

CHILD/ADOLESCENT LOCUS

DIMENSIONS	Level 1	Level 2	Level 3	Level 4	Level 5
I. RISK OF HARM	<p>LOW RISK OF HARM</p> <p>No indication of SI/HI thoughts or impulses</p> <p>No indication or report of physical or sexual aggressive impulses</p> <p><u>Develop.</u> Appropriate ability to maintain physical safety and to use environment for safety</p> <p><u>Low</u> risk for victimization, abuse, or neglect.</p>	<p>SOME RISK OF HARM</p> <p>Past HX of fleeting SI/HI or impulses with no current ideation, plan, intent</p> <p><u>Mild</u> SI with intent or plan with no past history</p> <p><u>Indication</u> or report of occasional impulsivity +/- phys/sex aggressive impulses with minimal consequences</p> <p><u>Substance</u> abuse w/o significant endangerment self/others</p> <p><u>Some</u> risk, of victimization, abuse, neglect</p>	<p>SIG. RISK OF HARM</p> <p><u>Significant</u> current SI/HI with some intent & plan, able to contract with family. Some aversion expressed about behavior.</p> <p><u>No</u> active SI/HI but extreme distress +/- history of S/H behavior binge or excess use of ETOH/drugs resulting in pot. harmful behaviors.</p> <p><u>Episodic</u> inability to care for self +/- maintain physical safety in developmental appropriate ways</p> <p><u>Sig</u> risk for victimization, abuse, neglect</p>	<p>SERIOUS RISK OF HARM</p> <p><u>Current</u> SI/HI with clear, expressed intention +/- past Hx of carrying out behaviors. family ability to carry out safety plan is compromised</p> <p><u>Indication</u> or report of sig impulse +/- sexual aggression, poor judgement/insight, are significantly endangering to self or others</p> <p><u>Indication</u> of consistent deficits in ability to care for self +/- use environment for safety</p> <p><u>Recent</u> pattern of excess substance use resulting in clearly harmful behaviors/ no ability of self or family to restrict use.</p> <p><u>Serious</u> or extreme risk for victimization, abuse or neglect.</p>	<p>EXTREME RISK OF HARM</p> <p><u>Current</u> S/H behavior or intent with a plan and avail means to carry out, without ambiv or barriers to doing so with hx or serious past attempts not of a chronic, impulsive or consistent nature OR with command hall or delusions that might override impulse control</p> <p><u>Indication</u> or report of repeated behaviors ie physical or sex aggression, that is clearly injurious to self or others</p> <p><u>Clear</u> & persist inability given development abilities, to maintain physical safety +/- use environment for safety</p> <p><u>A</u> pattern of constant & uncontrolled use of ETOH and other drugs; clearly endangering.</p>
II. Functional Status	<p>MIN. FUNCTIONAL IMPAIRMENT</p> <p><u>Consist</u> functioning appropriate to age & develop level</p> <p><u>No</u> more than transient impair in functioning following expose to identifiable stressor</p>	<p>MILD FUNCTIONAL IMPAIRMENT</p> <p><u>Minor</u> deterioration, episodic failure to achieve expected functioning level.</p> <p><u>Sporadic</u> episodes: some aspect of self-care/hygiene/body functioning control is compromised</p> <p><u>Significanat</u> improvement in functioning following a period of deterioration.</p>	<p>MOD. FUNCT IMPAIRMENT</p> <p><u>Conflicted</u>, w/drawn, troubled in relationships but no physical agg</p> <p>Self-care/hygiene deteriorate below usual frequently</p> <p><u>Significant</u> disturb in vegetative activities/no physical health risk</p> <p>School behavior deteriorated: Chronic +/- variably severe deficits in interpersonal relation recent gains +/- stabilization in funct achieved in struct setting</p>	<p>SERIOUS FUNCT IMPAIRMENT</p> <p><u>Serious</u> deterioration of interpersonal</p> <p><u>Significant</u> withdrawal and avoidance</p> <p><u>Consistent</u> failure to achieve self-care hygiene</p> <p><u>Serious</u> disturbance in vegetative status</p> <p><u>Inability</u> to perform adequately even in specialized school</p>	<p>SEVERE FUNCT IMPAIRMENT</p> <p><u>Extreme</u> deterioration in interactions</p> <p><u>Complete</u> withdrawal from all social interactions</p> <p><u>Complete</u> neglect of and inability to attend to self care and hygiene + bio function</p> <p><u>Extreme</u> disruption in vegetative function causing serious health compromise</p> <p><u>Nearly</u> complete inability to maintain any appropriate school behavior.</p>
