressors related to culture, identity, or community that affect your family?

LIFE FUNCTIONING

·How are things going between family members at home?
·How does the child usually interact in social setting?
·How has the child been doing with learning, growing, and meeting milestones for their age?
·How does the child handle decisions and responsibilities?
·As your child grows, have there been any questions or concerns about body boundaries, privacy, or relationships?

STRENGTHS DOMAIN

·Who in the family does the child feel closest to?
·Is there an adult in the family or community who really looks out for the child?
·How does the child make and keep friends?
·How has communication with the school been?
·How does your child feel about going to school?
·What does your child enjoy doing when they have free time?
·Is the family involved with any religious community? Is the child/youth involved?
·Are there spiritual, faith, or community traditions that are important for the family?
·Is the child involved in sports, clubs, programs, or groups in the community?
·If your child is having a hard day, who would they reach out to?
·What are you most proud of about the child?
·When your child faces a challenge, what helps them get through it?

CAREGIVER RESOURCES/NEEDS

·In what ways have the caregivers been able to participate with services for the child?
·Do caregivers feel they have clear information about the child's needs and services?
·Who supports you as a caregiver when things feel stressful?
·Do you feel your current living situation is working for you?
·Do you expect any changes in housing or living arrangements soon?
·Are there any health concerns that make daily parenting tasks harder right now?
· Have there been any emotional or personal challenges, such as mental health or substance use?
·What plans already help keep your child safe?

CANS-TO-CFT TRANSLATION GUIDE

BIRTH TO 5 YEARS OLD AND TRAUMATIC/ACE

EARLY CHILDHOOD MODULE

-How does the child usually show big feelings like frustration, fear, or excitement?
-Does the child have trouble sitting still or waiting?
-Are there behaviors that seem unusual or difficult to understand for their age?
-Does the child's growth and development seem age appropriate?
-How are sleep routines going?
-How is the child doing at daycare or preschool?
-How does the child interact with other children?
-Are there any developmental or health concerns?
-During pregnancy or birth, were there any health concerns doctors talked with you about?
-How is the child's growth, weight gain, and eating habbits been?
-Does the child hear or speak a language other than English at home?
-What are some things your child enjoys and makes them smile or laugh?
-Who are the people the child feels safest and most connected to?
-Who supports the caregiver when parenting feels stressful?
-What are some moments you and your child really enjoy together?
-How do you usually know what your child is feeling?
-What seems to work best for soothing or reassuring them?

POTENTIALLY TRAUMATIC/ACE

-Has the child ever shared concerns about someone touching them in a way that made them feel uncomfortable or unsafe?
-How do you usually handle behavior or discipline at home?
-How do family members communicate when someone is upset or frustrated?
-Who usually keeps an eye on your child during the day and evenings?
-How are things going with daily needs like meals, clothing, and housing?
-Have there been any recent medical emergencies or hospital visits the team should know about?
-When disagreements happen at home, how do they usually look?
-Has the child seen or been around violence or unsafe situations at school or in the community?
-Has the child experienced any events like accidents, fires, disasters, or emergencies.
-Has your child or family ever lived in or fled from unsafe conditions, violence, or conflict in another place or country?
-Has the child been exposed to unsafe or illegal activities where they live or spend time?
-Has the child ever had to live away from you or another primary caregiver?
-Have there been times when a family member was away from the home due to legal or court involvement?

