



**Ontario
Health**

OCCAN Training Activities Manual

OCCAN Common Assessment of Need (OCCAN)

Version 2, October 2022

**The contents of this training manual include information from the Camberwell Assessment of Need Manual: Second Edition, Royal College of Psychiatrists, Mike Slade and Graham Thornicroft (2020). Camberwell Assessment of Need, 2nd Edition and the CAN website*

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Introduction

This training manual is a resource that OCAN leads/trainers in organizations can use to improve the quality of the Ontario Common Assessment of Need (OCAN). Implementing training activities in the manual can also improve client and staff experiences using OCAN.

OCAN is an evidenced-based tool used in the community mental health sector to inform service planning and day-to-day practice. Embedded in OCAN is the internationally used instrument from the U.K. called the [Camberwell Assessment of Need \(CAN\)](#). The OCAN aligns with a recovery approach with the inclusion of a self-assessment and a process that encourages client involvement in identifying needs and actions to address needs. The goal of OCAN is to support consistent quality care for clients/service users. OCAN data is used for service and systems planning. For these reasons, it's important to ensure that OCANs completed at your organization are of high quality.

In addition to completing the OCAN eLearning course, it is recommended that organizations conduct training by selecting and implementing activities in this manual. The training activities can be used with new staff and existing staff. Providing training support for new staff as well as refresher training for existing staff are both recommended.

TIPS for using the manual:

- Identify the people in your organization to develop/enhance and implement training activities.
 - It is recommended that each organization have a minimum of **2 OCAN trainers**.
 - It is also helpful to get input from others in this process, e.g., managers, direct service “super users”, clients/service users, quality improvement or OCAN committee.
 - You could connect with other organizations that use OCAN to develop a training network
- Review this manual and identify the following:
 - Activities you already carry out that are similar to those listed in this manual. Identify enhancements you want to implement based on information in this manual.
 - Decide on new activities to implement from this manual.
 - Decide on the frequency of training activities with existing staff (e.g. twice a year)
- Review the OCAN reference materials and incorporate staff use of the materials as part of the activities.
- Develop a plan to implement training activities. Keep the following in mind:
 - Consider using quality improvement (QI) methodology as part of this process. Access support through [E-QIP – Excellence through Quality Improvement Project](#)
 - Don't do it all. Select some of the training activities.
 - Change it up. e.g., Deliver training quarterly or twice a year using different activities from the manual
- Implement the selected training activities with all staff completing OCANs.
- Evaluate the activities and adjust based on staff feedback.
- Messages to staff members who “push back” because of challenges using OCAN:
 - Validate their feelings and provide some reassurance where possible. e.g, *it is frustrating to enter information in the system multiple times. Our vendor and Ontario Health are working on making it more efficient.*
 - Using standardized assessments is an essential part of providing high quality services.
 - Acknowledge and note challenges with using OCAN in specific services and suggestions on how to make the process better. Then “park it” and refocus on the training activity. Take the issues to leadership.
- During training sessions, communicate the following important messages to staff:
 - This a safe space. It's O.K. if you've been doing something wrong. There are no “stupid” questions.
 - We can't remember the definitions for every item in OCAN. That's why we use the reference materials.
 - Encourage questions before, during and after the training.
 - Using OCAN should not just be an administrative task. It should support conversations with clients.
 - Use your own style and method of practice when having OCAN conversations with clients.

1. One-to-One Review of Staff's OCANs

<p>Intent</p>	<p>This activity is intended to support new staff members completing OCANs. This activity could also be done with existing staff members, particularly those who require some additional support with completing OCANs.</p> <p>The goals are to:</p> <ul style="list-style-type: none"> • Teach staff how to use the OCAN resources listed in the Reference Materials section. • Ensure that OCANs are completed accurately. • Ensure OCAN information is used in care planning. • Help staff become familiar with entering OCAN into your organization's software.
<p>Duration</p>	<ul style="list-style-type: none"> • 0.5 to 1 hour for each OCAN reviewed. <i>The recommendation is to review at least 3 OCANs completed by new staff. Timing depends on whether this includes teaching staff how to use the software and whether the entire OCAN or a portion of OCAN is reviewed.</i>
<p>Format</p>	<ul style="list-style-type: none"> • One-to-one meeting - face to face or virtually with the ability to share computer screen.
<p>Reference Materials</p>	<ul style="list-style-type: none"> • OCAN(s) completed by staff in draft form • OCAN Reference Material Links and Descriptions (Separate Handout) • OCAN Dictionary (large document – use “Ctrl F” to search for field definitions) • OCAN Form • Need Rating Reference • Domains Definitions and Examples
<p>Instructions to Prepare for the Activity</p>	<ul style="list-style-type: none"> • Ensure staff has completed the OCAN eLearning course before completing their first OCAN. • Provide staff with the OCAN Reference Material Links and Descriptions (separate handout) • Recommend that new staff shadow, i.e., sit in on existing staff's OCAN interviews with clients as part of training. • Have staff complete OCAN interview and draft OCAN. <ul style="list-style-type: none"> ➤ If activity includes teaching how to enter OCAN into your software, have staff come with draft on paper. ➤ If staff is already trained on software, have staff complete draft electronically. • Schedule meeting with new staff close to the time when they complete their draft OCAN.

1. One-to-One Review of Staff's OCANs

<p>Instructions for Facilitating the Activity</p>	<p>Describe the intent and goals of the activity.</p> <p>Show the reference materials one by one and describe them using the OCAN Reference Material Links and Descriptions (separate handout)</p> <p>Use the following guidelines for OCAN review:</p> <ul style="list-style-type: none"> • Put staff member at ease with statements such as: <i>This may feel overwhelming at first, but it gets easier with more experience. I'm not here to evaluate you, I'm here to train and support you. Feel free to ask me as many questions as you want.</i> • Help staff see the value in doing OCANs with statements such as: <i>OCAN is an evidenced-based tool that helps identify client's needs, strengths, and preferences. The information helps you gain an understanding of the client and guides service activities in an intentional way. OCAN facilitates a recovery approach to working with clients. It provides a standard structure for you and your clients to identify and prioritize their areas of unmet need. Working with your client on addressing those areas results in improved outcomes.</i> • Ask staff if they have any specific areas they found challenging and provide clarification using the reference materials. <p><u>Review the draft OCAN using the guidelines below</u></p> <p><i>If you decide to review a portion of the OCAN, determine which parts you will review</i> <i>As you do the review, have staff enter the information or revisions into the software</i></p> <ul style="list-style-type: none"> • Review some of the questions that describe the client. E.g., Gender, ethnic group, legal issues Discuss: <i>How does the information help you to work with your client?</i> <p>Domain Review:</p> <p><i>*If you decide to focus this review only on domains that are important for the client, review the domains with Unmet need ratings as well as some domains where the client has strengths (either Met need or No need).</i></p> <p>As you look at specific domains in the client's OCAN, review the <i>Domain Need and Help ratings</i> and actively refer to the following resources: Need Rating Reference and Domains Definitions and Examples</p> <ul style="list-style-type: none"> • Ask staff to provide their rationale for choosing the need and help ratings to ensure that they are clear on the rating definitions. <p>Review Domain Comments and Actions:</p> <ul style="list-style-type: none"> • Ensure the comments provide enough information to understand the client's current situation (in the past month). At the same time, ensure that it is succinct information needed to provide appropriate services. In addition to information about Unmet needs, ensure that staff has provided some information about strengths in the applicable domains.
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1. One-to-One Review of Staff's OCANs

<p>Instructions for Facilitating the Activity (cont'd)</p>	<ul style="list-style-type: none">• Review actions to ensure that they are clear and tangible activities. Discuss who is responsible for the action. Review the prioritization of the actions – ensure that staff went through process of having the client set the priority.• If your organization uses a separate template for client goals/service plan, walk through the process of using OCAN domains and actions to inform the plan. <p>Review Open Ended Questions in OCAN, e.g. “What are your skills and strengths”:</p> <ul style="list-style-type: none">• These recovery focused questions appear in both the self-assessment and staff assessment. During the assessment conversation, wherever possible, staff should ask clients to elaborate on responses given in the self-assessment or, if no responses were provided, prompt clients to share their thoughts during the interview.• Review staff’s notes in this section. Provide guidance on what information to include in this section. <p>Discuss how the staff will use this information in practice:</p> <ul style="list-style-type: none">• For example, discuss how to approach conversations with the clients about differences in need ratings. It is helpful to acknowledge disagreement, since negotiating care goals leads to a better working alliance and makes it more likely the service user will adhere to the treatment plan. The aim is for the discussion to be characterised by respect (so make clear that the service user perspective has been listened to and recorded) and curiosity about the differences. It’s helpful for you to understand why a client rated a need differently. It’s also helpful for staff to share their perspective. These discussions will help increase agreement over time, therapeutic alliance and improve recovery support.• Discuss the kind of information the client provided to the open-ended questions. Discuss how staff can use this information to support a recovery approach to care. <p><i>*For more information refer to the Guidelines for Using OCAN Content in Practice</i></p>
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2. Improving OCAN Data Quality

