VERMONT CANS 2.0
Key Principles and Strategies for Practice
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Today’s Agenda

9:00 to 10:00  Introductions & TCOM Refresher
10:00 to 10:30  Communimetrics & Using the Action Levels
10:30  Break
10:45 to Noon  Teaming & Consensus-Based Assessment
Noon - Lunch
1:00 to 1:45  Consensus Building Strategies
1:15 to 2:30  Collaborative Treatment Planning in a TCOM Framework; Small Group Practice
2:30  Break
2:40 to 3:00  TCOM Data Use
3:00 to 3:15  Certification & TCOM Practice: Resources and Supports
3:15 to 4:00  Q&A; Wrap Up
Transformational Human Serving Systems Should Be Effective.

TCOM: Engineering Personal Change

- Transformational: Our work is focused on personal change.
- Collaboration: We must develop a shared understanding and vision.
- Outcomes: What we measure is relevant to the decisions we make about the strategies and interventions we use.
- Management: Information gathered is used in all aspects of managing the system from planning for individuals and families, to supervision, and program/system operations.

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TCOM: The Journey Through Care

Information from TCOM tools such as the CANS is designed to follow the course of the child/youth and family from system engagement to goal attainment and transition. Person-centered information is used to support decision-making at every level of the system.
TCOM Strategy

The CANS is part of a suite of tools that are used as a strategy for:
- organizing information
- improving communication
- building consensus in an integrated, collaborative and transparent service context

How is a Transformational System Different?

<table>
<thead>
<tr>
<th>Component</th>
<th>Service System</th>
<th>Transformational System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment</td>
<td>Eligibility focus: Manage 'hello' (Access)</td>
<td>Change focus: Balance 'hello' and 'goodbye' (Access and Egress)</td>
</tr>
<tr>
<td>Supervision</td>
<td>Time spent &amp; compliance</td>
<td>Teaching effectiveness</td>
</tr>
<tr>
<td>Productivity</td>
<td>Case load management</td>
<td>Workload management</td>
</tr>
<tr>
<td>Population Served</td>
<td>Incentives to serve the least challenging</td>
<td>Incentives to serve the most challenging</td>
</tr>
<tr>
<td>System Priority</td>
<td>Serve as many people as inexpensively as possible</td>
<td>Serve as many people as effectively as possible</td>
</tr>
</tbody>
</table>

COMMUNIMETRICS & USING THE ACTION LEVELS

Refresher
COMMUNIMETRICS

Communimetrics is designed to make thinking processes transparent and provide a conceptual organization or framework for the thinkers to be attuned to the relevant factors that must be thought through in any particular circumstance.

Lyons (2009)

6 Key Principles of a Communimetric Tool

01. Items are selected because they are relevant to service/case planning.
02. Each item uses a 4-item rating scale that translates into action.
03. Rating should describe child/youth, not the child/youth in services.
04. Consider culture and development before determining ratings.
05. The ratings are agnostic as to etiology; it’s about the What, not the Why.
06. Use a 30-day window in considering what is relevant to children, youth and their families.

Relevance

Action Levels

Client Focus

Culture & Development

The “What”

30-Day Window

What does “translate into action” mean?

- Action levels contextualize a person’s circumstances.
- Action levels can suggest a target of an intervention.
- Action levels can point to what might change (an outcome) as a result of an intervention.
Action Levels:

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Need is dangerous or disabling; immediate action required.</td>
</tr>
<tr>
<td>2</td>
<td>Need interferes with functioning; action/intervention required.</td>
</tr>
<tr>
<td>1</td>
<td>Significant history of need; or possible need that is not interfering with functioning; watchful waiting/additional assessment.</td>
</tr>
<tr>
<td>0</td>
<td>No evidence of need; no action needed.</td>
</tr>
</tbody>
</table>

Needs: Think about functioning to determine the action level...

