

Admission LOCUS Dimension Assessment

| DIMENSION | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|------------------------------|---|---|---|--|---|
| <i>I. Dangerousness</i> | -Minimal Potential | -Fleeting SI or HI in past -Subst use without harm -Past self-neglect | -Sig. SI or HI without intent or plan -Past Hx of SI/HI or threats with no sig change -Past binge use with aggression towards self or others -Current self-neglect | -SI/HI & Intent or Past Hx of Attempts, without means; Able to Contract for Safety -Recent excessive subst abuse with Sig. Aggression towards self or others -Compromise of ability to care for self | -Current SI/HI & Plan & Means & clear intent or Hx of serious attempts or Command Halluc or Delusions -Repeated episodes of serious violence towards self or others while under influ of intox subst -Extreme compromise of ability to care for self or monitor environment & physical deterioration |
| <i>II. Functioning</i> | -Transient impairment secondary to exposure to clear stressor | -Freq. conflict in meaningful relationships -Mild decreased self care or neglect due to stress -Probs with ongoing social roles | -Serious conflict in Sig. Relationship -Freq. probs with ADLs with change in life rhythms -Sig decrease in role performance | -Consistent conflict in sig. Relationships with phys. Altercat -Sig. Withdrawal or avoidance -ADL compromise -Sig decr in biorhyth. -Inability to meet role expectations | -Extreme disruption in Sig Relationship(s) & Assaultive Behav with provocation -Complete withdrawal -ADL Failure -Total neglect of role responsibilities |
| <i>III. Co-Morbidity</i> | No Comorbidity | -Minor Med. Probs -Minor Subst abuse -Psych Sxs due to stress, med illness or subst abuse with no effect on primary disorder | -Med condns require med monitoring -Med condn adversely affected by 1° D/O -Subst abuse has sig impact on 1° disorder and function -Sig Psych Sxs have (-) effect on 1° D/O | -Med condns req freq med monitoring -Med cond (-) affected by primary disorder -Subst abuse threatens health & recovery -Psych Sxs impair recovery from 1° disorder. | -Sig med condn poorly controlled or life-threatening -1° disorder exac Med Cond/Uncontrolled Med Condn exac 1° disorder. -Severe uncontrolled subst abuse with w/drawal prevents recovery and or worsens 1° disorder -Acute psych sxs prevent tx or worsen 1° disorder |
| <i>IVa. Stress</i> | -No interpersonal difficulties -No major losses -Able to meet material needs; no threats to health or safety -All demands of social role easily met | -Some interper difficulties -Transition requires adjustment -Minor loss -Transient illness or injury -Conflict near home -Potential for drug or ETOH exposure -Concern over income -Performance pressure | -Interp. Discord in sig relationships -Disruption in job; legal probs -Sig loss -Decr in health status or danger -Easy access to ETOH or drugs -Increase in responsib & inability to meet obligs | -Serious disruption in family or social milieu -Pressure to join others in drug taking -Imminent incarceration, homelessness or exile -Inability to provide for physical well-being -Severe or chronic illness | -Ongoing abuse from Sig Other -Victim of, or witness to, extr violence or disaster, persecution -Sudden or unexpected death of loved one -Active exposure to & involv. in drug use -Incarceration or homelessness -Severe injury or disability -Inabil to meet basic phys needs -Chaotic & const threatening env |
| <i>IVb. Support</i> | -Multiple sources of adequate support -Effective PACT Team | -Many sources of adequate support -Support syst able to respond if called upon | -Sources of support ambivalent or limited -Resources difficult to access -Resources unable to participate fully in treatment or make adjustments -Resources only partially utilized | -Sources of support limited & unmotivated to help -Resource dysfunction or hostile to client -Existing sppts unable to meet client needs -Supports inaccessible or discouraging of assistance -Client alienated and unwilling to use sppts | -No support available |
| <i>V. Recovery</i> | -No experience with treatment and recovery -All previous treatment efforts successful | -Prev Tx successful in controlling sxs -Hx of stable recovery/ in structured setting or ongoing care | -Incomplete remission without intensive mgmt -Recovery only with prof mgmt or structured settings | -Limited response/incomplete remission, even with intensive Rx - Limited success for limited time periods | -Minimal response of Sxs and fct in highly structured settings |
| <i>VI. Engagement</i> | -Good understanding of illness & effect on function -Desire to make nec behavioral changes -(+) ther. Alliance -Understands rec. process & personal resp | -Accepts exist. of illness & willing to learn about its effects on fct -Willingness to change behav & control sxs -(+) engagement in tx | -Equivocation in accept of illness -Limited commitment to behav change -Few trusting relationships -Won't use avail resources -Won't accept resp for recovery | -Rarely accepts reality of illness or disability -No desire to change behaviors -Relates poorly to tx and doesn't trust -Avoids contact with tx -Doesn't accept resp for recovery | -No awareness of illness or disability -Unable to understand recovery process -Unable to engage in tx -Avoidant, frightened, or guarded |
| <i>Total Score</i> | | | | | |