III. Co-Morbidity Developmental Medical Substance Use Psychiatric	<p>NO CO-MORBIDITY</p> <p><u>No</u> evidence of medical illness, sub abuse, develop disability or psychiatric disturb other than presenting problem</p> <p><u>Past</u> medical, substance use, develop or psychiatric conditions are stable and pose no threat to the child's current functioning or present problem</p>	<p>MINOR CO-MORBIDITY</p> <p><u>Minimal</u> developmental delay or disorder present with no impact on present problem: child has achieved satisfactory adapt/compensation</p> <p><u>Self-limited</u> medical problems, present but not immediately threatening or debilitating</p> <p><u>Occasional</u>, self-limited episodes of substance use present without pattern of escalation, no indication of adverse effect on function or present problem</p> <p><u>Transient</u>, occasional, stress-related psychiatric symptoms, present without impact on presenting problem</p>	<p>SIGNIFICANT CO-MORBID.</p> <p><u>Develop</u> disability present, may adversely affect present problem +/- may require significant change in treatment for presenting problem</p> <p><u>Medical</u> cond present requiring significant medical monitoring</p> <p><u>Substance</u> abuse present, with signif adverse effect on funct & present problem</p> <p><u>Recent</u> subst abuse: significant impact on presenting problem/ arrested due to use of highly structured setting</p> <p><u>Psychiatric</u> signs & symptoms present, persist in absence of stress, moderate debilitating/adversely affect presenting problem</p>	<p>MAJOR CO-MORBIDITY</p> <p><u>Medical</u> condition present or have high likelihood of developing that may require intensive, not constant medical monitoring.</p> <p><u>Med</u> condition present that will adversely affect or be affected by the presenting disorder</p> <p><u>Uncontrolled</u> substance abuse present: poses serious threat to health</p> <p><u>Develop</u> delay or disorder present: will adversely affect course, treatment or outcome of presenting disorder</p> <p><u>Psychiatric</u> symptoms present/ clearly impair functioning, persist in absence of stressors/impair recovery from present problem</p>	<p>SEVERE CO-MORBIDITY</p> <p><u>Significant</u> med condition present, poorly controlled +/- life threatening without close med management</p> <p><u>Medical</u> cond acutely or chronically worsens or is worsened by present problem</p> <p><u>Substance</u> dependence present, with inability to control use, intense w/drawal symptoms</p> <p><u>Develop</u> disorder present: seriously complicates or is compromised by presenting disorder.</p> <p><u>Acute</u> or severe psychiatric symptoms are present: seriously impair functioning +/- prevent voluntary participation in treatment for presenting problem</p>

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IV. Recovery Environment Stress	<p>MINI STRESSFUL ENVIRONMENT</p> <p><u>Absence</u> of sig or enduring difficulties in environment</p> <p><u>Absence</u> of recent transitions, or losses of consequence</p> <p><u>Material</u> needs are met without signif cause for concern</p> <p><u>Living</u> environment conducive to normative growth, devel & recovery</p> <p><u>Role</u> expectations normative and congruent with age, capacities +/- level level</p>	<p>MILDLY STRESSFUL ENVIRON</p> <p><u>Significant</u> normative transition requiring adjustment</p> <p><u>Minor</u> interpersonal loss or conflict</p> <p><u>Transient</u> but significant illness or injury</p> <p><u>Somewhat</u> inadequate material resources or threat of loss of resources</p> <p><u>Expectation</u> for performance at home/school that create discomfort</p> <p><u>Potential</u> for exposure to substance use exists</p>	<p>MOD STRESSFUL ENVIRON</p> <p><u>Disruption</u> of family/social milieu</p> <p><u>Interpersonal</u> or material loss with significant impact</p> <p><u>Serious</u> illness or injury for prolonged period</p> <p><u>Danger</u> or threat in neighborhood or community</p> <p><u>Exposure</u> to substance abuse and its effects</p> <p><u>Role</u> expectations exceed child's capacity given age, status, and developmental level</p>	<p>HIGHLY STRESSFUL ENVIRON</p> <p><u>Serious</u> disrupt of family or social milieu</p> <p><u>Threat</u> of severe disruption in life circumstances</p> <p><u>Inability</u> to meet needs for physical and or material well being</p> <p><u>Exposure</u> to endangering criminal activities in family/neighborhood</p> <p><u>Difficulty</u> avoiding substance use and its effects</p>	<p>EXTREME STRESSFUL ENVIRON</p> <p><u>Traumatic</u> or enduring and highly disturbing circumstances</p> <p><u>Political</u> or racial persecution, immigration, social isolation</p> <p><u>Incarceration</u>, foster home placement or re-placement</p> <p><u>Severe</u> pain, injury, or disability or imminent threat of death</p>