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Evidence of a need in sleep?</td>
</tr>
<tr>
<td>2</td>
<td>Is the need interfering with functioning?</td>
</tr>
<tr>
<td>1</td>
<td>Is the need dangerous or disabling?</td>
</tr>
<tr>
<td>0</td>
<td>Evidence of a need in sleep?</td>
</tr>
</tbody>
</table>

Example: Shawn

Shawn's parents worry that he is not getting enough sleep at night because of playing video games with his friends. Shawn agrees. Shawn reports that he is very tired at school, and that his grades are slipping in one course because it is scheduled for early morning, when he is the most tired. Shawn says he catches up on sleep every weekend, and that other schoolwork and activities are going well.
Action Levels Are Communication

Action overrides anchor.

Action Levels: Strengths

Currently not a strength
Strength is potentially useful
Strength is evident and can be accessed. Strength could be useful for planning.
Well-developed cornerstone strength
Easily accessible and very useful for the individual and for planning.
Example: Kim

Kim (who is 12) and her Mom have lived in the same neighborhood since she was two. They know all the neighbors well. When Mom is at work, neighbors help by getting Kim off the bus, feeding her a snack, and helping her with homework. Kim’s Mom has become particularly close to an elderly woman next door. She and Kim call her “Grandma,” and they are invited to dinner at her house most Sundays.

If Kim’s Mom is struggling with the stress of being a single parent, can you build a care plan around the natural supports that they have?

Does Kim and her Mom have the Natural Supports in their neighborhood that support Kim’s healthy development and well-being?

What ACTION LEVEL applies?

Kim (who is 12) and her Mom have lived in the same neighborhood since she was two. They know all the neighbors well. When Mom is at work, neighbors help by getting Kim off the bus, feeding her a snack, and helping her with homework. Kim’s Mom has become particularly close to an elderly woman next door. She and Kim call her “Grandma,” and they are invited to dinner at her house most Sundays.

Strengths: Think about whether the individual can use a strength to determine the action level....

The basic design for rating STRENGTHS

<table>
<thead>
<tr>
<th>Rating</th>
<th>Level of Strength</th>
<th>Appropriate Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Consequence strength</td>
<td>Come to planning.</td>
</tr>
<tr>
<td>1</td>
<td>Strength present.</td>
<td>Deal with planning.</td>
</tr>
<tr>
<td>2</td>
<td>Identify strength.</td>
<td>Build in development.</td>
</tr>
<tr>
<td>3</td>
<td>Log strength identified</td>
<td>Strength modifier or identification may be retained.</td>
</tr>
</tbody>
</table>

Principle 3: Deeper Dive

- “Strengths should describe the child or youth, not the child or youth in services.”
- Another way to think about this principle is to think about “masking.”
- If an intervention is present that is masking a need (as opposed to meeting the need), then the need should be rated as if the intervention were not present.
- “Would this need be actionable again if the service providing support around the need is withdrawn?”
- This principle asks us to think about the services, treatments and interventions that are in place.
- What are some services that you or your colleagues provide that might mask in some cases, improve in some cases, and resolve in other cases?
Small Group Exercise: Practicing the Third Key Principle

- Divide into groups of three or four
- Read the mini-vignette
- Talk through the vignette using the Principle 3 Decision Tree handout
- Assign a rating

Let's practice one together!

15 Minute Break
COLLABORATIVE ASSESSMENT & ENGAGEMENT
Seeking the Truth Through the Story

TCOM IS NOT EASY
What do you value in a good team (a team whose work leads to good outcomes)?
What are the challenges of building a good team? Teaming?

Using the CANS in Assessment

Collaborative Teaming
How the CANS Should Be Used

- Clearly communicate the purpose of the involvement with the family.
- Develop an understanding of the family’s past experiences, current situation, concerns, strengths, and potential.
- Demonstrate respect, genuineness, and empathy for all family members, as defined by the family.
- Actively listen to each family member.
- Respond to families’ concrete needs quickly.

Constructive Relationships & Support Networks

- Community Partners
- Families
- School
- Effective Problem Solving Relationships
- Formal Supports and Systems
- Informal Support

How Does the CANS Support Communication and Consensus?

