Principle 3: Ratings Describe the Individual

Decision Tree

The third Communimetric principle tells us that CANS ratings should describe the child/youth, not the child/youth in services. In order to rate the individual and not the individual in services, we have to think about the term “masking.” Masking describes situations in which a need is made more difficult to accurately detect/observe because the young person is receiving services that hide or diminish the intensity of that need. Examples would include, but not be limited to, the masking of:

- ADHD or Psychosis when controlled by medications; or
- Runaway or Fire-setting risk behaviors when a youth is in a secured facility

If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an “actionable” need (i.e., “2” or “3”). The decision tree below can help providers decide if a need is currently being masked:

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At the time of assessment, is the youth receiving program services?

NO

YES

If the treatment intervention or service were removed, is there an immediate (within 30 days) likelihood of the risk or mental health concern escalating, placing the youth/others at risk of an adverse event (arrest, harm, referral to same or higher level of care, etc.)?

NO

YES

If the treatment intervention or service were removed, is there a likelihood of the risk or mental health concern escalating and placing the youth/others at risk of an adverse event (arrest, harm, referral to same or higher level of care, etc.) within more than 30 but less than 90 days?

NO

YES

No Masking Occurring: Rate based on severity of presenting need.

No need for documentation. Youth’s behavior falls within anchor description for indicated

Masking Occurring: Rate 2 for Actionable Item

Document the rationale justifying why the behavior is likely to re-occur without services, who participated in the decision, and timeline to re-evaluate.

Masking Occurring: Rate 3 for Immediate Action
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Principle 3 Practice Vignette: Nicole (Psychosis Item; Behavioral/Emotional Needs Domain)

Nicole currently resides in a group home and has a diagnosis of bipolar disorder with psychotic features. She has had no hallucinations or delusional thinking since her admission when she began a course of anti-psychotic medication. Her treatment team has reported that she’s given multiple indications she wants to stop taking the medications. She frequently “cheeks” her meds and this has concerned the staff. She has also stated she doesn’t think she has any condition to be concerned about.

*What would your team rate the Psychosis item on the CANS?*

Principle 3 Practice Vignette: Mary (Financial Resources Item; Caregiver Resources & Needs Domain)

When her daughter Alicia began working with your program, Mary was struggling to support her family financially and had real concerns about food, clothing and shelter. At that time, Mary was an active drug user and it was interfering with her ability to find and keep work. With your program’s encouragement, Mary enrolled in and is working with a community-based substance abuse treatment program which also provides employment assistance and includes random drug testing.

Mary has been working at her current job for 4 months now, her longest stretch of employment in years. She has been able to meet her family’s financial needs during that time. Mary is still in the probationary period at her new job, and the employer has a zero-tolerance policy for substance use. Mary has had success with her treatment program but admits that she struggles daily with her addiction.

*What would your team rate the Financial Resources item?*

Principle 3 Practice Vignette: Iris (School Behavior Item; Life Functioning Domain)

Five-year-old Iris struggles in her kindergarten classroom. When she doesn’t get what she wants she sometimes becomes aggressive. She has frequent tantrums and has pushed, hit and bitten other children in the program. When Iris first came to the clinic, her teacher and her school principal wanted her removed from the program and referred to day treatment.

Instead, Iris’s family advocated for an IEP and, after her evaluation, Iris was given in-school supports, counseling, and a 1:1 support staff. The talented young woman who serves as Iris’s 1:1 works with Iris throughout the school day. She helps Iris focus on learning and play, disrupts most of Iris’s outburst before they happen, and redirects the other children away from Iris if she is escalating toward aggression. Iris hasn’t hurt another child since the 1:1 started and her tantrums have really reduced in frequency.

*What would your team rate for the School Behavior item?*

*What additional interventions or changes for Iris might shift your team’s rating on this item?*
Principle 3 Practice Vignette Comparison: Pearl and Martin
(Psychosis Item; Behavioral/Emotional Needs Domain)

Pearl

Pearl is 19, and she has been diagnosed with schizophrenia. She has been stable for almost two years. She talks about her understanding that her condition is chronic, and readily admits that she needs medication to control her psychosis. She takes her medication regularly and keeps in good contact with her prescriber. She participates actively in a wellness self-management program.

Martin

Martin has been diagnosed with bipolar disorder and is 14 years old. Martin has been hospitalized three times in two years because of episodes of significant mania with dangerous behaviors driven by delusional thinking. He is now taking Lithium and has not had a significant manic episode in the past six months. Martin says that nothing is wrong with him. His treatment appointments, lifestyle choices, and medication use stay on schedule only thanks to heavy support from school nurses, service providers and his parents.

For Pearl, what would your team rate the Psychosis item?

What about the same item rating for Martin?