<p>Intent</p>	<p>Some analysis done on provincial OCAN data through an ongoing <i>research study led by CMHA Toronto and CMHA Ontario</i> has determined that the quality of the data is good overall. However, significant quality issues were identified for some fields in the OCAN. The intent of this activity is to address quality issues by training staff on how to enter information accurately in those fields.</p> <p>The goals are to:</p> <ul style="list-style-type: none"> • Improve the quality of OCAN information by addressing common errors. • Increase the amount of data entered in fields with significant percentages of missing data.
<p>Duration</p>	<ul style="list-style-type: none"> • ~ 1hour
<p>Format</p>	<ul style="list-style-type: none"> • Face to face or virtual meeting. • 1 – 20 people.
<p>Reference Materials</p>	<ul style="list-style-type: none"> • Improving OCAN Data Quality Resource (separate handout) • OCAN Reference Material Links and Descriptions (separate handout) • OCAN Dictionary (large document – use “Ctrl F” to search for field definitions) • OCAN Form • Need Rating Reference • Domains Definitions and Examples
<p>Instructions to Prepare for the Activity</p>	<ul style="list-style-type: none"> • Send meeting invite to staff and include the intent of the activity. • Review the Improving OCAN Data Quality Resource (separate handout) • Provide staff with the OCAN Reference Material Links and Descriptions and Improving OCAN Data Quality Resource (separate handouts)
<p>Instructions for Facilitating the Activity</p>	<ul style="list-style-type: none"> • Describe the intent and goals of the activity. • Show the reference materials one by one and describe them using the OCAN Reference Material Links and Descriptions (separate handout). Encourage staff to use it when completing OCANs. • Walk through the Improving OCAN Data Quality Resource (separate handout) with staff. <ul style="list-style-type: none"> • As you walk through each item, pause, and ask staff to contribute their questions, comments, and ideas so the exercise includes discussion. E.g., <i>Are you surprised that this field in OCAN is often getting missed? Why do you think that is? What are the challenges? Do you have any questions? What are your ideas for increasing responses?</i> • Take notes on the discussion. • Recommendation: a few months later, audit some OCANs or, where possible, review data quality report to determine if there have been improvements. Provide feedback to staff.

3. Facilitated Group Discussion on OCAN Content

Intent	<p>This activity is intended to support the quality of OCANs completed at your organization by reinforcing OCAN knowledge and clarifying OCAN standards and definitions. The activity includes questions to facilitate discussion and provides staff with an opportunity to ask their questions and provide feedback. The goals are to:</p> <ul style="list-style-type: none"> • Ensure that OCANs are completed accurately. • Remind staff of the reference materials they should use to help them complete OCANs accurately. • Share ways of approaching the OCAN interview as a conversation rather than a paper questionnaire. • Share strategies for completing the reassessment.
Duration	<ul style="list-style-type: none"> • ~ 1 hour
Format	<ul style="list-style-type: none"> • Face to face or virtual group meeting. • Preferred approach is a group of 3-10 staff members; however, it can be done with over 10 people. For large groups, consider facilitated breakout groups and a “Report Back” to the large group. This can also be done one-on-one with new staff. • Assign note taker to capture key themes and actions from the discussion.
Reference Materials	<ul style="list-style-type: none"> • Camberwell Assessment of Need (CAN) Q&A Training Resource (pg.10) • OCAN Reference Material Links and Descriptions (separate handout) • OCAN Dictionary (large document – use “Ctrl F” to search for field definitions) • OCAN Form • Need Rating Reference • Domains Definitions and Examples • Data Fields and Values
Instructions to Prepare for the Activity	<ul style="list-style-type: none"> • Send meeting invite to staff group and include the intent of the activity. Ask staff to bring their questions about OCAN to the meeting. • Set up virtual meeting and/or book room for face-to-face meeting. • Become familiar with the reference materials so you can describe them to staff. • Provide staff with the OCAN Reference Material Links and Descriptions • Review the questions in the next section and in the CAN Q & A Training Resource (pg. 10) and decide which questions to include in the discussion. • Assign note taker with instructions to only summarize key themes and actions.

3. Facilitated Group Discussion on OCAN Content

<p>Instructions for Facilitating the Activity</p>	<p>Describe the intent and goals of the activity.</p> <p>Show the reference materials one by one and describe them using the OCAN Reference Material Links and Descriptions (separate handout). Encourage staff use it when stuck on an item in OCAN.</p> <p>Facilitate OCAN discussion using the following questions and instructions as a guide:</p> <ul style="list-style-type: none"> • How did the OCAN eLearning go? What did you like and what did you find challenging? • What do you like about OCAN? • What are your concerns about using OCAN? What are strategies to address these concerns? <i>As concerns are raised, discuss/share ideas to address concerns and record follow-up actions.</i> • What specific questions do you have about OCAN? Respond to as many questions as you can during the meeting using reference materials. For remaining questions, ensure you communicate responses following the meeting. • Review the Need Rating Reference together. Explain that this is the metric in OCAN where accuracy and consistency amongst staff is important. Are there any questions about the need rating definitions? Do you have any examples where it was challenging to rate need? • Do you have questions about any of the domains. Respond to questions using the CAN Q & A Training Resource # 7. (pg. 11) and Domains Definitions and Examples • How do you make the OCAN interview a conversation rather than a paper questionnaire? • How do you guide the conversation for your clients to prioritize the domains and summary of actions? • Reassessment: <i>Share the following:</i> <i>The standard is to complete an OCAN every 6 months. Research has demonstrated that doing a regular review of needs improves client outcomes. This includes updating the service plan by having clients and staff identify needs that have been addressed, new needs that have emerged and revising goals. This process also supports discharge planning. However, it is challenging to keep up with getting OCANs done.</i> <ul style="list-style-type: none"> ➤ What do you find challenging about reassessments? ➤ What are some strategies for getting reassessments completed more efficiently? ➤ How do you approach the reassessment conversation with your clients? • What information from the OCAN do you use in your day-to-day practice? <p>Ask questions you selected from the CAN Q & A Training Resource (pg. 10). Have staff respond facilitate discussion and share answers provided in the training resource.</p> <p>Have Note taker record key themes and actions from the discussion and ensure follow-up as needed.</p>
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Camberwell Assessment of Need (CAN) Q & A Training Resource

The following question and answers (Q&A) are from the [Camberwell Assessment of Need, 2nd Edition](#) and the [CAN website](#).

Review the Q&A below and decide on the ones you will use:

- Have staff respond – options: 1) ask questions and have staff call out on the spot; 2) handout questions before meeting and ask staff to bring responses to share; 3) Handout questions and break into small groups
- Review the answers in italics below with staff
- Facilitate discussion

1. What time is covered in the OCAN?

- *Needs in the last month are assessed.*

2. Should the staff rate need in the same way the client rated need?

- *No. Staff and service user ratings are different, so rating them the same means you'll lose the information about where there are different perspectives.*

3. Is it acceptable to use different sources of information?

- *Yes. It is good practice to use the full range of information available. Possible sources of information include an interview with the service user, family members, clinical notes, information from a referrer and other staff or agencies involved in the service user's care.*

4. Can the OCAN be completed without the client self-assessment?

- *Yes. Sometimes this may be necessary when the service user is unwilling or unable to give their perspective on their needs. However, research indicates that staff and clients do not rate identically, so information is lost when only one perspective is assessed.*

5. How long do OCAN assessments take to complete?

- *The Full OCAN can take anywhere from 1 to 2 hours depending on depth of assessment and level of negotiation of the action plan.*

6. What are some tips for rating need?

- *A practical approach to rating the domain is to establish if there is a current serious problem.*
 - *If there is a current serious problem the rating is an Unmet need*
 - *If there is not, is this because the person is getting help (rating of Met need) or because there is no issue in this domain (rating of No need)*
 - *Just because there is currently no serious problem, the need rating is not automatically No Need. For example, someone with diabetes who is physically well because of their prescribed insulin would be rated as Met need for physical health.*
- *A need can exist for a variety of reasons. Someone with a diagnosis of a mental illness involving the symptoms of psychosis may currently be unable to do their shopping because of a sprained ankle. They should be rated as having an Unmet need in the Food domain, even though it's not related to their mental health problems.*
- ***What is the need rating if the client says there is still a serious problem despite receiving help? Unmet need***
- ***What is the need rating if the service user says they still experience some difficulties, despite receiving help? If the service user perceives the intervention as reducing the problem to a moderate level, then the need rating is Met need. If they perceive the problem as still being serious then the need rating is Unmet need. If in doubt,***

ask whether they see the problem as manageable with the current level of help. The difference between a Met and Unmet need is a matter of judgement, and the judgement of the staff and the service user may differ.

