# LEVEL OF CARE ASSESSMENT TOOL

## GENERAL GUIDELINES

***Purpose***

The Level of Care Assessment Tool (LOCAT) is an instrument that an Aetna clinician uses to aid in the decision-making process that determines the level of care appropriate for effective treatment and medically necessary for a mental health patient. "Aetna clinician" may mean a care manager, an independent physician reviewer working on Aetna's behalf or an Aetna medical director.

***Time frame being considered***

For the purposes of the LOCAT, the time frame being considered is that of this presentation of the illness. That is, it is the patient's current clinical presentation during this event that should form the basis of the Aetna clinician's LOCAT ratings. This instrument should only be used by a clinician who has been instructed in its use. Note: The generic term *practitioner* refers to the individual outside of Aetna who is actually assessing the patient. This may be a psychiatrist, nurse, social worker or other mental health professional.

***Components that go into the decision***

Components that go into the decision include, but are not limited to:

- Data from the practitioner's comprehensive clinical interview and complete mental status examination
- Past clinical history (medical and psychiatric, including response to medication)
- Assessment of the current support system available to the patient
- Family history
- Current medical status
- Comprehensive risk assessment, including consideration of relevant demographic factors (age, ethnicity), comorbid substance use, medical conditions and support system, among other factors

The specificity with which the Aetna clinician obtains detailed information from the practitioner assessing the patient about the events leading to the crisis or behavior is important in determining the treatment needs. Past history, previous treatment, and review of present stressors and support systems are all required for an accurate patient assessment.

It is essential to be familiar with the capabilities of a local provider network to support the patient.

## I. ACUTE DANGEROUSNESS

This dimension identifies elements of dangerousness that represent or describe a patient's behavior. To evaluate dangerousness, the mental health practitioner usually assesses suicidal intent and homicidal intent. However, the additional sub-dimensions of self-injuriousness and irritability/aggression/ mania help ensure that a more complete clinical picture of a patient is available. These sub-dimensions are sensitive toward patients who present with behaviors resulting from impaired judgment secondary to a mental illness. Some clinical situations of impaired judgment may be addressed directly by the family or by an agency dealing with the patient. (Example: A manic patient who is driving a car in a reckless manner should have access to the vehicle prevented.) If the family or agency cannot alleviate the dangerous behavior, then it should be scored using this dimension.

Standards of care exist in assessing and managing the suicidal or homicidal patient. Developing a safety plan or contracting for safety or self-control are examples of such standards. The emphasis placed on contracting must be considered carefully, taking into account such things as knowledge of the patient, prior history, reliability, family history and environmental supports.

Contracting for safety or developing a safety plan does not relieve the mental health practitioner from continued active involvement with the patient as manifested

by frequent contacts by telephone or in person.

## A. Suicidal Intent

Please choose only one response from this sub-dimension**.**

1. **None**: No elements of suicidality.
2. **Minimal:** Fleeting thoughts of suicide, but no plan, intent or actions. Fleeting is defined as occasional thoughts that do not persist most days.
3. **Mild:** Persistent thoughts of suicide with no feasible plan and no definite intent. Any recent attempt was non-lethal, impulsive or occurred in the presence of others; patient may have continued thoughts but no plan or intent. Patient is able to develop a safety plan without reservation.
4. **Moderate:** Suicidal plan and intent, but without organized means to execute the plan. The patient is able to develop a plan for safety with some reservations or conditions (only in a facility, etc.), or the patient is not able to develop a plan for safety but is well known to the provider/evaluator and is not believed to be at serious risk.

   ***AND/OR***

   An attempt has been made, and there was a plan with intent but the patient exhibits some remorse. The patient is now able to develop a plan for safety with some reservations or conditions (only in a facility, for example), or the patient is not able to contract for safety but is well known to the practitioner/evaluator and is not believed to be at serious risk.
5. **Severe:** Patient has plan and intent to commit suicide, plus the means to execute the plan. Premeditated suicide attempt, alone, with efforts to avoid detection even if the attempt had a low potential for being lethal but the patient believed that the attempt could have been lethal. The patient continues to voice a desire to die.