FOR NEEDS

0 Nothing needed right now.

1 We need to keep an eye on this.

2 We need help with this.

3 We need help with this right now and/or intensive services and support!

FOR STRENGTHS

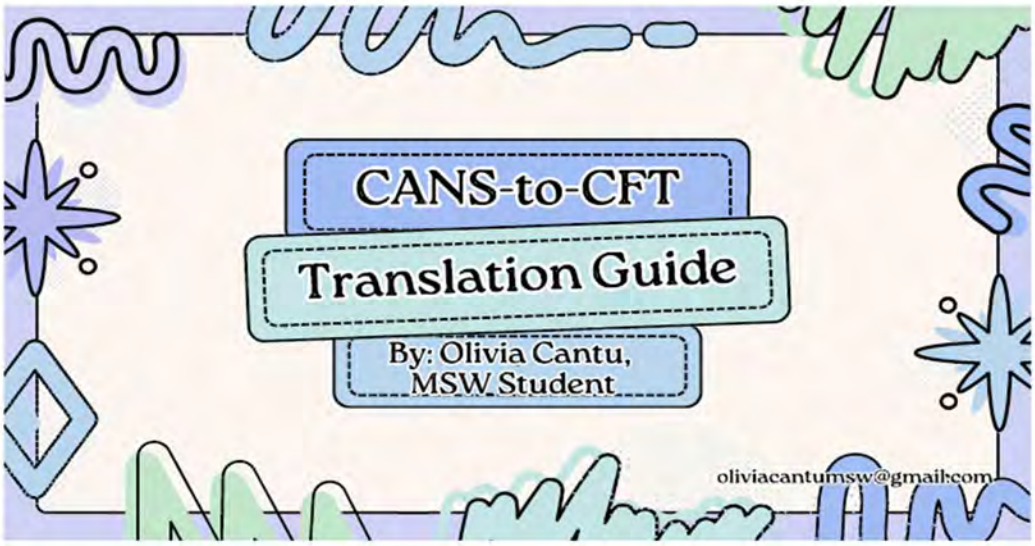
0 Core strength to support child & family!

1 Useful strength to build and grow.

2 Potentially useful strength one day. Think about how to nurture.

3 Maybe a future strength.

APPENDIX C: CANS-TO-CFT TRANSLATION GUIDE POWERPOINT PRESENTATION



Overview

- Introduction of the CANS-to-CFT Translation Guide
- Developed as part of MSW project
- Voluntary tool for staff
- Desgined to support family-friendly conversations
- Pre-Post questionnaire

oliviacantumsw@gmail.com

Feedback Questionnaire

Pre-Post Questionnaire

- Short anonymous questionnaire
- Helps evaluate the usefulness of the guide
- Used for MSW project evaluation

Pre-Questionnaire

oliviacantumsw@gmail.com

Why This Tool Was Created

- IP-CANS includes structured domains and rating scores
- Some assessment language can be technical
- Families may benefit from plain-language discussion
- The Guide helps translate domains into conversation