- The Team is the vehicle for collaboration and communication on assessment, care planning and outcomes monitoring.
- Summarizes the Assessment Process
- Integrates the Family's Story
- Develops a Shared Vision
- Supports Change Management
Teaming Is A Fluid Process

- Monitoring and Adapting
- Engaging and Developing Team Membership
- Plan Development
- Coordination, Communication and Collaboration

Small Group Exercise: Organize Needs & Strengths for Julia & Family

<table>
<thead>
<tr>
<th>Strengths to Build</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Needs</td>
<td>Needs</td>
</tr>
<tr>
<td>Family</td>
<td>Family</td>
</tr>
</tbody>
</table>

*Teaming Is A Fluid Process*

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Using the CANS in Assessment

Assessment & Engagement Skills

The Collaborative Assessment: Part of a Larger Process

IDENTIFY NEEDS & STRENGTHS
SET FUNCTIONAL GOALS
IDENTIFY RESOURCES & INTERVENTIONS
TRACK PROGRESS
GIVE FEEDBACK
MAKE PLAN
ADJUSTMENTS
CELEBRATE ACCOMPLISHMENTS

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“The output of the process of understanding should be a prioritization based on what can be done to HELP.”
John Lyons
Why assess collaboratively?

- Consensus-based assessment is a conflict resolution strategy of getting on the same page.
- Consensus-based assessment is an engineering solution. We find out what is happening, why it is happening, how we will help.
- It is much easier to reach consensus about what as opposed to why. Shame and blame is in the why.

Skills Associated with Assessment

- Assess and respond to current level of youth/family engagement
- Conduct a comprehensive assessment that engages the youth and family
- Identify barriers to family/youth participation in the assessment
- Begin to build consensus on the multiple perspectives of the family’s story
- Collaborate to integrate information from multiple sources (the CANS-NY can help)

Approaches to Administering the CANS

<table>
<thead>
<tr>
<th>Approaches</th>
<th>Individualistic</th>
<th>Culturally Sensitive</th>
<th>Family and Youth-Centered</th>
<th>Efficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLYING SOLO</td>
<td>Extremely (scaling individual)</td>
<td>Not Likely</td>
<td>Not Likely</td>
<td>YES</td>
</tr>
<tr>
<td>TABULA RASA</td>
<td>Possibly (not often)</td>
<td>Possibly (not likely)</td>
<td>Perhaps</td>
<td>Not Terribly</td>
</tr>
<tr>
<td>PRIORITIZING</td>
<td>Possibly (not always)</td>
<td>Possibly</td>
<td>Possibly</td>
<td>Extremely</td>
</tr>
<tr>
<td>ADVANCED SCORING</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
</tbody>
</table>
Training Exercise: Introducing TCOM & CANS-NY

• Break into groups of 3.
• In your team, develop a creative intro that will help partners (youth, family members, other professionals) understand the collaborative assessment process. Use the prompts below to help structure the intro:
  > Why do we assess?
  > Why is it important to do this collaboratively?
  > How does the CANS-NY fit into the assessment process?
• Role play the intro.
• Finally, brainstorm together how you might apply this in an assessment or supervisory session.

Professional Development & Supervision: Building Fluency

Fluency is Key to Using the CANS-NY Effectively

<table>
<thead>
<tr>
<th>Stage of Fluency</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preproduction</td>
<td>Certification training</td>
</tr>
<tr>
<td></td>
<td>Reading the manual</td>
</tr>
<tr>
<td>Early Production</td>
<td>Completion if the tool involves referencing the manual for each rating</td>
</tr>
<tr>
<td>Speech Emergence</td>
<td>Has good comprehension of the tool.</td>
</tr>
<tr>
<td></td>
<td>Occasionally uses the manual to understand items.</td>
</tr>
<tr>
<td></td>
<td>Occasionally misses connection between multiple items.</td>
</tr>
<tr>
<td>Intermediate Fluency</td>
<td>Has excellent comprehension.</td>
</tr>
<tr>
<td></td>
<td>Use of the tool is quick and efficient.</td>
</tr>
<tr>
<td>Advanced Fluency</td>
<td>The student has a near-native level of speech.</td>
</tr>
<tr>
<td></td>
<td>Frequently makes CANS jokes around the office.</td>
</tr>
<tr>
<td></td>
<td>Begins developing their own version of the tool.</td>
</tr>
</tbody>
</table>
Collaborative Assessment: Strengths