## B. Self-Injuriousness

Please choose only one response from this sub-dimension**.**

1. **None:** No evidence of attempts to self-inflict injury, no symptoms of an eating disorder.
2. **Minimal:** Where medical intervention is typically not warranted. Self-inflicted scratches or abrasions, hair pulling, hitting self, or otherwise causing self-harm; a pattern of restricting, binging or purging; abuse of laxatives and diet pills (over-the-counter, prescription or illicit drugs,); or use of enemas or herbal supplements designed to cause purging or flushing of the system.
3. **Mild:** Medical intervention may be required. Self-inflicted cuts, possibly requiring sutures, banging head, hitting objects, self-induced falls, or otherwise causing self-harm; or a need for supervision at all meals to avoid restricting or purging. Failure to restore weight despite an apparently adequate intake of calories. Additionally, if an individual has failed to respond to an adequate course of treatment provided to date (in terms of duration and intensity), this score should be given, even if the failure to respond is not direct self-injury, sabotage of treatment, or related to poor compliance.
4. **Moderate:** Medical intervention is necessary. Self-inflicted wounds and or burns, overmedicating self or other self-harm; or there are unstable vital signs or metabolic abnormalities confirmed by lab values. Acute behavior that demonstrates impaired judgment to the extent that serious harm or death may result (for example, a patient with an eating disorder with electrolyte abnormalities, cardiomyopathy, serious bradycardia [for example, a heart rate below 40 in an adult, a blood pressure below 90/60, or a temperature below 97]; or patient needs supervision to comply with medication).
5. **Severe:** Twenty-four hour medical monitoring may be necessary. In the absence of suicidality, self-inflicted attempts to hang self (for auto-erotic reasons), or other self-harm where severe injury results; medication refusal, where without the medication, the patient's dangerous or self-injurious

behavior would persist; or intravenous fluids, nasogastric tube feedings or multiple daily laboratory testing is needed.

### C. Homicidal Intent

Please choose only one response from this sub-dimension**.**

1. **None:** No thoughts of homicidality or dangerousness.
2. **Minimal:** Fleeting thoughts of homicide, but no plan, intent or actions taken in furtherance of these thoughts. Fleeting is defined as occasional thoughts that do not persist most days.
3. **Mild:** Homicidal thoughts may be fleeting or persistent, and the patient has a plan, but it is not organized or realistic, and there is minimal intent.
4. **Moderate:** There are thoughts of homicide without an organized plan. There is no current action in furtherance of killing someone, or means to kill someone.
5. **Severe:** There are continuous thoughts about homicide with a feasible plan and intent to commit homicide. The patient has the means to complete it.

### D. Irritability/Aggression/Mania

Please choose only one response from this sub-dimension.

1. **None:** The patient has not engaged in any inappropriate arguments with other people.
2. **Minimal:** Hypomania, or occasional inappropriate arguments with other people, without physical violence.
3. **Mild:** Daily or frequent inappropriate arguments with other people, without physical violence; behavior evidencing disorganized thought processes or inability to engage appropriately in social interactions.
4. **Moderate:** Intense inappropriate arguments occur almost continuously; and/or arguments occur almost daily and involve periodic physical confrontation and/or violence but without the use of an implement or weapon; or grandiose or impaired judgment, or markedly increased activity level; or severe psychosis impairing functioning.
5. **Severe:** Agitation or behavior with a high potential for causing physical harm. Physical violence with the use of implements or weapons (knife, gun, bat, scissors, etc.) has been occurring over the last year. Any aggressive acts that are not considered to be homicidal in nature.