- **What is the need rating when the service user refuses all help offered?** The service user rating is No need or Unmet need depending on whether they perceive a need to exist. The staff rating is Unmet need. This is one reason why the presence of an unmet need should not be taken as showing inadequate care.
- **What should you keep in mind when helping a client with the self-assessment?**
 - Make sure they understand the definitions of the need ratings, but do not influence their decision.
 - Always record the service user's stated perspective for the self-assessment even if this appears irrational or inconsistent with what is known about them.

7. What are some tips about specific domains?

- **Accommodation: the service user lives with their parents** - For the service user rating, ask whether they live with their parents because of mental health or other problems. If the response is no then the need rating is No need, and if the response is yes then the need rating is Met need or Unmet need. If the staff assessment is that the service user is living with their parents because of their mental health problems, then the staff need rating is Met need or Unmet need. If the staff assessment is that most people like the service user but without mental health problems would still live with their parents (e.g. teenager), then the staff need rating is No need.
- **Food: the service user cannot cook** - Normally this would be rated Met need if acceptable help is given or Unmet need if not. As always, cultural norms for the service user's community should be considered when rating. For example, in some cultures, men are not expected to know how to cook, in which case the rating is No need
- **Physical Health: Side effects of medication should be considered, as well as any acute or chronic medical or dental condition.** If the client is taking medication that is addressing the issue, rate as a Met Need.
- **Sexual expression: the service user has no sexual contact-** If the service user is happy with their current situation, then the need rating is No need. If they see it as a problem, then the need rating is Unmet need.
- **Money: the service user has no money-** Rate Met need if they are getting enough financial help from others, or Unmet need if their financial problems are not receiving enough help.

8. Does every domain need to be assessed?

- No. Some domains may feel embarrassing or be counter-therapeutic to assess. However, although domains such as sexual expression can be awkward to introduce, if discussed skilfully this does give an opportunity for people to talk about areas, they might find too embarrassing to bring up themselves. It is worth remembering that sexual dysfunction as a side effect of anti-psychotic medication is often not reported, unless specifically asked about. Risk of violence and suicide should be assessed with sensitivity, using questions such as: 'Do you ever have problems with your temper?' and 'Do you ever feel you can't cope with all your problems?'. For every domain, the service user can choose not to answer, and this should be made clear. The need rating for that domain is then recorded as Unknown.

9. Do I rate the domain if our clinical team would not offer an intervention for that particular problem?

- The domains were widely agreed to be relevant domains of need. Irrespective of whether the team would address this problem, the problem should be rated if it exists. For some domains, one type of help that might be offered is a referral to a more appropriate agency.

10. How do I rate level of help given if a service has been offered but the service user has refused it?

- Question 3a relates to actual receipt of help from formal services. If a service has been offered help but they have refused it, then they are not receiving any help and are rated No help.

4. Need Rating Buzz Activity

Intent	<p>This activity is intended to ensure that staff have an accurate understanding of how to rate Unmet need, Met need and No need. The activity provides an opportunity for staff to share their rationale for need ratings. The goals are to:</p> <ul style="list-style-type: none"> • Ensure that OCANs are rating Unmet Need, Met Need and No Need accurately. • Support agreement amongst staff on need ratings – interrater reliability.
Duration	<p>~ 0.25 to 0.5 hour</p>
Format	<ul style="list-style-type: none"> • Face to face or virtual meeting. • 1 - 20 people. • As this activity is short, you can add it on to another meeting or training activity.
Reference Materials	<ul style="list-style-type: none"> • Need Rating Reference • Domains Definitions and Examples • Need Rating Buzz Activity slides (separate ppt. attachment) • Need Rating Buzz Activity Handout (separate handout) • Buzz Activity Answer Key (pg. 13)
Instructions to Prepare for the Activity	<ul style="list-style-type: none"> • Send meeting invite to staff and include the intent of the activity. • Review the Need Rating Reference and Buzz Activity Answer Key (pg. 13) • Have Need Rating Buzz Activity slides in slide show mode so they don't see the answers.
Instructions for Facilitating the Activity	<ul style="list-style-type: none"> • Describe the intent and goals of the activity. • Review the Need Rating Reference together. Explain that this is the metric in OCAN where there needs to be accuracy and consistency amongst staff. Ask if there are any questions about the definitions? Ask staff to share examples where it was challenging to rate need? • Options: 1) Rate needs together on the spot as a group; 2) Provide staff with the Need Rating Buzz Activity Handout and ask them to complete it before the meeting or give them 10 minutes at the beginning to complete it. • Ask staff to call out their response or enter response in the “chat” for each domain. • Show answers one by one on Need Rating Buzz Activity slides by having it in slide show mode and clicking in the Need Rating column. Briefly share the rationale for each need rating.

Buzz Activity Answer Key

Client information	Need Rating
Ritika is 16 years old and lives with her parents with no serious problems. <i>*Most 16-year-olds (with or without mental health problems) live with their parents so the rating is No Need. If the client was 40 and living with parents because of their mental health problems, the rating would be 1 – met need)</i>	0
Mohamed’s roommate cooks them meals, but he often doesn’t eat because it’s not halal. <i>*A serious problem because culturally appropriate food not available</i>	2
John’s apartment is cluttered with dirty clothes and old magazines. His mother comes to clean the apartment and do his laundry twice a month.	1
Naveed showered yesterday. She is wearing a torn sweatshirt.	0
David has been attending a vocational program twice a week, but he hasn’t been showing up in the last 5 weeks.	2
Maria is managing her diabetes by taking insulin as prescribed. <i>*Getting successful treatment for a physical health condition is considered a Met need</i>	1
Ahmed explained that “the voices are still there”, but they’ve been reduced since taking neuroleptics over the past few months.	1
Cynthia remembers being given a pamphlet about bipolar disorder, but it was a long time ago and she states that she doesn’t understand her problem.	2
Tanisha reports feeling more energetic and content. When she starts to feel anxious, she deals with it by going for an outdoor walk.	0
Abdul said that he no longer hears voices telling him to cut himself. It stopped a few months ago since his nurse is giving him injections.	1
John fell asleep holding a lit cigarette and started a fire in his house. He and his parents had to evacuate. <i>*Inadvertent risks to the safety of others should be included: unmet need</i>	2
Sarah has been attending AA. She continues to drink half a litre of vodka a day.	2
Joe smokes 1-3 “joints” per week.	0
With the support of his therapist, Albert has not engaged in online gambling this month.	1
Don plays cards with a group of friends twice a week and spends time with his brother’s family.	0
Reham is feeling lonely. She was very close with her sister and they recently had an argument and stopped talking to each other.	2
Jane is currently not sexually active, and she states she’s “ok with it”.	0
Lee’s mother comes over to babysit a couple times a month so Lee can go out with her friends.	0
George lives with his elderly mother. Her health is deteriorating, and a nurse comes to the home 3 hours a day. Despite this support, George finds caring for his mother very stressful.	2
Ashim has been in Ontario for 4 years now. He can communicate with his employer and fill out is kids’ school forms.	0
Bob has access to a computer with internet access at the group home.	1
Anisa is missing her doctor’s appointments. She is worried about getting on a crowded bus.	2
Jane regularly pays all her bills except for utilities. Her partner takes care of paying that bill.	0
Conrad is eligible for ODSP, but he doesn’t know how to apply for it.	2