oliviacantumsw@gmail.com

What the Translation Guide Is

01 **One-page reference tool**

02 **Converts IP-CANS domains into conversational prompts**

03 **Strength-based and trama-informed**

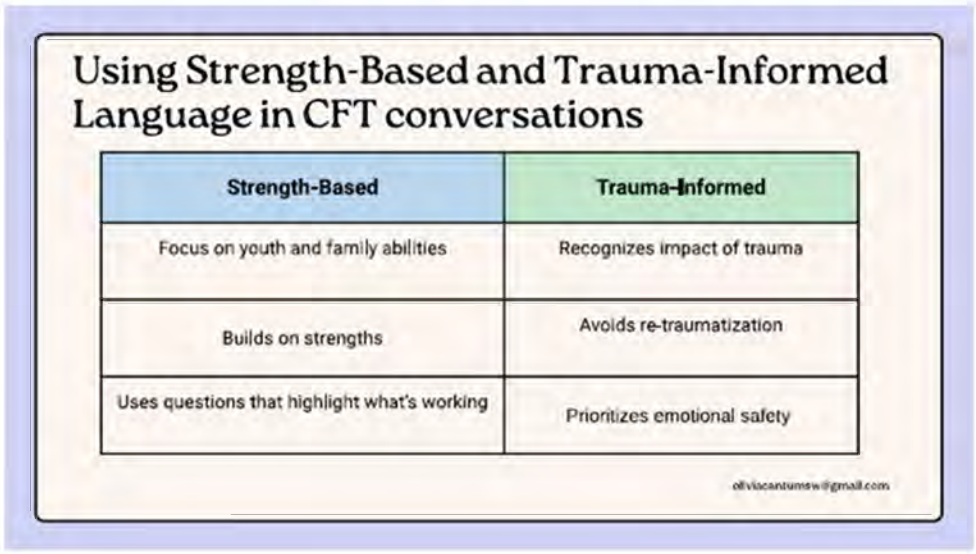
04 **Optional facilitation support**

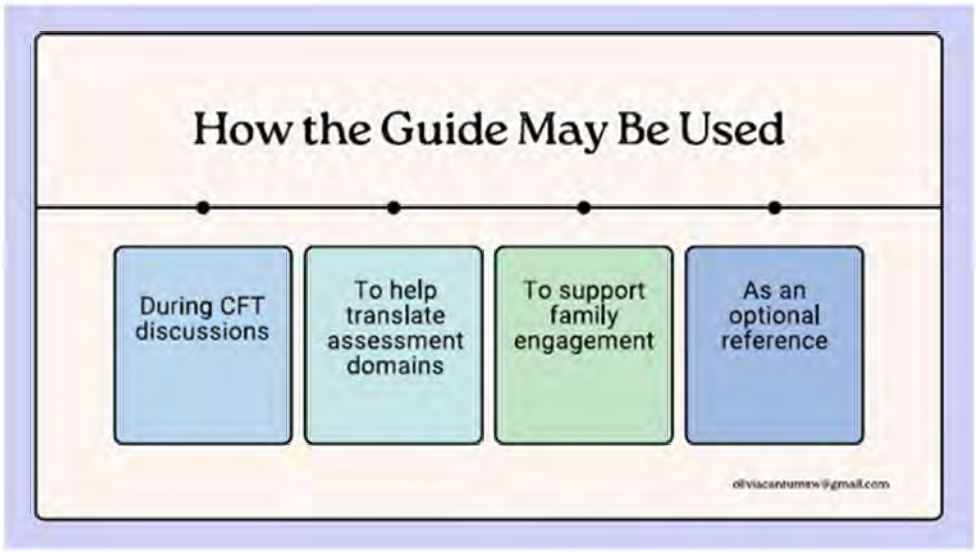
oliviacantumsw@gmail.com

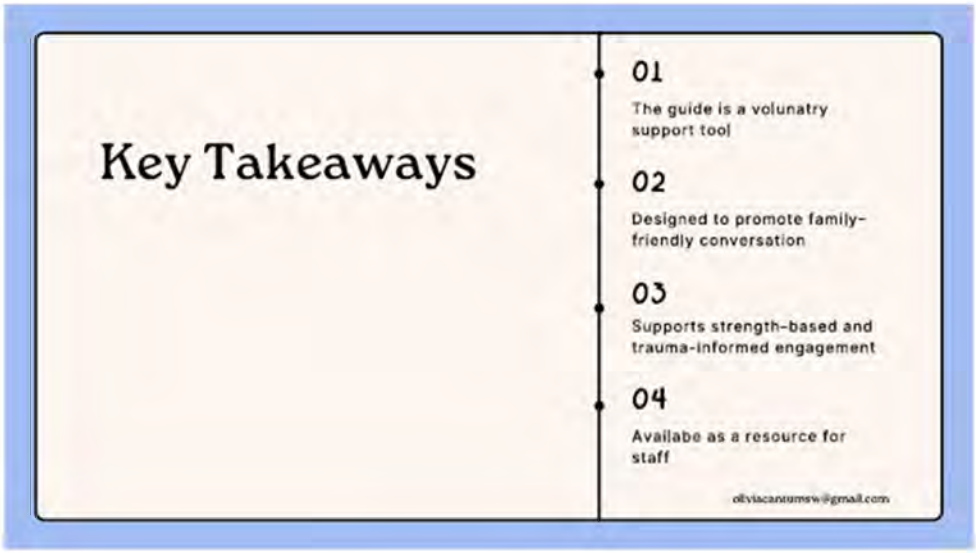
Using Strength-Based and Trauma-Informed Language in CFT conversations