## II. FUNCTIONAL IMPAIRMENT

This sub-dimension addresses the degree to which psychological problems affect the patient’s functioning, vary from the patient’s own typical baseline, and contribute to the ability to survive or maintain him/herself in the environment. Implied in this sub-dimension is the notion that the patient’s level of functioning may have changed from the previous baseline level of functioning. The evaluator needs to explore the previous baseline level of functioning, and the possibility of concurrent chemical dependency that may contribute to or explain the functional impairment.

### A. Social Isolation

Please choose only one response from this sub-dimension.

1. **None:** The patient’s social interactions are adequate without evidence of significant withdrawal.
2. **Minimal:** Minimal social withdrawal, and/or slightly limited range of social contacts or interactions. The patient may withdraw from some social situations. The patient’s withdrawal does not include his/her occupational or school life.
3. **Mild:** Mild withdrawal from a range of situations, including social and/or occupational/educational.
4. **Moderate:** Withdrawal from most situations, including social and occupational/educational, but maintains at least some minimal level of social contact. Patient frequently limits social involvement/activity at work/school and at home in some way (for example, stays home for several consecutive

days to avoid contact with peers, avoids almost all contact/interaction with spouse/family, avoids involvement in child-rearing activities/discipline/etc.).

5. **Severe:** Either total or almost total withdrawal from all situations, including social and occupational/educational. Unable to care for him/herself. Near complete disruption of relationships.

## B. Nutritional Impairment

Please choose only one response from this sub-dimension.

1. **None:** The patient's appetite and nutritional intake is adequate, and there is no concern about it at present.
2. **Minimal:** There is a change in the patient's eating habits as a result of his/her current mental status. Weight gain or loss, if present, is less than 10 pounds over the last month.
3. **Mild:** Appetite disturbances have resulted in weight gain or loss greater than or equal to 10 pounds over the last month.

   ***OR***

   The patient is engaging in restricting, binging or purging behavior at least five times per week over the last two weeks.
4. **Moderate:** Appetite disturbances have resulted in weight gain or loss greater than or equal to 20 pounds over the last month.

   ***OR***

   The patient is engaging in restricting, binging or purging behavior at least daily over the last two weeks.
5. **Severe:** Patient's physical health status is such as to suggest imminent danger, due to the patient's inability to independently consume sufficient calories/fluids to provide basic nourishment. Imminent danger is demonstrated by the patient needing medical treatment to ensure safety (IV fluids, electrolyte replacement, etc.).

## C. Sleep Disturbance

Please choose only one response from this sub-dimension.

1. **None:** No report of any concern about sleeping patterns.
2. **Minimal:** Report of some occasional sleep disturbances. These occasional sleep difficulties may be related to situational precipitants (stress in life, pain or discomfort from a medical problem, crying baby, etc.).
3. **Mild:** Report of initial insomnia and/or terminal insomnia and/or frequent awakenings or hypersomnia of less than or equal to two weeks' duration.
4. **Moderate:** Sleep is impaired with a combination of initial insomnia, terminal insomnia, and/or frequent awakenings or hypersomnia present for more than two weeks' duration.
5. **Severe:** Sleep is significantly impaired as measured by duration. There may be a combination of initial or terminal insomnia or frequent awakenings or hypersomnia present for more than eight weeks.

## D. School or Work Impairment

If the patient is a homemaker, please consider the homemaking and/or child-care tasks as the work performance being rated.

Please choose only one response from this sub-dimension.

1. **None:** Educational/occupational functioning is adequate.
2. **Minimal:** Patient identifies stress at school or work and has difficulty performing responsibilities due to poor concentration or anxiety. No related absenteeism.
3. **Mild:** Impaired performance in job or school, with at least a mild decline in performance from prior level of functioning, and/or absenteeism. Decline in performance is (presumably) noticeable to co-workers/peers, but there has been no disciplinary action.
4. **Moderate:** Impaired performance in job or school, with a moderate decline in performance from prior level of functioning, and/or absenteeism. Disciplinary action may have been taken against the patient at work or school due to inappropriate or ineffective behavior.