5. Improving Self-Assessment Completion

<p>Intent</p>	<p>The OCAN supports a recovery approach to service delivery with the inclusion of a self-assessment. The intent of this activity is to encourage and support clients to complete the self-assessment.</p> <p>The goals are to:</p> <ul style="list-style-type: none"> • Develop a consistent approach to introducing OCAN and the Self-Assessment to clients in your organization. • Improve client completion of the Self-Assessment. • Improve client’s understanding of the purpose of completing OCANs.
<p>Duration</p>	<ul style="list-style-type: none"> • 1 – 2 hours
<p>Format</p>	<ul style="list-style-type: none"> • Face to face or virtual meeting • 3 - 20 people
<p>Reference Materials</p>	<ul style="list-style-type: none"> • OCAN Self-Assessment Form • eLearning Module: <i>Introducing the Self-Assessment</i> (the 3rd module in the OCAN Self-Assessment Component section) Home - Common Assessments and IAR (thinkingcap.com) • OCAN Postcard, Script & Camberwell Assessment of Need (CAN) Tips (separate handout) <ul style="list-style-type: none"> ➤ The OCAN Postcard and Script are used with clients to describe the OCAN process and how to complete the OCAN self-assessment. It was developed by the OCAN Quality Improvement (QI) Network, a group of organizations doing collective QI work supported by the Excellence through QI Project (E-QIP) E-QIP – Excellence through Quality Improvement Project ➤ The CAN Tips are from the Camberwell Assessment of Need manual/book (p. 19). The tips describe a technique to guide instruct the client on completing the self-assessment.
<p>Instructions to Prepare for the Activity</p>	<ul style="list-style-type: none"> • The <i>Introducing the Self-Assessment</i> eLearning module and the OCAN Postcard, Script & Camberwell Assessment of Need (CAN) Tips are reference materials you can use to develop a consistent approach in your organization to support clients in understanding and completing the OCAN self-assessment. • Plan for 1 of the following options: <ol style="list-style-type: none"> 1. Bring a small group together to review the reference materials and develop the consistent approach to support clients and then train all staff on the approach. 2. Have all staff participate in the development of the consistent approach by providing feedback using the reference materials

5. Improving Self-Assessment Completion

<p>Instructions to Prepare for the Activity (cont'd)</p>	<p>More about the reference materials:</p> <ul style="list-style-type: none"> • Log onto the eLearning Course, go to the OCAN Self-Assessment Component and review the 3rd module - Introducing the Self-Assessment <ul style="list-style-type: none"> ➤ this module can be re-used as a refresher training and to help develop a consistent approach. Prepare to facilitate the <i>Planning Exercise</i> at the end of this module. <i>*This is a series of questions to help you develop a consistent approach in your organization to supporting clients with the self-assessment. In addition to the questions asked in the Planning Exercise, you can create your own questions.</i> • The Postcard, Script & CAN Tips (separate handout) can be the basis for the consistent approach that you implement. <ul style="list-style-type: none"> ➤ The postcard can be provided to clients and staff can use the script to describe the postcard to clients. ➤ The CAN tips is a technique to instruct clients on completing the self-assessment. <p>Prepare for 2 separate activities:</p> <ol style="list-style-type: none"> 1. Developing a Consistent Approach: Send a meeting invite to staff members who will be involved in developing the approach and include the intent of the activity. Assign note taker with instructions to summarize the information 2. Train Staff on the Approach: Send a meeting invite to staff you will be training and include the intent of the activity.
<p>Instructions for Facilitating the Activity</p>	<ol style="list-style-type: none"> 1. Developing the Consistent Approach (either with a small group or all staff members): <ul style="list-style-type: none"> • Describe the intent and goals of the activity • As a group, do the OCAN eLearning, Introducing the Self-Assessment module. <ul style="list-style-type: none"> ➤ As a group, complete the Planning Exercise, responding to questions that help you develop a consistent approach to supporting clients with the self-assessment ➤ <i>Assign someone to take notes - IMPORTANT: The planning exercise in the eLearning environment allows you to take notes, but it does not save them. Therefore, take notes outside of the eLearning platform where they can be saved and seen by participants.</i> ➤ Summarize the key information in the responses to the questions. This will become part of your consistent approach to supporting clients with the self-assessment. • Walk through Postcard, Script & CAN Tips as a group. <ul style="list-style-type: none"> ➤ Go through the postcard and script. Take time to pause and ask for feedback e.g., <i>“do you like the postcard? Do you have suggested revisions to the post card or the script we’ll be training staff to use?”</i> ➤ Review the CAN Tips and ask for feedback e.g., <i>What do you think about this technique? Should we train staff on this technique? Any changes/revisions?</i>

5. Improving Self-Assessment Completion

<p>Instructions for Facilitating the Activity (cont'd)</p>	<ul style="list-style-type: none"> ➤ Document the feedback. This will become part of your consistent approach to supporting clients with the self-assessment. <ul style="list-style-type: none"> • Gather feedback in the following areas to include in the consistent approach you develop: <ul style="list-style-type: none"> ➤ To have a consistent approach 100% of the time is not realistic because of differences in clients' personalities and abilities. How do we implement a consistent approach with flexibility? ➤ How do we gather and capture client perspective for clients who decide not to complete the self-assessment? E.g., <i>During the OCAN conversation/interview, ensure that you're taking time to understand your client's perspective. In the comments section, note the client's perspective of their needs in relevant domains, particularly if it differs from yours.</i> ➤ How do we include a section on the approach for existing clients who have completed OCANs? How will the approach/script be different? E.G. <i>"As you know, we do an OCAN together every 6 months and it's time to do the OCAN reassessment. Before we start, I want to spend a few minutes going over the reasons why we do OCANs and how it can help.... If the client has done a self-assessment before you could say "It's helpful to have you do the self-assessment part of the OCAN again. This is an opportunity for you to identify the goals you've achieved, where you have needs and what goals you want to focus on now. So you're not starting from scratch, here's a copy of your last self-assessment, you can jot down what has changed"</i> • Take the information/feedback and incorporate it into clear materials and instructions. • Ask those involved in this process to review it and then finalize the materials. <p>2. <u>Training Staff on the New Approach</u></p> <ul style="list-style-type: none"> • Share the intent and goals of this training activity • Walk through the finalized materials on the new approach to supporting clients with the self-assessment • Talk about the flexibility within the approach. <i>Be guided by what will be helpful to your individual client.</i> • Facilitate a discussion by asking questions. E.g., <i>What do you think about this approach? What would you have to alter if you have a client experiencing cognitive issues? What's the line between encouraging a client and being "too pushy"</i> • Facilitate role play activity. <p>Role Play #1 – New Client:</p> <ul style="list-style-type: none"> ➤ Instruct participants to refer to the cover page of the self-assessment form as a guide, the consistent approach/materials you developed.
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5. Improving Self-Assessment Completion

- Divide staff in pairs and have them role play introducing OCAN and Self-Assessment instructions with the new client.
- One plays the client and the other plays the worker. Switch roles and repeat.

Role Play #2 – Existing Client:

- Before the roleplay, have a group discussion on what you would do differently with existing clients who have done OCANs one or more times. Refer to parts of the materials you developed that cover this scenario.
- Divide into pairs and do the role play. One staff plays the client and the other plays the worker. Switch roles and repeat.
- Instruct the client to *push back* e.g. “I just did this; do I have to do it again?”

Recommendations: 3-6 months later, bring staff together to share feedback on how it's going.

6. Jeanette Case Study: Developing a Service Plan Using OCAN Content

Intent	<p>The intent of this activity is to understand how information collected in OCAN informs service planning. For this activity, staff practice using OCAN content to develop a summary of actions or service plan for a fictional client, Jeanette. The goals are to:</p> <ul style="list-style-type: none"> • Practice formulating a service plan based on OCAN content. • Re-energize staff on their use of OCAN by helping them see the value of using this standardized assessment instrument.
Duration	<p>~ 0.5 – 1 hour depending on how you structure the follow-up discussion period.</p>
Format	<ul style="list-style-type: none"> • Face to face or virtual meeting. • 1 - 20 people
Reference Materials	<ul style="list-style-type: none"> • Jeanette Case Study (separate handout) • OCAN Reference Material Links and Descriptions (separate handout) • Need Rating Reference • Domains Definitions and Examples
Instructions to Prepare for the Activity	<ul style="list-style-type: none"> • Send a meeting invite to staff and include the intent of the activity • Provide staff with the OCAN Reference Material Links and Descriptions (separate handout) • Review the Jeanette Case Study (separate handout). The case study includes completed parts of the self and staff assessment components that are most pertinent to Jeanette’s situation. The Actions fields have been left blank and the exercise is to have staff enter the actions based on the OCAN content provided • Decide how you want to instruct staff on the details of the activity. Considerations include: <ul style="list-style-type: none"> ➤ If training a group of staff, divide them into small groups to work collaboratively. ➤ Have staff enter Actions in 1 of the 2 following places: 1) Action(s) under each Domain throughout the staff assessment component or 2) In the Summary of Actions at the end of the assessment ➤ If your organization has a separate service plan template, you could have staff fill it in based on the case study and the actions they developed ➤ Include a facilitated discussion E.G. How did you find the exercise? How does OCAN help you develop a service plan? what works well? What are the challenges? ➤ The exercise can be done by having staff fill in Actions and a Service Plan template (if using) on paper or electronically. Decide which one will work best.