Recovery Environment Support	<p>HIGHLY SUPPORTIVE</p> <p><u>Family</u> and ordinary community resources adequate</p> <p><u>Continuity</u> of active, engaged primary care takers</p>	<p>SUPPORTIVE ENVIRONMENT</p> <p><u>Continuity</u> of family or primary care takers occasionally disrupted</p> <p><u>Family</u>/primary care takers willing and able to participate in treatment</p> <p><u>Special</u> needs are addressed through successful involvement in systems of care</p> <p><u>Community</u> resources sufficient to address child's needs</p>	<p>LIMITED SUPPORT</p> <p><u>Family</u> has limited ability to respond to child's needs or is ambivalent</p> <p><u>Community</u> resources only partially compensate for unmet material and emotional needs</p> <p><u>Family</u> or primary care-takers demonstrate only partial ability to make necessary changes</p>	<p>MINIMALLY SUPPORTIVE</p> <p><u>Family</u> or primary care taker seriously limited in ability to provide for child's needs</p> <p><u>Few</u> community supports +/- serious limitation in access to sources of support.</p> <p><u>Family</u> and primary care takers show limited ability to participate in treatment or service plan</p>	<p>NO SUPPORT</p> <p><u>Family</u> +/- primary care takers are completely unable to meet needs</p> <p><u>Community</u> has deteriorated so that it is unsafe/hostile to child.</p> <p><u>Lack</u> of liaison and cooperation between child-servicing agencies</p> <p><u>Inability</u> of family/primary care takers to make changes or participate</p> <p><u>Lack</u> of even minimal attachment to benevolent other, OR multiple attachments to negative/abusive others.</p>
VI. Treatment, Acceptance and Engagement Child or adolescent	<p>OPTIMAL</p> <p><u>Quickly</u> forms positive therapeutic relationship</p> <p><u>Able</u> to define problems and accept others' definition of problems</p> <p><u>Accepts</u> age-appropriate responsibility for behavior that causes or worsens primary problems</p> <p><u>Actively</u> participates in treatment planning</p>	<p>CONSTRUCTIVE</p> <p><u>Able</u> to develop a positive relationship with clinicians and other care providers</p> <p><u>Unable</u> to define problems but accepts others' definitions</p> <p><u>Accepts</u> limited age-appropriate responsibility for behaviors</p> <p><u>Passively</u> cooperates in treatment planning and treatment</p>	<p>OBSTRUCTIVE</p> <p><u>Ambivalent</u>, distrustful relationship with clinicians and care takers.</p> <p><u>Acknowledges</u> existence of a problem but resists even age-appropriate responsibility</p> <p><u>Minimizes</u> or rationalizes problem behaviors and consequences</p> <p><u>Unable</u> to accept others' definition of the problem and consequences</p> <p><u>Frequently</u> misses or is late for treatment +/- non-compliant</p>	<p>ADVERSARIAL</p> <p><u>Actively</u> hostile relationship with clinicians/care providers</p> <p><u>Accepts</u> no age-appropriate responsibility role in development, perpetuation or consequences of problem</p> <p><u>Actively</u> frequently disrupts assessment and treatment</p>	<p>INACCESSIBLE</p> <p><u>Unable</u> to form therapeutic working relationship with clinicians or other care providers due: severe withdrawal, psychosis</p> <p><u>Unaware</u> of problem or its consequences</p> <p><u>Unable</u> to communicate with clinician due to severe cog delay or speech/language impairment</p>
Treatment, Acceptance and Engagement Parent +/- primary care taker	<p>OPTIMAL</p> <p><u>Quickly</u> and actively engages in positive relationship with clinician and service providers</p> <p><u>Sensitive</u> and aware of child needs and strengths</p> <p><u>Sensitive</u> and aware of child's problems and how they can contribute to recovery</p> <p><u>Active</u> and enthusiastic in participating in assess and treatment</p>	<p>CONSTRUCTIVE</p> <p><u>Develops</u> positive therapeutic relation with clinicians and prim care givers</p> <p><u>Explores</u> the problem and accept others' definition of problem</p> <p><u>Works</u> collaborates with clinician etc in develop. of treatment plan</p> <p><u>Cooperates</u> with treatment plan i.e. behavioral changes, follow through etc.</p>	<p>OBSTRUCTIVE</p> <p><u>Inconsistent</u> +/- avoidant relation with clinician</p> <p><u>Defines</u> problem but has difficulty creating a shared definition of devel., perpet., or consequence of problem.</p> <p><u>Unable</u> to collaborate in develop of a treatment plan</p> <p><u>Unable</u> to participate consistently in treatment</p>	<p>ADVERSARIAL</p> <p><u>Contentious</u> and/or hostile relation with clinician and care providers</p> <p><u>Unable</u> to reach shared definition of devel., perpet., or consequ. of problem.</p> <p><u>Able</u> to accept child's need to change but unable/willing to consider the need for change in family</p> <p><u>Engages</u> in behaviors inconsistent with treatment plan</p>	<p>INACCESSIBLE</p> <p><u>No</u> awareness of problem</p> <p><u>Not</u> physically available</p> <p><u>Refuses</u> to accept child or other family members' need to change</p> <p><u>Unable</u> to form relationship with clinician or other care providers due to sig cognitive difficulties, psychosis, intoxication or major mental illness.</p>

Child and Adolescent Level of Care Utilization System American Association of Community Psychiatrists (adapted for PrimariLink use, T. W. Mandell, M.D. 2002)