Destruction of property at school or work may be present.

5. **Severe:** Patient fired, expelled and unable to work/attend school due to mental status.

## III. MENTAL STATUS AND COMORBID FACTORS

### III-a. Mental Status

A properly performed mental status examination assists the clinician in determining whether the patient is psychotic. Psychosis is a key factor in determining the appropriate level of care. This sub-dimension measures current psychological functioning using selected components of a mental status examination.

#### A. Appearance

Please choose as many as apply to the patient. For scoring, only record the highest number.

1. Neat and well-groomed: independent hygiene or at expected baseline for the patient.
2. Unkempt: patient is performing hygiene activities needed to maintain physical health but not at the premorbid baseline expected for this patient.
3. Malodorous: patient is NOT performing hygiene activities needed to maintain health and safety, requires external prompting to perform hygiene activities.
4. Inappropriate to weather and or circumstances: patient is unable to bathe/shower or take appropriate steps to maintain hygiene without direct assistance.
5. Dependent care for all hygiene: would be unclothed but for assistance.

#### B. Speech

Please choose as many as apply to the patient. For scoring, only record the highest number.

1. Regular rate, rhythm and tone.
2. Slow and low volume; selectively mute, content of speech demonstrates paucity of thought.
3. Pressured or rapid speech, but interruptible; content of speech demonstrates circumstantial, tangential thought processes.
4. Pressured or rapid speech that is not interruptible, or with yelling/screaming.
5. Speech latency indicative of thought blocking, loosening of associations, clanging, verbal perseverations.

#### C. Affect

Please choose as many as apply to the patient. For scoring, only record the highest number.

1. Full range and appropriate to content of discussion.
2. Sad or depressed, constricted, angry, flat, anxious, but congruent with mood.
3. Affect not appropriate to content of discussion.
4. Severe irritability evident, or mood incongruent.
5. Expansive and/or grandiose; severe mood lability with rapid switches from one extreme to another.

#### D. Delusions

Please choose as many as apply to the patient. For scoring, only record the highest number.

1. None, or age-appropriate delusions.
2. Fixed and of long-standing duration, but the patient does not act on the delusion.
3. Fixed, and patient's functioning is affected.
4. The patient's delusions are so pervasive that most waking moments are spent in the delusional system, thus rendering the patient inaccessible to verbal interventions.
5. Fixed, and the patient may act on the delusion having an effect on the patient's or other's safety.

#### E. Hallucinations

Please choose as many as apply to the patient. For scoring, only record the highest number.

1. None
2. Hypnagogic/hypnopompic hallucinations.

3. Auditory, and/or visual hallucinations; command hallucinations, but the patient has not previously acted on them.
4. Tactile, and/or olfactory hallucinations.
5. Command hallucinations, and the patient has or will act on them.

## F. Thought Processes/Content

Please choose as many as apply to the patient. For scoring, only record the highest number.

1. No thought disorder; thought content is appropriate.
2. Ruminations, somatic preoccupation obsessions, compulsions, phobias or de-realization.
3. Ideas of reference, circumstantial or tangential thinking, paranoia, resistance to treatment.
4. Thought blocking, loose associations, thought insertion, thought broadcasting dissociation.

## G. Behavioral/Neurovegetative

Please choose as many as apply to the patient. For scoring, only record the highest number.

1. Behavioral and neurovegetative signs are at the baseline expected for this patient.
2. Difficulty concentrating, decreased interest in pleasurable things (anhedonia), increased libido, tics or automatisms (not typical for the patient at baseline).
3. Psychomotor agitation or psychomotor retardation.
4. Catatonia, bizarre posturing.

## H. Orientation

Please choose as many as apply to the patient. For scoring, only record the highest number.