Domain	The State's Manual/Reference Guide	CANS-to-CFT Translation Guide
Behavioral Needs	Does the child/youth have problems with anxiety or fearfulness?	What kinds of things make your child worry or nervous?
Life Functioning	Is there conflict in the family relationship that requires resolution?	How are things going between family members at home?
Potentially Traumatic	Has the child disclosed sexual abuse?	Has the child ever shared concerns about someone touching them in a way that mde them feel uncomfortable or unsafe?

oliviacantumsw@gmail.com


Using Strength-Based and Trauma-Informed Language in CFT conversations
Strength-Based
Trauma-Informed
Focus on youth and family abilities
Recognizes impact of trauma
Builds on strengths
Avoids re-traumatization
Uses questions that highlight what's working
Prioritizes emotional safety
oliviacantumsw@gmail.com


How the Guide May Be Used
During CFT discussions
To help translate assessment domains
To support family engagement
As an optional reference
oliviacantumsw@gmail.com


Key Takeaways
01
The guide is a volunatry support tool
02
Designed to promote family-friendly conversation
03
Supports strength-based and trauma-informed engagement
04
Availabe as a resource for staff
oliviacantumsw@gmail.com


Post-Questionnaire
oliviacantumsw@gmail.com


Thank you
very much!
References
oliviacantumsw@gmail.com

APPENDIX D: PRE-QUESTIONNAIRE OF CANS TO CFT TRANSLATION GUIDE

CANS-TO-CFT TRANSLATION GUIDE

Pre-Questionnaire
Presenter: Olivia Cantu

Please carefully read each statement.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I am familiar with the purpose of the IP-CANS assessment tool.	☐	☐	☐	☐	☐
Translation assessment language into family-friendly conversations can support engagement with families.	☐	☐	☐	☐	☐
Having examples of conversational prompts could be helpful when discussing assessment topics with families.	☐	☐	☐	☐	☐
Strength-based and trauma-informed language is important when discussing sensitive topics with families.	☐	☐	☐	☐	☐
I would be interested in using tools that support family-centered assessment conversations in the future.	☐	☐	☐	☐	☐

APPENDIX E: POST-QUESTIONNAIRE OF CANS-TO-CFT TRANSLATION GUIDE

CANS-TO-CFT TRANSLATION GUIDE

Post-Questionnaire
Presenter: Olivia Cantu

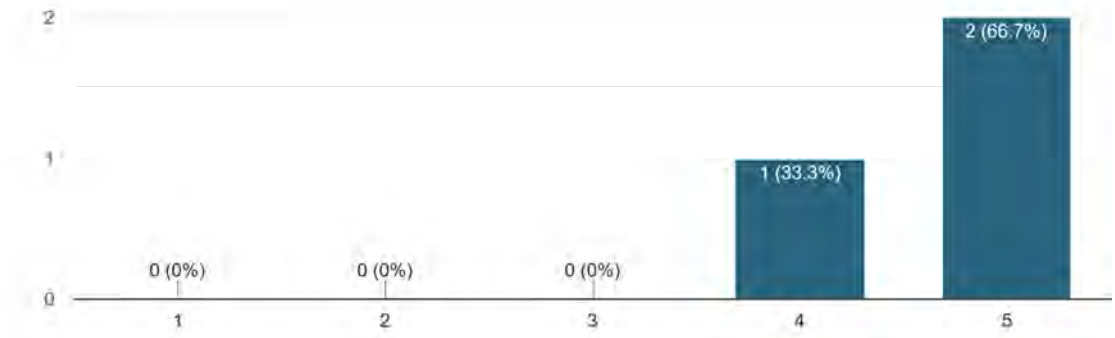
Please carefully read each statement.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The CANS-to-CFT Translation Guide was clear and easy to understand.	☐	☐	☐	☐	☐
The prompts in the guide translate domains into family -friendly conversation.	☐	☐	☐	☐	☐
The guide supports strength-based and trauma-informed discussions with families.	☐	☐	☐	☐	☐
I would consider using the Translation Guide as a reference tool during CFT meetings in the future.	☐	☐	☐	☐	☐
After reviewing the guide, I feel more prepared to discuss IP-CANS related topics with families.	☐	☐	☐	☐	☐

