



CANS-SF Case Formulation & Treatment Planning Worksheet

Reason for Referral
This includes symptoms and behaviors, and their onset, duration, severity, and family response.



Background Needs
What factors are contributing to the client's problem behaviors, symptoms, and impairments? What are the precipitating, predisposing, and perpetuating factors?
Item: <input type="checkbox"/> 2 <input type="checkbox"/> 3 Item: <input type="checkbox"/> 2 <input type="checkbox"/> 3



Priorities for Treatment Needs (Impact on Functioning Domain)	Priorities for Treatment Needs (Behavioral/Emotional Needs; Risk Behaviors; Needs from other modules)
What areas of a child/youth's life are impacted (e.g. family, social, community, and academic) as a result of the client's behaviors and symptoms?	What is the client's current presentation in terms of behaviors and symptoms? Are there risk behaviors in the client that might need safety planning or crisis intervention?
Item: <input type="checkbox"/> 2 <input type="checkbox"/> 3	Item: <input type="checkbox"/> 2 <input type="checkbox"/> 3
Item: <input type="checkbox"/> 2 <input type="checkbox"/> 3	Item: <input type="checkbox"/> 2 <input type="checkbox"/> 3
Strengths to Use (Centerpiece or Useful Strengths)	Strengths to Build
What strengths in the child/youth (or caregiver) help inform a strengths-based approach? What are client's protective factors?	What areas need strengths-building? What are areas where no strengths exist?
Item: <input type="checkbox"/> 0 <input type="checkbox"/> 1	Item: <input type="checkbox"/> 2 <input type="checkbox"/> 3
Item: <input type="checkbox"/> 0 <input type="checkbox"/> 1	Item: <input type="checkbox"/> 2 <input type="checkbox"/> 3



Anticipated Outcomes
What needs and/or strengths are expected to change as a result of working with the client?
Item: <input type="checkbox"/> 2 <input type="checkbox"/> 3 Item: <input type="checkbox"/> 2 <input type="checkbox"/> 3



Activities or Interventions