1. Oriented in all spheres
2. Not oriented to time
3. Not oriented to place
4. Not oriented to person
5. Not oriented to circumstance

## III-b. Co-occurring Substance Use

Alcohol and substance abuse in a patient can dramatically complicate and change the level of care. If any patient scores a 2 or above in any of the three sub-dimensions below, please complete an American Society of Addictive Medicine (ASAM) evaluation.

## A. Scope of Substance Use/Abuse/Dependence

Please choose only one response from this sub-dimension.

1. **None:** No problem with alcohol or substance abuse, or may use occasionally. No pathological behavioral effects of use.
2. **Minimal:** The patient denies any problems with alcohol and/or substance abuse. However, family, friends, or associates at work believe there is a problem. There may be some noted problems secondary to substance usage (work, family, school, medical).
3. **Mild:** Patient admits to alcohol and/or substance abuse. There is no history of suicidal, homicidal or assaultive behavior under the influence. There may be the presentation of significant symptoms of a mood disorder, and/or the patient describes a history of substance-induced amnesia (blackouts).
4. **Moderate:** A patient who becomes suicidal, homicidal, assaultive or psychotic when under the influence. (The suicidality, homicidality and/or the psychosis are clearly related to the substance.)
5. **Severe:** Patient with substance abuse, who becomes suicidal, homicidal or assaultive when under the influence.
   ***AND/OR***
   The patient has a potentially lethal medical condition that is related to the substance abuse.

## B. Patterns of Use/Abuse

Please choose only one response from this sub-dimension.

1. **None:** Occasional or no use, no intoxication.
2. **Minimal:** Intermittent use with rare periods of intoxication.

3. **Mild:** Intermittent use with frequent intoxication. The time between periods of intoxication usually exceeds five days.
4. **Moderate:** Binge periods of use that exceed 24 hours, and the time between periods of intoxication rarely exceeds five days.
5. **Severe:** Daily or almost daily use of substance(s) to intoxication.

## C. Withdrawal Potential

Please choose only one response from this sub-dimension.

1. **None:** No evidence of withdrawal symptoms.
2. **Minimal:** Evidence of minimal withdrawal symptoms, such as mild nausea, barely observable tremors, slight headaches, hypersomnia, rhinorrhea and/or yawning.
3. **Mild:** Presence of withdrawal symptoms, such as pins-and-needles sensation, slight sensitivity to light, a mild headache, blood pressure appears mildly elevated, diaphoresis and/or piloerection.
4. **Moderate:** The symptoms above are present, as well as, other withdrawal symptoms: dry heaves, obvious agitation, paroxysmal sweats, muscle cramping, mild blood pressure elevation and/or fever.
5. **Severe:** The symptoms above are present in addition to severe withdrawal symptoms, such as nausea and vomiting, hallucinations or delusions, disorientation, severely elevated blood pressure, severe hypotension, dehydration, and/or the patient has a history of a complicated withdrawal in the past, such as delirium tremens or withdrawal seizures.

## III-c. Co-occurring Medical Illness

This sub-dimension underscores the need for a close working relationship between the medical caregivers and the mental health professionals. Adequate communication, transfer of information and open discussions are of the utmost importance in improving the quality of care, as well as the efficacy and safety of treatment. It is the responsibility of the mental health provider to have discussions with the primary care physician (PCP) as to the medical signs and symptoms related to the psychiatric manifestations. It is the responsibility of the PCP when medical signs and symptoms are present to provide that information to the mental health professional or evaluating facility upon referral of the patient. This dimension may indicate that the patient should first be treated medically before psychiatric treatment can be beneficial.

Please choose only one response from this sub-dimension.