6. Jeanette Case Study: Developing a Service Plan Using OCAN Content

<p>Instructions to Prepare for the Activity (cont'd)</p>	<ul style="list-style-type: none"> • Provide staff with the Jeanette Case Study (separate handout): paper or electronic copies <p><i>*Note that there is no answer key because there are no correct answers. Develop actions based on the services available in your area within and outside of your organization.</i></p>
<p>Instructions for Facilitating the Activity</p>	<ul style="list-style-type: none"> • Describe the intent and goals of the activity. • Show the reference materials Need Rating Reference and Domains Definitions and Examples and briefly describe them. Encourage staff to use them as needed. • Divide staff into pairs or small groups • Revise the following instructions based on the decisions you made on the details of this activity and provide them to staff: <ul style="list-style-type: none"> ➤ The purpose of this case study is to understand how information collected in OCAN informs the service plan. ➤ It contains the OCAN domains that are important for this fictional client, Jeanette. ➤ Review the client description and completed parts of the self and staff assessment components of OCAN. ➤ Notice that the Actions fields have been left blank. Where applicable, enter the actions in (Decide on where to instruct staff to enter the actions): 1) Action(s) under each Domain throughout the staff assessment component or 2) In the <i>Summary of Actions</i> at the end of the assessment. ➤ In reality, you would gather more information through conversations with the client and her supports. You would work collaboratively with your client to determine the actions. However, for this exercise, complete the task with the information provided. ➤ If entering <i>Actions in the Summary of Actions</i>, based on the information you have, put the domains and actions in order of priority. In reality, you would have the client determine the priority. For the purposes of this exercise, determine the priority based on what you think is most important to the client given on the information provided. ➤ Using Jeanette’s OCAN, including the actions you developed, fill in the organization’s service plan template. ➤ Once exercise is completed come back together to have a follow-up discussion: <i>How did you find the exercise? How does OCAN help you develop a service plan? what works well? What are the challenges? How can we address these challenges?</i>

7. Ahmed Case Study: Completing an OCAN

Intent	<p>The intent of this activity is to practice completing the Domain sections in OCAN for a fictional client, Ahmed.</p> <p>The goals are to:</p> <ul style="list-style-type: none"> • Accurately complete the Need & Help ratings and the Actions and Comments in OCAN. • Improve inter-rater reliability and consistency between staff members completing OCAN.
Duration	<p>The case study is split into 3 sections:</p> <p>~ 45 minutes to complete part 1</p> <p>~ 20-30 minutes to complete each of the parts 2 and 3</p>
Format	<ul style="list-style-type: none"> • Face to face or virtual meeting. • 1 - 20 people
Reference Materials	<ul style="list-style-type: none"> • OCAN Reference Material Links and Descriptions (separate handout) • Ahmed Case Study Part 1, Part 2, and Part 3 (3 separate handouts) • Ahmed Case Study Part 1 Answer Key (p. 22) • Ahmed Case Study Part 2 Answer Key (p. 23) • Ahmed Case Study Part 3 Answer Key (p.24) • Need Rating Reference • Domains Definitions and Examples
Instructions to Prepare for the Activity	<ul style="list-style-type: none"> • Send a meeting invite to staff and include the intent of the activity • Provide staff with the OCAN Reference Material Links and Descriptions (separate handout) • Review the Ahmed Case Study Answer Key • Decide how you want to deliver the activity with the following considerations: <ul style="list-style-type: none"> Number/type of meetings options: <ul style="list-style-type: none"> ➤ Completing all 3 parts of the case study in one session with breaks ➤ Multiple meetings (2 or 3), potentially adding the activity to existing team meetings. (If you decided to do it in 2 meetings, do part 1 in the first meeting and combine parts 2 & 3 of the case study in the second meeting). Structure the activity: <ul style="list-style-type: none"> ➤ Decide how you will provide Ahmed Case Study Part 1, Part 2 and Part 3 to participants based on whether you will have staff fill in sections on paper (bring hard copies) or electronically (ensure access to computers e.g., have staff bring laptops).

7. Ahmed Case Study: Completing an OCAN

<p>Instructions to Prepare for the Activity (cont'd)</p>	<ul style="list-style-type: none"> ➤ Give participants time to read the information about Ahmed. ➤ Have participants fill in the OCAN sections on their own and come together to discuss responses or have participants work collaboratively and fill in sections as a group (if training a large group of staff, divide them into small groups and debrief after) <ul style="list-style-type: none"> • Prepare questions to facilitate a discussion. Examples of possible questions: <ul style="list-style-type: none"> ➤ <i>How did you find the exercise?</i> ➤ <i>At times, did you disagree with your team members? How did you handle that?</i> ➤ <i>Were there some domains that were a bit tricky? Which ones?</i> ➤ <i>Based on what Ahmed shared in the interview, are there domains that he may have rated need differently than you if he completed the self-assessment? Which ones? How would you discuss this with Ahmed if he were your client?</i>
<p>Instructions for Facilitating the Activity</p>	<ul style="list-style-type: none"> • Describe the intent and goals of the activity. • Show the reference materials Need Rating Reference and Domains Definitions and Examples and briefly describe them. Encourage staff to use them as needed. • Provide the following instructions to participants (make revisions depending on how you decided to structure the activity): <ul style="list-style-type: none"> ➤ This Case Study part (1, 2 &/or 3 – depending on which one(s) you're doing) covers a portion of the domains in OCAN. ➤ You will read information about the fictional client, Ahmed and complete the applicable sections in the OCAN ➤ I will break you into groups (<i>depending on the size it can be multiple groups, one group or a single person can complete the activity</i>) ➤ Take time to read the information about Ahmed on your own ➤ Work together to complete the sections. Discuss, debate the rationale for selecting a particular rating and the Comments and Actions to enter. (<i>or complete it on your own</i>) ➤ Have one person enter the information (<i>either on paper or electronically</i>)

7. Ahmed Case Study: Completing an OCAN

Instructions for Facilitating the Activity (cont'd)

- Before providing the case study handouts to participants and starting the activity, provide the following instructions on...
Things to keep in mind when completing OCAN domain section (have these on screen or paper for staff to refer to):
 - Remember to base your ratings on what is **current** for the client (current is within the past month).
 - **Need Ratings (0, 1, 2 or 9):** The goal is to be consistent between participants. You may have differences. Talk about your rationale for a rating and we'll discuss it as a group.
 - **Help Ratings (0, 1, 2, 3):** Some differences here is acceptable because these are used as a guideline. If there are differences, the goal is to be within one point apart. When deciding on help ratings, consider both the frequency and effectiveness of the help provided. Talk about your rationale and we'll discuss it as a group.
 - If you rate a 0 or 9 for Need, skip the help ratings
 - You must put a **Comment** in if you rate a **1 or 2 for Need**
 - You must put an **Action** in if you rate a **2 for Need**
 - You are welcome to put **Comments or Actions** for any of the domains regardless of the need ratings.
 - **Remember this is a training exercise:** In reality, you would gather more information through conversations with the client and his supports. You would work collaboratively with your client to determine the actions. However, for this exercise, complete the task with the information provided.
 - If there is no information about whether help is provided in a given domain, assume the Help rating is a 0.
- Have participants complete the exercise
- Come back together and walk through each item in the case study to review responses. Facilitate discussion on differences by asking for participant's rationale and referring to the [Need Rating Reference](#) and [Domains Definitions and Examples](#)
- Facilitate a debrief discussion based on the questions you prepared.