APPENDIX F: PRE-QUESTIONNAIRE RESULTS OF THE CANS-TO-CFT TRANSLATION GUIDE

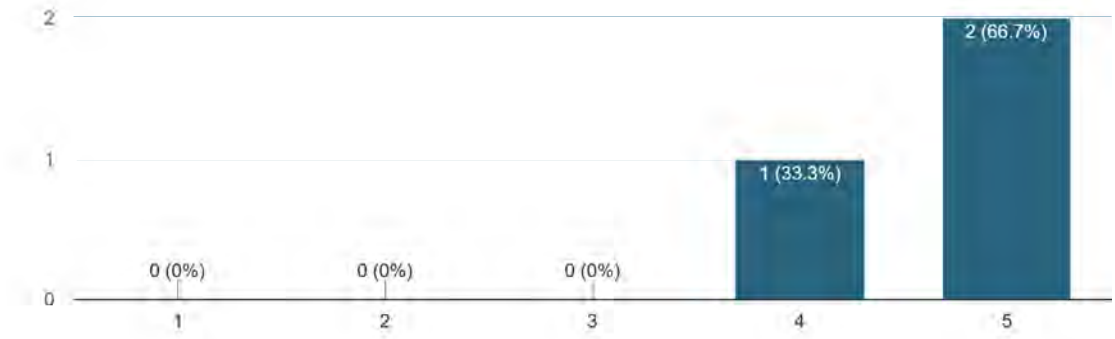
Translation assessment language into family-friendly conversations can support engagement with families.

3 responses



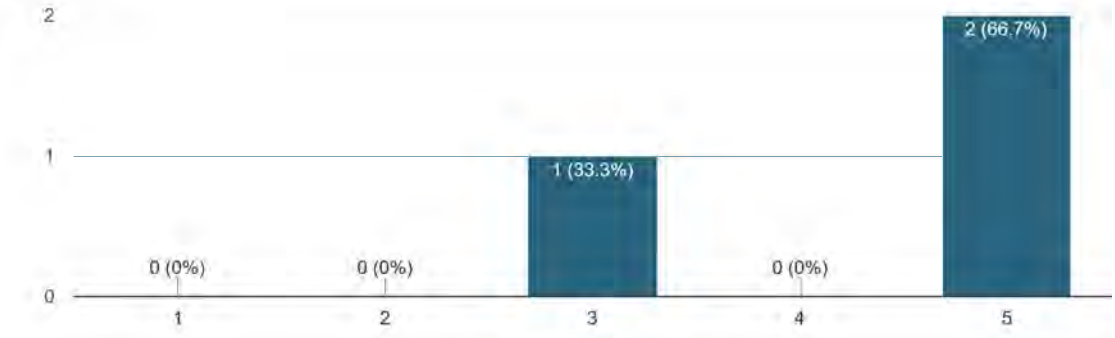
I am familiar with the purpose of the IP-CANS assessment tool.

