Using the CANS and Writing Effective Individual and Family Service Plans

Tying Strengths and Needs to Goals and Objectives

Stacie W. Fisher RN, MS
April 2013
The Individual and Family Service Plan (IFSP)

- The IFSP is the CSA service plan. It is developed by the FAPT or approved multidisciplinary team (MDT).
- The purpose of FAPT is to have people from the different child serving agencies represented to be able to work collaboratively to assure a comprehensive, multifaceted plan that addresses the family’s needs and builds on their strengths. A plan developed in isolation is not as strong as one developed by the family with the assistance of the professionals represented on the FAPT.
- The family and the youth are an empowered part of the FAPT.
Assessment

- Assessment is the first step in effective treatment planning. In CSA, the basic assessment is the CANS.
- Learn what strengths the family already has, community involvement, a church family, extended family or fictive kin (family friends who are considered “family”) to call on in an emergency?
- Learn what the family does well together and as individuals
- What are the needs the family describes?
- What challenges do the professionals see with which the family may need assistance?
Setting Goals

- Goals should relate directly to the CANS for CSA purposes. Any CANS item rated a 2 or 3 should be addressed in the IFSP.
- Goals need to focus on the behaviors that keep the youth or family from functioning in the community.
- Goals are measurable, achievable, objective and should be stated positively.
- Goals have timeframes whether it be one month or 5 years.
- Usually a plan focuses on one to three goals. Any more than that is overwhelming to the family and the youth.
- Multiple CANS scores of 2 or 3 can often be grouped together in one goal.
- The IFSP is developed by the FAPT, the youth and the family.
GOAL example:

Sarah will interact with her peers without physical violence or threats by the end of the school year.
Setting Objectives

- Objectives are small goals, or steps towards the overarching goal.
- Objectives also relate to needs and strengths
- Objectives are measurable and usually time limited
- There can be multiple objectives for each goal
- Objectives are written in a youth or family centered manner so that the youth and or family can “own” the objective.
Objective Examples

- Sarah will have 3 months free from striking out at peers.

- Sarah’s family will encourage Sarah to verbalize her feelings with a reward system for every week without hitting for one month.
Interventions

- Interventions are the actions taken to reach an objective
- Interventions are the services part of the IFSP
- Services should not drive the IFSP, the needs that lead to the goal should drive the plan. The services support the objective and goal.
- Often localities feel limited to services available to them in the community and create a service plan around what they have instead of taking a hard look at what services will support the family and youth in reaching the goal.
Examples of Interventions

- Individual Therapy
- Applied Behavioral Analysis
- Community Activities
- Mentor
- TFC
- Advance origami classes
- Yoga
- Or anything else that will help Sarah with her goal of interacting with her peers without physical violence or threats
Service Providers

- The service providers, or vendors are the agents whose products are used to assist families in reaching their goals and objectives.
- The individual service plans created by the providers should support the goals and objectives of the IFSP.
- There should be a direct relationship between the providers and services back to the objectives and goals.
Provider Examples

• XYZ Applied Behavior Analyst will provide X number of hours. (related to objective: Sarah will have 3 months free from striking out at peers.)

• HUGS Family therapy will meet twice a week with the family (related to objective: Sarah’s Family will encourage Sarah to verbalize her feelings)
Implementation and Revision of IFSP

- The IFSP is a working document.
- Sometimes there are parts of a plan that need to be revised.
- Families and youth do not fail, service plans fail.
- The revision of a plan is not a sign of poor planning, it is a sign of active treatment planning and quality improvement.
Revision examples

- Goal may need to be changed.
- Smaller steps (different objectives may need to be put in place)
- A different provider may be needed.
- Objectives may be met before the proposed date and new objectives may be needed.
Resources:

Model IFSP

CANS Documents

Guidance for CPMTs on Family Engagement Policy