1. **None:** No medical illness affecting management, compliance or response to psychiatric treatment.
2. **Minimal:** The patient presents with psychiatric signs and symptoms that may be due to a medical illness, therefore, a medical work-up is indicated; and/or there are known medical problems that do not interfere with routine psychiatric care of the patient.
3. **Mild:** The patient presents with psychiatric signs and symptoms. Known medical problems do not/or moderately interfere with routine psychiatric care of the patient, however, the medical condition must be monitored closely by the primary or other physician. Close contact between the mental health practitioner and the medical practitioner is mandatory. Examples of relevant conditions include:
   - Disabling physical symptoms
   - Pain syndromes
   - Anxiety state/paranoia related to endocrinopathy
   - Eating disorders
   - Diabetes
   - Cardiac problems
   - Lupus
   - Lyme disease
   - Liver and/or kidney problems
4. **Moderate:** The patient has a serious psychiatric condition with a medical condition that requires ongoing medical attention (for example, intramuscular medications, patient refuses life-

sustaining medications, etc.). Examples of relevant conditions include:

- Dehydration
- Acute confusional state
- Delirium
- Lithium toxicity

***OR***

The patient has a serious psychiatric condition with a history of a serious medical condition or complication. Because of this history and current symptoms, the patient must be observed in a facility with round-the-clock nursing and medical coverage until the patient is medically stable. Examples of relevant conditions include:

- Withdrawal seizures
- Unstable diabetes
- Dialysis

5. **Severe:** The patient presents with a potentially lethal medical presentation, as well as serious psychiatric symptoms. The patient needs immediate treatment in a medical facility that has an emergency service and intensive monitoring resources. Examples of relevant conditions include:
   - Chest pain
   - Malignant hyperthermia
   - Unstable diabetes with ketoacidosis
   - Unstable electrolytes
   - Thyroid storm

***NOTE: Any patient receiving a score of 4 or 5 needs to have the medical situation immediately reviewed by a physician.**

## IV. PSYCHOSOCIAL FACTORS

Trying to understand why a patient presents for treatment when he/she does is important in drafting an individualized treatment plan. Often, the patient or his/her family can identify stresses that precipitated the need for treatment. It is difficult to reliably measure the amount of support that a patient can count upon during an illness. Most competent practitioners spend a great deal of time exploring these resources. In making a level of care decision, take this into account.

### A. Family Stress

Please choose as many responses as are appropriate. In scoring, please only record the highest number.

1. **None:** There are no identified stressors on the patient from family members.
2. **Minimal:** There is pressure from the family to achieve, or there are overprotective or lax parents or guardians, or the re-marriage of a parent.
3. **Mild:** An older or younger sibling moves from the home, discord with immediate family members, pregnancy of a parent, minor child moving between the homes of divorced/separated parents, triggering of significant disturbing memories of past physical or sexual abuse by a family member.
4. **Moderate:** Serious illness of a family member; disruption of a family by separation, divorce, or estrangement; substance abuse/dependence in a family member.
5. **Severe:** Removal (placement) of the patient out of the home, current or recent physical or sexual abuse by a family member, recent death of an immediate family member.

### B. Stress from Non-Family Members

Please choose as many responses as are appropriate. In scoring, please only record the highest number.

1. **None:** There is no identified stressor to the patient from non-family members.
2. **Minimal:** The patient is teased by others; discord with, harassment from neighbors or peers; breakup with boyfriend/girlfriend; death of a pet.
3. **Mild:** Flashbacks or preoccupation with a stressful event.
4. **Moderate:** Patient is being targeted by peers or others for violence, unwanted pregnancy, death or illness in a friend, triggering of significant disturbing memories of past sexual abuse by a non-family member.
5. **Severe:** Recent extreme violence directed towards the patient from neighbors or peers, current or recent

physical or sexual abuse by a non-family member.

## C. Housing

Please choose as many responses as are appropriate. In scoring, please only record the highest number.

1. **None:** The patient's housing situation is stable.
2. **Minimal:** The patient has moved into a new home within the last year, or the patient has a place to live but is unhappy with the arrangements.
3. **Mild:** Patient has a place to live, but it is substandard and/or lives in a high-crime and/or high-drug area.
4. **Moderate:** The patient is awaiting placement (foster home, residential school, CRR, etc.), or the patient has lost his/her place to live but has the means to secure an alternative residence.
5. **Severe:** Patient is homeless and has no means to secure housing.