**Strengths**
- Allocate time in assessment and supervision to talk about strengths.
- Identify strengths that are currently present. Include caregiver strengths.

**Focus**
- Help the family and youth operationalize how each strength serves them.
- Talk about what strengths might be built (2’s or 3’s).

Developing a Shared Vision

When working on developing the Shared Vision Statement with the youth and family, it is helpful to try to answer one of both of the following questions:
- Where do we see ourselves when our work is completed? What will we have achieved?
- What will change look like in the youth or family given the context of our relationship and the work that we do?
Useful Strengths – Child/Youth and Caregivers

Strengths to Use (0’s and 1’s)
from Strength Domain for child/youth
Caregiver Needs and Strengths Domain
that constitute strengths (0’s and 1’s) for
caregivers

Strengths To Build – Child/Youth

Strengths to Build (2’s and 3’s)
from Strength Domain

Actionable Needs – Child/Youth

2’s and 3’s from: Behavioral/Emotional
Needs, Life Functioning, Risk Behaviors,
Cultural Factors

Actionable Needs – Caregivers

2’s and 3’s from Caregiver
Resources and Needs Domain

Using the CANS in Assessment

Building Consensus
Consensus Building: Skills

1. Framing the problem.
2. Having an open discussion.
3. Identifying underlying concerns.
4. Developing proposals.
5. Modify proposals / developing a preferred solution.
6. Assess Degree of Support
7. Choose a direction – or – Return to Step 3

Adapted from Hartnett, T., (2011) Consensus-Oriented Decision Making. BC, Canada: New Society

Resolving Disagreement: Skills

• Collaborative rating of the action levels builds consensus.
• Description can help build consensus. Define what each party sees/perceives. “You see X and I see Y.”
• Translate disagreement by accurately framing the problem.

Transparency: Skills

✓ Respect: Explain what is happening, what you are doing, and how the family can use the tools to support their own goals.
✓ Patient: Take the time to think about what you know, and how you should disclose it to the youth/family.
✓ Action-oriented: “Nothing about us without us.”
Empowering Caregivers: Transparency

Empowering Caregivers: The Cheat Sheet

Sensitive Topics
Techniques Supported by Action Level Language
- Preparation,
- Ask for facts, not judgments,
- Ask for specifics,
- Use closed-ended questions, move from closed to open,
- Assume the behavior is occurring/need is there in the way that you ask,
- Take care with wording. How would you like to be asked?
- Use response choices (action levels are GREAT for this).

TREATMENT PLANNING & GOAL SETTING FROM A TCOM PERSPECTIVE
Overview & Practice

TCOM GPS ... Guiding and Supervising Action Planning
Developing Targeted and Effective Goals Using the CANS
Translating TCOM Into the Care Plan

<table>
<thead>
<tr>
<th>Theory of Change</th>
<th>Process</th>
<th>Aspect of Plan</th>
<th>TCOM Framework</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where are we now?</td>
<td>Complete the CANS</td>
<td>• Presenting Issues</td>
<td>• Relevant Needs and Strengths (Prioritized CANS items)</td>
</tr>
<tr>
<td>Where do we want to be?</td>
<td>Identify GOALS</td>
<td>• Goal</td>
<td>• Shared Vision • Anticipated Outcomes</td>
</tr>
<tr>
<td>How are we going to get there?</td>
<td>Identify OBJECTIVES</td>
<td>• Behaviorally-based Objectives • Action Steps/Strategies to Achieve Objectives</td>
<td>• Target Needs</td>
</tr>
<tr>
<td>What do we need to consider?</td>
<td>Identify ISSUES TO CONSIDER for the plan</td>
<td>• Contextual Issues</td>
<td>• Background Needs</td>
</tr>
</tbody>
</table>

