Proposed IM+CANS Reference Guide Updates from the IM+CANS Workgroup

Workgroup members will vote on these recommendations at the June 29, 2022 meeting. These are not considered official recommendations of the Workgroup until after the vote.

General Recommendations:
Update language to be less child/youth focused and to address the needs of all age ranges.

Section 2: Trauma Exposure

- Change section header to match recommended tool section header – Trauma Exposure
- Update introduction to say “these items indicate whether an individual has experienced or is experiencing a particular trauma”
- Update the definition of “No” to “no known evidence or report of trauma”
- Adjust reference guide wording to indicate that it could be past or current traumas
  - If current, questions to consider should include identifying how to support, has it been reported if applicable
- For all items, modify language to indicate both past and current trauma exposures, rather than only past tense
- For all items, add supplemental information sections that would include prompting the clinician to inquire if the trauma has been reported and the outcome (if applicable), were supports provided at the time of trauma exposure, has the customer received any services to address the trauma, has the customer received a sense of justice, is the trauma something the clinician needs to report?
- For all abuse questions/items, update the item name to “abuse/assault” to better address trauma exposure across age ranges
- Physical Abuse:
  - Add to questions to consider: is there partner violence, interpersonal violence, or physical violence in a romantic relationship?
- Sexual Abuse:
  - For ‘yes’ definition, include sexual abuse in a relationship
- Neglect:
  - Modify the definition of “yes” to say ‘caregiver’ instead of ‘adult’
- Emotional Abuse:
  - Definition paragraph should include romantic partner/interpersonal emotional abuse
  - Questions to consider: change the first question from “how does the caregiver talk to/interact with the individual?” to “how do others talk to/interact with the individual”
  - For ‘yes’ definition, include bullying in examples, and add romantic partner instead of just caregiver
- Medical trauma:
  - expand definition to include current experiences
- Natural or Manmade Disaster:
  - should be expanded to include current experiences (such as individuals displaced due to a disaster)
• Other examples to include: change caregiver to loved one, add example of pet, COVID-19 pandemic, severe thunderstorms
• Modify “caregiver loses job” to loss of employment
• Questions to consider: has the individual been negatively impacted or is being impacted by a natural or manmade disaster?
• Supplemental information: if the individual is currently experiencing the impact of a disaster, consider what types of other supports they might need

- Witness to family violence:
  - expand to include non-physical violence and threats of physical violence
- Witness to Community/School Violence:
  - Include the workplace
  - Expand definition to verbal threats and property destruction
- Witness to criminal activity
  - include example of individuals who have been trafficked, any form of victimization
  - In the supplemental information expand the language to sibling or loved one
- War/terrorism affected
  - Expand definition to individuals who have volunteered for the armed forces, or who have loved ones who have volunteered
  - include the example detention camp or separation from caregiver due to war/terrorism
- Disruption/Attachment loss
  - Expand definition to include a caregiver who has had a disruption in their capacity for caregiving
- Parental criminal involvement:
  - Include caregiver who is currently incarcerated
  - Expand definition beyond just activity that has in conviction/incarceration, reported criminal behavior,
  - Should the item/definition be broadened beyond just parental to be more age inclusive?
    - Romantic partner, sibling, others in home, caregiver, etc

**Section 3: Presenting Problem and Impact on Functioning**

- Across all items, review and update the language and examples in the description to ensure they are appropriate for adult customers
- Eating Disturbance item:
  - Broaden the examples within the rating descriptions to ensure all eating disorders are appropriately captured (e.g. binge eating without compensatory behaviors)
  - Removed language around emaciated appearance in description of a 2 rating. This level of eating disturbance lends itself more to a rating of 3 than a 2.
- Intimate Relationships item:
  - Review and update description language to ensure ratings aren’t only for current relationships.
  - Supplemental information: rate for individuals not currently in a relationship but who experience issues with intimate relationships, or past relationship that is currently affecting them
- Modify definition of 0 to include: Individuals has and/or has the ability to develop strong, positive, adaptive relationships

- Legal item:
  - Add additional clarity on types of legal involvement that should be rated in this item, including that non-criminal legal involvement for adult customers would be included

- Job functioning:
  - Add to NA option “currently not working with no plans to work”

- Depression
  - Questions to consider – remove the question “does the individual have any problems with anxiety or fearfulness?”

Section 4: Safety

- Conduct/Antisocial Behavior:
  - Add a Question to Consider under Conduct/Antisocial Behavior item: “Is the individual verbally or psychologically bullying another?”
  - Add a Question to Consider under Danger to Others item: “Is the individual threatening physical harm to others?”

- Runaway and Flight Risk:
  - Add a line in reference manual for definition of item: “An independent adult who can leave is not rated here.”
  - Move the Questions to Consider under flight risk to runaway and make the definitions not youth-centered.

Section 5: Substance Use History

- No specific reference guide edits

Section 9: Cultural Needs

- Introduction:
  - Language is too focused on just mental/physical health services
  - Language focuses too much on the spoken word and should include written word
  - Add cultural needs in relation to gender

- General for Cultural Needs section:
  - Broaden language to specify needs not just in the home, but also the community (other community activities such as employment, physical health, etc),

- Language:
  - Add other examples (not just language interpreter, but ESL, illiteracy, and ASL)
  - For rating of 3: how does this impact the individual’s engagement in services. Move away from just using translation in anchor text
  - Questions to consider: Do you have a hard time accessing resources/support due to language barriers?

- Traditional and Cultural Rituals
  - Include LGBTQ examples
  - Consider examples outside of religious/ethnic examples

- Cultural Stress
- Add a question to consider regarding the individual’s preferred pronouns
- Questions to Consider: Have you experienced violence or discrimination due to your cultural identity? Do you have a hard time accessing resources/support due to your cultural identity?