Ahmed Case Study Part 1 – Answer Key

- Review the information below and complete the parts of the OCAN form in this document.

Interview with Ahmed (37-year-old male)

Ahmed rents an apartment on his own, and stated that it's "ok". He mentions that he does not feel safe because the door needs to be fixed and strangers who are "on drugs" come in and have threatened him. He does not want to move as he knows the area. Ahmed cooks, although he mainly makes snacks for himself or buys fast food. He cleans his apartment when he feels it needs to be done. He can look after his personal hygiene and does his own laundry. He goes to a vocational program three mornings a week, but he sometimes misses it because he finds it a bit boring. He wants a full time job but does not think he can get one in the current economic climate. He would like to know who can help him with this. Ahmed feels his physical health is good. His doctor tells him to cut down on the smoking. He sees his psychiatrist every month to "check-in" and get injectable medication to stop the voices he hears. Ahmed knows that he has a diagnosis of schizophrenia and acknowledges that the injectable antipsychotic medication is an effective treatment. He commented that his psychiatrist is good at explaining this to him. Ahmed reported feeling depressed lately.

Information you (the assessor) have through observation and other sources

Ahmed lives in an apartment that is insecure because the front door doesn't lock properly. His mother is concerned for his safety. His psychiatrist thinks that it would be better for Ahmed to live in supportive housing as he is vulnerable. His personal hygiene is adequate, and his clothes were clean. When the worker visited Ahmed's apartment it was very dirty, and it had a strong smell of rotting food. It appeared that his apartment has not been cleaned in several months. With regards to daytime activities, Ahmed goes to a vocational program that he complains is a bit boring. The program is the best option available currently. Ahmed has not worked in open employment for over 8 years and the psychiatrist noted that he requires a supportive environment to work on job readiness. Physically, Ahmed's health is a concern. He smokes 40 cigarettes a day and coughs frequently. Medical records indicate that Ahmed has emphysema. He has a family doctor, but he has not seen him in over a year. The psychiatrist sees Ahmed every month. Up until 6 months ago, Ahmed was receiving antipsychotic medication orally that he was not taking regularly which led to frequent hospitalizations. Since his last hospitalization 6 months ago, he has been receiving a long-acting injectable antipsychotic. This treatment has prevented relapses and hospitalizations. The psychiatrist prescribes oral medication to treat Ahmed's symptoms of depression. His mother reminds him to take it, but Ahmed often forgets. He is tearful lately and is staying in his bed more often. The psychiatrist thinks Ahmed needs additional support in this area.

Ahmed Case Study Part 1: Staff Assessment

1. Accommodation		Staff Rating
Are you happy with the place you live in or has it been a problem (an area of need)? Are you getting the help you need?		
1. Does the person lack a current place to stay?*		2
<i>(If rated 0 or 9, skip questions 2 & 3 and proceed to the additional questions below)</i>		
2. How much help with accommodation does the person receive from friends or relatives?		0
3a. How much help with accommodation does the person receive from local services?		0
3b. How much help with accommodation does the person need from local services?		2
Comments: Ahmed prefers to remain in his apartment. However, there are concerns. The front door is broken, and people have entered his apartment. He also has challenges keeping his apartment clean (see "Looking After the Home" domain)		
Action(s): Request that the landlord fix the door and discuss other strategies to make the apartment safer. If safety continues to be a concern, discuss other housing options.		
2. Food		Staff Rating
Has getting food that suits your dietary needs been a problem (an area of need)? Are you getting the help you need?		
1. Does the person have difficulty in getting enough to eat?*		9
<i>(If rated 0 or 9, go to the next domain)</i>		
2. How much help with getting enough to eat does the person receive from friends or relatives?		
3a. How much help with getting enough to eat does the person receive from local services?		
3b. How much help with getting enough to eat does the person need from local services?		
Comments:		
Action(s): Get more information about the kind of snacks and fast-food Ahmed eats.		
3. Looking After the Home		Staff Rating
Has keeping your home tidy been a problem (an area of need)? Could include cleaning and laundry. Are you getting the help you need?		
1. Does the person have difficulty looking after the home?*		2
<i>(If rated 0 or 9, go to the next domain)</i>		
2. How much help with looking after the home does the person receive from friends or relatives?		0
3a. How much help with looking after the home does the person receive from local services?		0
3b. How much help with looking after the home does the person need from local services?		2
Comments: Ahmed's apartment is very dirty and has a strong smell of rotting food. Ahmed is experiencing symptoms of depression that may be contributing to a lack of motivation to clean his apartment (refer to psychological distress section).		
Action(s): Access cleaning service to do a thorough cleaning of the apartment. Support Ahmed in learning skills to clean his apartment. Supporting Ahmed to address symptoms of depression (see psychological distress section). If Ahmed continues to have challenges in this area, discuss other options for support and/or housing.		

4. Self-Care	Staff Rating
Has maintaining your personal hygiene been a problem (an area of need)? This could include challenges accessing or using products/facilities. Are you getting the help you need?	
1. Does the person have difficulty with self-care? * (If rated 0 or 9, go to the next domain)	0
2. How much help with self-care does the person receive from friends or relatives?	
3a. How much help with self-care does the person receive from local services?	
3b. How much help with self-care does the person need from local services?	
Comments: Ahmed's hygiene is adequate. He reported that he does his laundry, and his clothes were clean.	
Action(s):	
5. Daytime Activities	Staff Rating
Have daytime activities been a problem (an area of need)? This could include work, education or leisure activities. Are you getting the help you need?	
1. Does the person have difficulty with regular, appropriate daytime activities? * (If rated 0 or 9, skip questions 2 & 3 and proceed to the additional questions below)	1
2. How much help does the person receive from friends or relatives in finding and keeping regular and appropriate daytime activities?	0
3a. How much help does the person receive from local services in finding and keeping regular and appropriate daytime activities?	3
3b. How much help does the person need from local services in finding and keeping regular and appropriate daytime activities?	3
Comments: Ahmed attends a vocational program but finds it a bit boring. His goal is to find a full-time Job.	
Action(s): Connect with the vocational program to review Ahmed's employment goals and activities at the program that would interest him and help him to achieve his goal of employment.	
6. Physical Health	Staff Rating
Has your physical health been a problem (an area of need)? Are you getting the help you need?	
1. Does the person have any physical disability or any physical illness? * (If rated 0 or 9, skip questions 2 & 3 and proceed to the additional questions below)	2
2. How much help does the person receive from friends or relatives for physical health problems?	0
3a. How much help does the person receive from local services for physical health problems?	1
3b. How much help does the person need from local services for physical health problems?	2
Comments: He smokes 40 cigarettes a day and coughs frequently. Medical records indicate that Ahmed has emphysema. He has a family doctor, but he has not seen him in over a year.	
Action(s): Make an appointment with the family doctor.	

7. Psychotic Symptoms	Staff Rating
<p><i>Have symptoms of psychosis been a problem (an area of need)? These could include feeling like you're being watched or hearing voices that interfere with your daily life? Are you getting the help you need?</i></p>	
<p>1. Does the person have any psychotic symptoms?*</p> <p><i>(If rated 0 or 9, skip questions 2 & 3 and proceed to the additional questions below)</i></p>	1
<p>2. How much help does the person receive from friends or relatives for these psychotic symptoms?</p>	0
<p>3a. How much help does the person receive from local services for these psychotic symptoms?</p>	2
<p>3b. How much help does the person need from local services for these psychotic symptoms?</p>	2
<p>Comments: The psychiatrist sees Ahmed every month. Up until 6 months ago, Ahmed was receiving antipsychotic medication orally that he was not taking regularly which led to frequent hospitalizations. Since his last hospitalization 6 months ago, he has been receiving a long-acting injectable antipsychotic medication. This treatment is effectively preventing relapses and hospitalizations.</p>	
<p>Action(s):</p>	
9. Psychological Distress	Staff Rating
<p><i>Have symptoms of depression or anxiety been a problem (an area of need)? These could include feelings of sadness or worry that interfere with your daily life. Are you getting the help you need?</i></p>	
<p>1. Does the person suffer from current psychological distress?*</p> <p><i>(If rated 0 or 9, go to the next domain)</i></p>	2
<p>2. How much help does the person receive from friends or relatives for this distress?</p>	1
<p>3a. How much help does the person receive from local services for this distress?</p>	1
<p>3b. How much help does the person need from local services for this distress?</p>	2
<p>Comments: Ahmed reports feeling depressed. His mom reported that he is tearful stays in bed more often. Ahmed is not taking his antidepressant oral medication regularly. His mother and psychiatrist provide support, but it's not enough to effectively address the problem. His psychiatrist recommends more support for Ahmed in this area.</p>	
<p>Action(s): Regularly remind Ahmed to take medication and work on other coping strategies. Discuss a possible referral for CBT.</p>	

Ahmed Case Study Part 2 – Answer Key

- Review the information below and complete the parts of the OCAN form in this document.