The What & The Why: Understanding Needs & Strengths

<table>
<thead>
<tr>
<th>ACTIONABLE NEEDS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Background/Context Needs</strong></td>
</tr>
<tr>
<td>Static needs – things that cannot change</td>
</tr>
<tr>
<td>• Identified needs that inform our focus and choice of services and supports</td>
</tr>
<tr>
<td>• Background needs may require attention in order to prevent other needs from occurring</td>
</tr>
<tr>
<td>Needs we cannot change</td>
</tr>
</tbody>
</table>
### Useful & Buildable Strengths

<table>
<thead>
<tr>
<th>Centerpiece Strengths</th>
<th>Useful Strengths</th>
<th>Strengths to Build</th>
</tr>
</thead>
<tbody>
<tr>
<td>A well developed strength; may be used as a protective factor.</td>
<td>Strength that is evident, but requires effort to maximize it.</td>
<td>Strengths that require building efforts before they can be useful for the individual.</td>
</tr>
<tr>
<td>Can be linked to a target need to facilitate change.</td>
<td>Can be linked to a target need to facilitate change.</td>
<td>May be something important to build and by doing so, support change on a target need.</td>
</tr>
<tr>
<td>Includes Safety/Acts of Protection by a parent.</td>
<td>Includes parents’ Supporting Strengths that do not meet the level of Safety.</td>
<td></td>
</tr>
<tr>
<td>When linked to need, strength effects change</td>
<td>When linked to need, strength effects change</td>
<td>If built, strength can support change</td>
</tr>
</tbody>
</table>

### CANS-NY Care Planning Flow

- Priority Needs & Strengths
- Shared Vision Statement
- Objectives
- What has Worked in the Past
- Client/Agency Resources (Activities, Services, Supports)
- Outcomes/Behavioral Change

### Collaborative Action Planning from a TCOM Framework

Small Group Exercise
Step 1: Identify Relevant Strengths and Needs

Create a summary of the relevant needs and strengths:

- List the caregiver’s strengths (from those items that could be considered strengths or resources for the individual)
- List the caregivers’ needs
- List the client’s strengths
- List the client’s needs

Useful Strengths – Child/Youth and Caregivers

<table>
<thead>
<tr>
<th>Useful Strengths – Child/Youth and Caregivers</th>
<th>Strengths To Build – Child/Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed for Julia &amp; her family</td>
<td>Completed for Julia</td>
</tr>
</tbody>
</table>

Actionable Needs – Child/Youth

<table>
<thead>
<tr>
<th>Actionable Needs – Child/Youth</th>
<th>Actionable Needs - Caregivers</th>
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<td>Completed for Julia &amp; her family</td>
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</table>

Step 2: Developing a Shared Vision

- Start with where we are now (the identified needs and strengths – the “what”),
- Work with the youth and family define our vision (which is where we would like to get to – the goal) and
- Identify how we are going to get there (organizing around of theory of why things are the way they are and what we think can do to create change – objectives and services).
### Multiple Voices

**What will change look like for Theo and for his family?**

<table>
<thead>
<tr>
<th>Primary Concern</th>
<th>Goal/Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Julia</td>
<td></td>
</tr>
<tr>
<td>Aunt &amp; Uncle</td>
<td></td>
</tr>
</tbody>
</table>

When our work with Julia and her family is complete, what will have been achieved?