3 responses



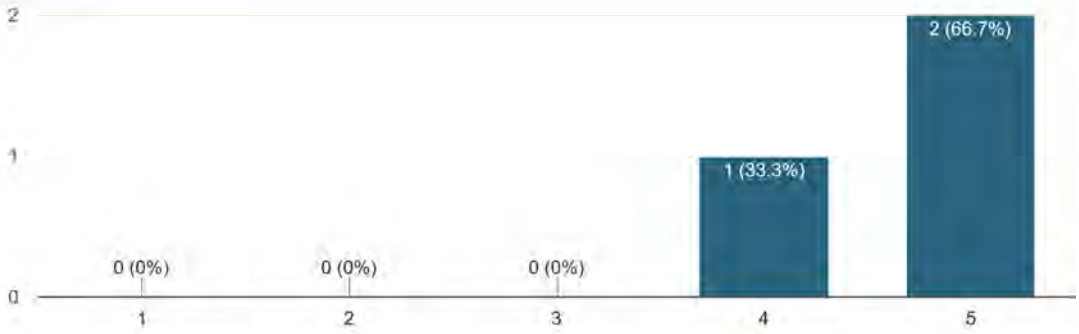
Having examples of conversational prompts could be helpful when discussing assessment topics with families.

3 responses



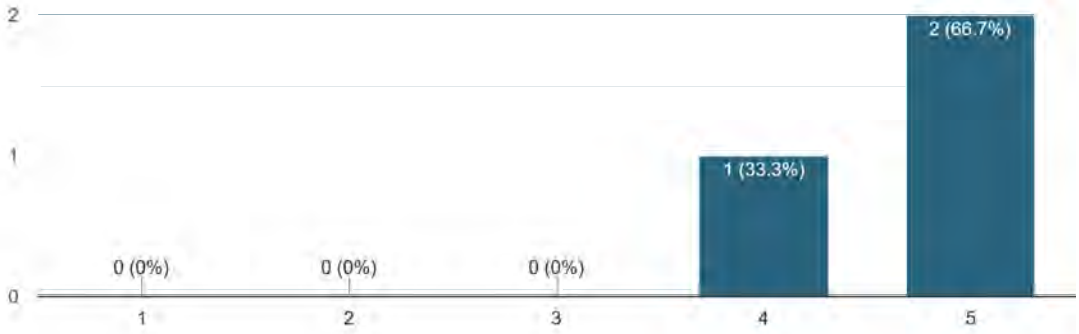
Strength-based and trauma-informed language is important when discussing sensitive topics with families.

3 responses



I would be interested in using tools that support family-centered assessment conversations in the future.