Interview with Ahmed (37-year-old male)

Ahmed does not have suicidal thoughts. Ahmed's never harmed anyone. He sometimes worries that he might harm someone, not because he wants to, but "because of the voices". 7 months ago, voices did try to make him do this and he told his mother. Together they called the mobile crisis service, and he was taken to the hospital and came out two weeks later. Since that time, he feels much better. Drinking alcohol or taking any drugs except those from the doctor would be against his Muslim religion. He does not want any close friends as in the past people who he thought were his friends have stolen money from him and he does not trust anyone anymore. He goes to the vocational program, but he doesn't interact with other participants. He gets lonely sometimes and goes to a drop-in program once a week for coffee and some food. He finds the weekend difficult. He feels close to his mother and explains that she helps him a lot. At times he would like a girlfriend, although he thinks it would be too much trouble and the medication have "slowed me down". He does not talk to anyone about this, although he thinks perhaps, he would like to. He was not comfortable sharing information about sexual activity.

Information you (the assessor) have through observation and other sources

Ahmed has no history of suicide attempts. He has experienced command hallucinations directing him to beat someone up. He has not acted on them as he verbalizes them to his mother precipitating hospitalizations. Since Ahmed has been on long-acting injectable medication for the past 6 months, he has been stable. Ahmed discusses his worries that the voices may come back with his psychiatrist. He has an agreement to contact his psychiatrist immediately if this happens. There is no history of alcohol or drug use. Ahmed does not have a social network. He's lonely but has issues trusting people. For social interaction, he shows up at the psychiatrist's office when he doesn't have an appointment just to chat with reception staff. His mother said she loves Ahmed but is feeling burnt out being the only person he's close with.

Ahmed Case Study Part 2: Staff Assessment

Ahmed Case Study Part 2: Staff Assessment	
10. Safety to Self	Staff Rating
<i>Have thoughts/acts of harming yourself been a problem area (an area of need)? Are you getting the help you need?</i>	
1. Is the person a danger to him or herself?*	0
(If rated 0 or 9, skip questions 2 & 3 and proceed to the additional questions below)	
2. How much help does the person receive from friends or relatives to reduce the risk of self-harm?	
3a. How much help does the person receive from local services to reduce the risk of self-harm?	
3b. How much help does the person need from local services to reduce the risk of self-harm?	
Comments:	
Action(s):	
11. Safety to Others	Staff Rating
<i>Have thoughts/acts of harming others been a problem area (an area of need)? Are you getting the help you need?</i>	
1. Is the person a current or potential risk to other people's safety?*	1
(If rated 0 or 9, go to the next domain)	
2. How much help does the person receive from friends or relatives to reduce the risk that he or she might harm someone else?	0
3a. How much help does the person receive from local services to reduce the risk that he or she might harm someone else?	2
3b. How much help does the person need from local services to reduce the risk that he or she might harm someone else?	2
Comments: He has experienced command hallucinations directing him to beat someone up. He has not acted on them as he verbalizes them to his mother precipitating hospitalizations. Since Ahmed has been on long-acting injectable medication for the past 6 months, he has been stable. Ahmed discusses his worries that the voices may come back with his psychiatrist.	
Action(s): Ahmed agreed to contact his psychiatrist immediately if voices come back directing him to harm someone.	
12. Alcohol	Staff Rating
<i>Has alcohol use been a problem (an area of need)? Are you getting the help you need?</i>	
1. Does the person drink excessively, or have a problem controlling his or her drinking?*	0
(If rated 0 or 9, skip questions 2 & 3 and proceed to the additional questions below)	
2. How much help does the person receive from friends or relatives for this drinking?	
3a. How much help does the person receive from local services for this drinking?	
3b. How much help does the person need from local services for this drinking?	
Comments: Ahmed does not drink alcohol as it's against his religion (Muslim).	
Action(s):	

13. Drugs	Staff Rating
<i>Has drug use been a problem (an area of need)? This could include illicit drugs or misuse of prescription drugs? Are you getting the help you need?</i>	
1. Does the person have problems with drug misuse? * (If rated 0 or 9, skip questions 2 & 3 and proceed to the additional questions below)	0
2. How much help with drug misuse does the person receive from friends or relatives?	
3a. How much help with drug misuse does the person receive from local services?	
3b. How much help with drug misuse does the person need from local services?	
Comments: Ahmed does not use drugs as it's against his religion (Muslim).	
Action(s):	
14. Other Addictions	Staff Rating
<i>Have other addictions been a problem (an area of need)? Other addictions could include gambling, overuse of electronic devices or smoking. Are you getting the help you need?</i>	
1. Does the person have problems with addictions? * (If rated 0 or 9, skip questions 2 & 3 and proceed to the additional questions below)	9
2. How much help with addictions does the person receive from friends or relatives?	
3a. How much help with addictions does the person receive from local services?	
3b. How much help with addictions does the person need from local services?	
Comments:	
Action(s):	
15. Company	Staff Rating
<i>Has your social life been a problem (an area of need)? Are you getting the help you need?</i>	
1. Does the person need help with social contact? * (If rated 0 or 9, go to the next domain)	2
2. How much help with social contact does the person receive from friends or relatives?	0
3a. How much help does the person receive from local services in organizing social contact?	1
3b. How much help does the person need from local services in organizing social contact?	2
Comments: Ahmed has difficulty trusting people because people he thought were his friends stole money from him, but he reports feeling lonely. He doesn't interact with people in the vocational program. He attends a drop-in once a week for food and coffee. For social interaction, he goes to his psychiatrist's office on days when he doesn't have appointments to chat with reception staff.	
Action(s): Talk to the vocational program staff about strategies to help Ahmed interact with other participants. Attend the drop-in 2-3 times a week. Discuss activities that Ahmed can do on the weekends that include socializing.	

16. Intimate Relationships	Staff Rating
Have close personal relationships been a problem (an area of need)? Are you getting the help you need?	
1. Does the person have any difficulty in finding a partner or in maintaining a close relationship?*((If rated 0 or 9, go to the next domain)	2
2. How much help with forming and maintaining close relationships does the person receive from friends or relatives?	2
3a. How much help with forming and maintaining close relationships does the person receive from local services?	0
3b. How much help with forming and maintaining close relationships does the person need from local services?	2
Comments: Ahmed has a close relationship with his mother. His mother is worried about being the only person Ahmed is close with. He does not have any close friends and sometimes he thinks he would like a girlfriend although he thinks it would be too much trouble. He does not talk to anyone about this, although he thinks perhaps, he would like to.	
Action(s): Discuss his interest in having a girlfriend and forming friendships.	
17. Sexual Expression	Staff Rating
Have your sex life and sexual health been a problem (an area of need)? Are you getting the help you need?	
1. Does the person have problems with his or her sex life?*((If rated 0 or 9, skip questions 2 & 3 and proceed to the additional question below)	9
2. How much help with problems in his or her sex life does the person receive from friends or relatives?	
3a. How much help with problems in his or her sex life does the person receive from local services?	
3b. How much help with problems in his or her sex life does the person need from local services?	
Comments: Ahmed stated that, at times he would like a girlfriend, although he thinks it would be too much trouble and the medication has “slowed me down”. He was not sharing any additional information about his sexual activity.	
Action(s): Explore discussing this area in the future as Ahmed stated that he thinks perhaps he would like to talk to someone about potentially having a girlfriend.	

Ahmed Case Study Part 3 – Answer Key

- Review the information below and complete the parts of the OCAN form in this document

Interview with Ahmed (37-year-old male)

Ahmed has no children or pets. His mother is healthy and lives close by. Ahmed is skilled at reading and basic math. He enjoys reading novels. Ahmed had a cell phone, but it was recently stolen from his apartment. His mother is helping him get another one. This is not the first time his cell phone was stolen. This has happened 3 times in the past year. He uses public transit and knows his way around his community. He is not behind in his rent, but with the cost of rent, cigarettes, and cell phones, toward the end of the month, he often doesn't have enough money for food. As a result, sometimes he begs for money outside the subway station. Ahmed is on ODSP.