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### Step 3: Sort and Link Needs & Strengths

1. Identify the goal. What change will happen to the child/youth and family?
2. Identify the needs that are getting in the way of the goal (target needs)?
3. Identify the background needs.
4. Link associated background needs to target needs/objectives and interventions.
### ACTIONABLE NEEDS

<table>
<thead>
<tr>
<th>Background/Context Needs</th>
<th>Target Needs</th>
<th>Goals/Anticipated Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Static needs – things that cannot change</strong></td>
<td>Causes</td>
<td>Effects</td>
</tr>
<tr>
<td>• Identified needs that inform our focus and choice of services and supports.</td>
<td>• Effective services/supports around these needs will likely result in direct change of the need.</td>
<td>• Needs expected to shift as a result of effectively addressing the target needs.</td>
</tr>
<tr>
<td>• Background needs may require attention in order to prevent other needs from occurring.</td>
<td>• Changes in these needs also likely to change Goals/Anticipated Outcomes.</td>
<td></td>
</tr>
<tr>
<td>Needs we cannot change</td>
<td>Needs we can change</td>
<td>Needs that shift as the effect of change</td>
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**COMPLETE FOR JULIA**

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**ACTIONABLE NEEDS**

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**COMPLETE FOR JULIA**

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**ACTIONABLE NEEDS**

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</table>
Planning Around Needs

- For both Actionable Needs (ratings of 2) and Needs Requiring Immediate Intensive Action (rating of 3) the process is the same.
- When planning around needs simply...
  - Focus on the treatment target
  - Define an intervention, activity, or series of action steps that address the treatment target
  - Articulate the targets you expect to hit or the change you expect to see (measurable and achievable).

Planning Around Strengths

- For both Useful Strengths and Strengths to Build the process is the same. When planning around strengths simply...
  - Identify the strength that is useful or that you would like to build
  - Define the presumed benefit of the using or developing the strength
  - Articulate the steps related to using or developing the strength
What has worked well in the past?

Help child/youth/family/team identify what has worked well in the past. This provides direction in planning and can help to further articulate strengths:

- What has the child/youth/family done in the past that has helped with particular needs?
- What solutions have the child/youth/family tried in the past that have worked even for a short time?
- What have people in your community/natural supports done that has worked to improve this situation?

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Clustering Needs towards Creating a Plan

- Choose activities, services and supports to address the target needs.
- What will improve as a result of your intervention? Identify those anticipated outcomes.
- Cross-check your activities, services and supports with useful strengths.
- What activities can bring out these strengths?
- Check on absent strengths.
  - How must these be factored in?
  - If developed, how can these strengths support the child/youth?
  - What activities could develop these strengths?
• Practice using CANS-NY in communication with youth and family
• Use CANS-NY data as feedback on intervention impact and to monitor progress
• Practice using TCOM data to support professional development and program management
Attending to Progress: Individual Level

Assess
- Collaboratively define needs and strengths.
- Identify key areas in need of change.

Plan
- Develop a plan that incorporates all views.
- Implement plan that all understand and agree to.

Optimize
- Change plan in the absence of progress and changes in status.

Celebrate
- Punctuate—and celebrate milestones at all levels.

Monitor
- Attend to changes in action levels for needs and strengths.

Celebrate
- Punctuate—and celebrate successes at all levels.

TCOM Data Use: Individual Level (Caregiver)

Lillian’s Needs & Strengths Over Time

TCOM Data Use: Individual Strengths

Joey’s Strengths Over Time
Joey's Needs Over Time

- Family Roles
- Intensity of Treatment
- Chronology
- Sensory
- Sensory Reactivity
- Communication
- Oppositional
- Chronicity
- Frustration Tolerance/Tantrumming
- Living Environment

TCOM Data Use: Individual Needs

TCOM Data Use: Provider Level

TCOM Data Use: Supervisory Level

Support Intensity by Clinician
TRAINING AND CERTIFICATION: Q&A

Support from the CANS-NY Institute

Support
- Examples of coaching networks and strategies exist across the international TCDM collaborative.
- Ongoing learning and teaching resources are being added to tcomtraining.org.
WRAP UP

Identify...

... one thing that you learned

01

... one thing you will try
THANK YOU!

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