

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

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