Information you (the assessor) have through observation and other sources

Ahmed has one interest: he reads books that he buys at a local used bookstore. It has been challenging to contact Ahmed because he currently does not have a cell phone. It was stolen and his mother is helping him get a new one. This has been a re-occurring problem. The door to Ahmed's apartment does not lock properly and someone has entered his apartment and stolen his phone on a few occasions. The assessment interview was arranged through Ahmed's mother. He needs assistance with budgeting as he is currently struggling to pay for food. He has not accepted his mother's help when she has tried to assist in this area.

Ahmed Case Study Part 2: Staff Assessment

18. Child Care		Staff Rating
<i>Has looking after your children been a problem (area of need)? This could include access to child care or parenting. Are you getting the help you need?</i>		
1. Does the person have difficulty looking after his or her children?*		0
(If rated 0 or 9, go to the next domain)		
2. How much help with looking after the children does the person receive from friends or relatives?		
3a. How much help with looking after the children does the person receive from local services?		
3b. How much help with looking after the children does the person need from local services?		
Comments: No children		
Action(s):		
19. Other Dependents		Staff Rating
<i>Has looking after other dependents been a problem (an area of need)? Other dependents could include elderly parents and pets. Are you getting the help you need?</i>		
1. Does the person have difficulty looking after other dependents?*		0
(If rated 0 or 9, go to the next domain)		
2. How much help with looking after other dependents does the person receive from friends or relatives?		
3a. How much help with looking after other dependents does the person receive from local services?		
3b. How much help with looking after other dependents the person need from local services?		
Comments: No other dependents		
Action(s):		
20. Basic Education		Staff Rating
<i>Has reading, writing or basic math been a problem (an area of need)? Are you getting the help you need?</i>		
1. Does the person lack basic skills in numeracy and literacy?*		0
(If rated 0 or 9, skip questions 2 & 3 and proceed to the additional questions below)		
2. How much help with numeracy and literacy does the person receive from friends or relatives?		
3a. How much help with numeracy and literacy does the person receive from local services?		
3b. How much help with numeracy and literacy does the person need from local services?		
Comments: Ahmed is skilled in this area. He particularly enjoys reading novels.		
Action(s):		

21. Communication		Staff Rating
Has accessing or using a phone or computer been a problem (an area of need)? Are you getting the help you need?		
1. Does the person have any difficulty in getting access to or using a telephone?*		2
(If rated 0 or 9, go to the next domain)		
2. How much help does the person receive from friends or relatives to make telephone calls?		2
3a. How much help does the person receive from local services to make telephone calls?		0
3b. How much help does the person need from local services to make telephone calls?		1
Comments: Ahmed had a cell phone, but it recently was stolen from his apartment. His mother is helping him get another one. This is not the first time his cell phone was stolen. This has happened 3 times in the past year.		
Action(s): Take steps to prevent Ahmed's cell phone from being stolen. Contact the landlord to fix the lock on the door to his apartment. Discuss additional strategies, such as keeping the phone in a zippered pocket.		
22. Transport		Staff Rating
Has transportation been a problem (an area of need)? This could include getting to and from appointments and daily activities. Are you getting the help you need?		
1. Does the person have any problems using public transport?*		0
(If rated 0 or 9, go to the next domain)		
2. How much help with travelling does the person receive from friends or relatives?		
3a. How much help with travelling does the person receive from local services?		
3b. How much help with travelling does the person need from local services?		
Comments: Ahmed travels independently using public transit.		
Action(s):		
23. Money		Staff Rating
Has managing your money been a problem (an area of need)? Are you getting the help you need?		
1. Does the person have problems budgeting his or her money?*		2
(If rated 0 or 9, skip questions 2 & 3 and proceed to the additional questions below)		
2. How much help does the person receive from friends or relatives in managing his or her money?		0
3a. How much help does the person receive from local services in managing his or her money?		0
3b. How much help does the person need from local services in managing his or her money?		2
Comments: He is not behind in his rent, but with the cost of rent, cigarettes, and cell phones, toward the end of the month, he often doesn't have enough money for food. As a result, sometimes he begs for money outside the subway station. He has not accepted his mother's attempts to help him with budgeting.		

Action(s): Assist Ahmed with budgeting so that he doesn't run out of money. Work on strategies to cut down on cigarettes to improve his health in addition to saving money. Help Ahmed get a library card to access free books to read.

24. Benefits

Staff
Rating

Has accessing the benefits/money you're entitled to been a problem (an area of need)? This could include Ontario Works, Disability Support Program and Drug Benefit. Are you getting the help you need?

1. Is the person definitely receiving all the benefits that he or she is entitled to?*

(If rated 0 or 9, go to the next section)

0

2. How much help does the person receive from friends or relatives in obtaining the full benefit entitlement?


3a. How much help does the person receive from local services in obtaining the full benefit entitlement?

3b. How much help does the person need from local services in obtaining the full benefit entitlement?

Comments: Ahmed is on ODSP

Action(s):

8. OCAN Jeopardy Game

Intent	<p>This activity is intended to be a fun way to do an overall review of the purpose and content of OCAN. This activity is an extra quiz within the OCAN eLearning course, modelled after the game of Jeopardy. Although staff may have done this as part of completing the eLearning course, this module can be re-used in refresher training. If staff haven't been trained recently, they may have an incorrect understanding of some parts of the tool. The goals are to:</p> <ul style="list-style-type: none"> • Ensure that OCANs are completed accurately. • Re-energize staff on their use of OCAN through a fun activity. • Remind staff of the reference materials to help them complete OCANs accurately.
Duration	<p>~ 0.5 hour</p>
Format	<ul style="list-style-type: none"> • Face to face or virtual meeting. • 3 - 20 people • As this activity is short, you can add it on to another meeting or training activity
Reference Materials	<ul style="list-style-type: none"> • OCAN eLearning Course: OCAN Quiz – last section of the eLearning Home - Common Assessments and IAR (thinkingcap.com) • OCAN Dictionary (large document – use “Ctrl F” to search for field definitions) • OCAN Form • Need Rating Reference • Domains Definitions and Examples
Instructions to Prepare for the Activity	<ul style="list-style-type: none"> • Log onto the OCAN eLearning Course, go to the OCAN Quiz (last section of eLearning) and complete the OCAN extra quiz: a quiz game module. Home - Common Assessments and IAR (thinkingcap.com) <div data-bbox="656 1465 1058 1822" style="text-align: center;">  <p>The graphic shows a Jeopardy! board with the title 'OCAN JEOPARDY!' at the top. Below the title is a grid of four columns and five rows. The columns are labeled: 'OCAN Overview', 'Name the Domain', 'Consumer Self Assessment', and 'Staff Assessment'. Each cell in the grid contains a dollar amount: \$100, \$200, \$300, \$400, and \$500, arranged from top to bottom in each column.</p> </div>

8. OCAN Jeopardy Game

<p>Instructions to Prepare for the Activity (cont'd)</p>	<ul style="list-style-type: none"> • Decide how you want to structure this as a group activity. Here are some options: <ul style="list-style-type: none"> ➤ Divide the group into 2 teams. Have Team A start and give the Team B a turn when Team A gets an answer wrong, or they get 3 correct answers in a row. Have someone keep track of each team's score ➤ Give individual people a turn and go around the room (if you keep score for this one, you may want to give an equal score instead of using the \$ amount on the jeopardy board) ➤ Ask the group each question and have them to call out or write down the answer. • Consider having a prize for the winners or refreshments for everyone if face-to-face • Send meeting invite to staff and include the intent of the activity • Provide staff with access to reference materials • As this activity is short, you may consider adding it on to an existing team meeting or one of the other training activities in this manual
<p>Instructions for Facilitating the Activity</p>	<ul style="list-style-type: none"> • Describe the intent and goals of the activity. • Show the reference materials one by one and briefly describe them. Encourage staff to use them if they get stuck in this game and when doing their OCANs. • As a group, do the OCAN eLearning, OCAN extra quiz module. You can mention that they may have done this module on their own before. Now you're going to have fun with it as a group activity. • Facilitate the game using the structure you decided to go with.

For questions about the OCAN Training Activities Manual, please email oh-de-assessmentprogram@ontariohealth.ca