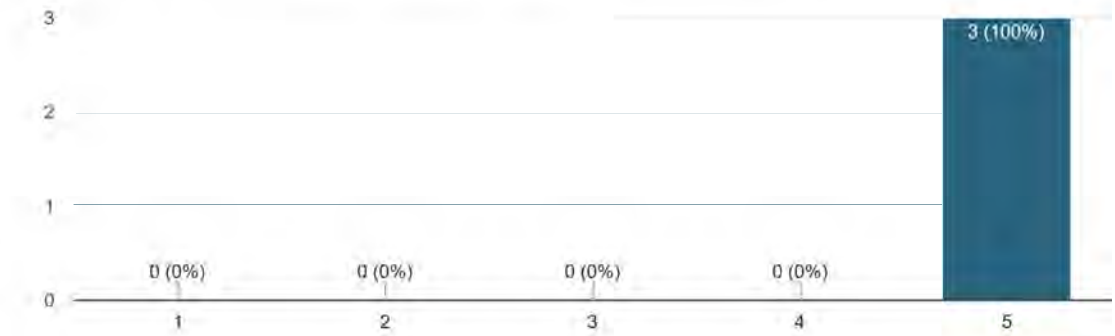
3 responses



APPENDIX G: POST-QUESTIONNAIRE RESULTS OF THE CANS-TO-CFT TRANSLATION GUIDE

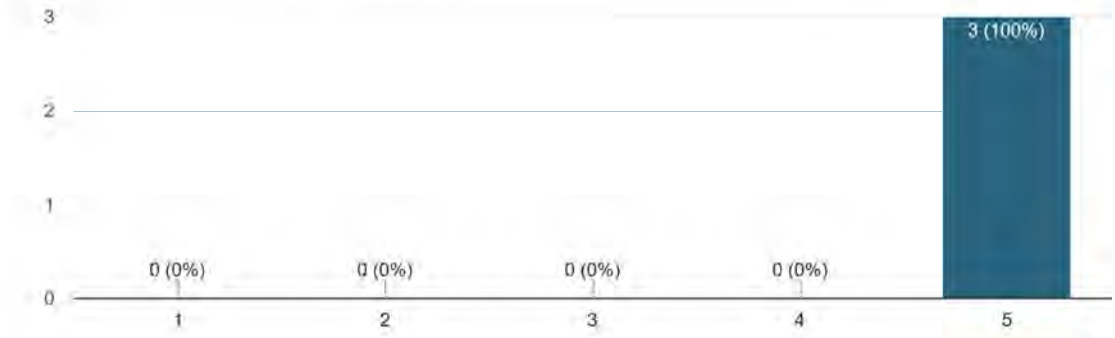
The CANS-to-CFT Translation Guide was clear and easy to understand.

3 responses



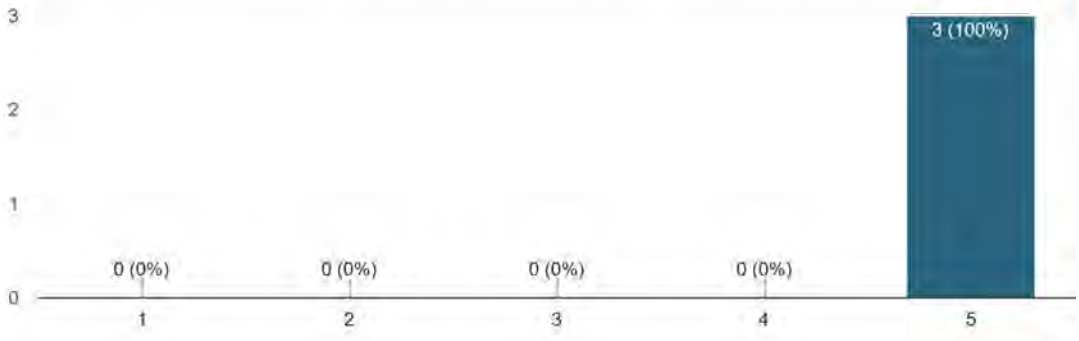
The prompts in the guide translate domains into family -friendly conversation.

3 responses



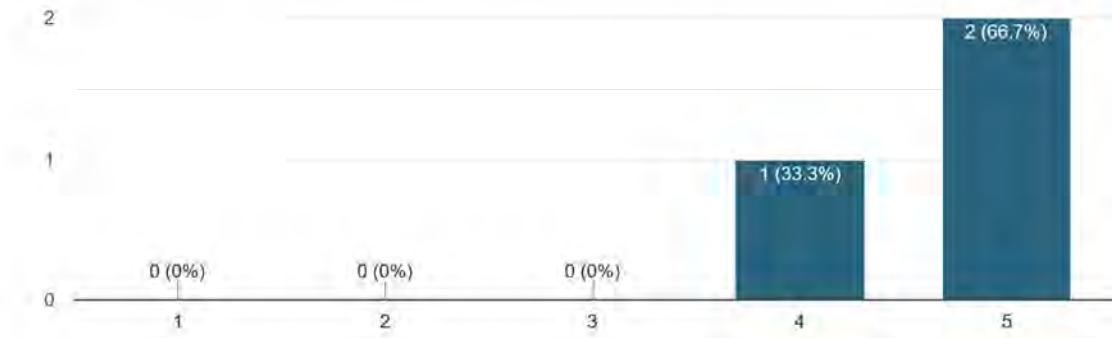
The guide supports strength-based and trauma-informed discussions with families.

3 responses



I would consider using the Translation Guide as a reference tool during CFT meetings in the future.

3 responses



After reviewing the guide, I feel more prepared to discuss IP-CANS related topics with families.

3 responses