## D. School or Job

If the patient is a homemaker, please consider homemaking as the work when rating the environmental stressors. Please choose as many responses as are appropriate. In scoring, please only record the highest number.

1. **None:** The patient has no stressful issues at work or school that are thought to have major impact on the current situation.
2. **Minimal:** Declining grades and/or frequent unexcused absences from school or work (less than 10 per year) and/or stressful work schedule, difficult work conditions.
3. **Mild:** Recent suspension from school or work for nonattendance, fighting or substance use.
4. **Moderate:** Recent expulsion from school for any reason, or greater than 20 unexcused absences this academic year; or forced unemployment.
5. **Severe:** Recent extreme violence at work or school toward the patient.

## E. Support System

Please choose only one response from this sub-dimension**.**

1. **None**: Fully supportive functioning system willing to assume responsibility for assisting in care as it relates to patient's deficiencies in psychiatric and/or medical areas.
2. **Minimal:** There is limited support due to availability or interest and/or transportation to treatment may be a problem.
3. **Mild:** Support system is neutral toward the patient and/or toward the patient's recovery.
4. **Moderate:** The support system is antagonistic toward the patient and/or toward the patient's recovery, and/or financial resources as it relates to getting care may be a problem.
5. **Severe:** No support is available. The patient is alone without family and/or significant agency support, or the patient does not choose to utilize the available support system. Getting food or housing may be a problem.

# V. ADDITIONAL MODIFIERS

## A. Treatment History

Please choose as many responses as are appropriate. In scoring, please only record the highest number.

1. **None:** There is a history of good response to treatment interventions, or no history of prior treatment failures.
2. **Minimal:** There is a history of symptom remission but not sustained, or a history of symptom recurrences.
3. **Mild:** There have been treatment failures, rapid recurrences of symptoms or only partial remission of symptoms.
4. **Moderate:** Serious and disabling symptoms remain despite adequate treatment; failure to return to previous baseline level of functioning, despite adherence to treatment.
5. **Severe:** Remains treatment refractory despite multiple trials of

optimal interventions in higher levels of care.

## B. Personal Resources

Please choose as many responses as are appropriate. In scoring, please only record the highest number.

1. **None:** The patient is highly motivated, has no intellectual deficits, appropriately utilizes supports and resources, and is fully engaged in treatment.
2. **Minimal:** The patient is ambivalent about treatment, personality factors (self-defeating characteristics, for example) may impact effort towards adhering with treatment, intermittently conflictual relationships with supports or providers. There are health literacy factors, learning differences or limited education affecting ability to follow directions.
3. **Mild:** The patient lacks insight into his/her condition, is uncooperative with following up with treatment (medication, therapy visits, medical appointments, self-help group attendance) or is not able to understand his/her responsibilities related to treatment. Becomes hostile with providers and other supports or resources.
4. **Moderate:** The patient shows no motivation to change or is not willing to engage with providers. Logistics represent a barrier to accessing care. Serious intellectual, developmental, emotional or deficits in reality testing result in ineffective treatment.
5. **Severe:** Actively sabotages treatment; refuses to participate in treatment.

## C. Past History of Dangerousness

This sub-dimension refers to events or behaviors ***prior*** to the current episode. Please choose as many responses as are appropriate. In scoring, please only record the highest number.

1. **None:** There is no history of suicide attempts or assault on others.
2. **Minimal:** There is a history of suicide attempts or violence towards others by a first-degree relative.
3. **Mild:** A history of completed suicide in a first-degree relative, or a history of significant violence by a first-degree relative (for example, an act resulting in a need for medical attention for the victim, or legal consequences for the relative).
4. **Moderate:** There is a prior history of the patient losing control of anger, rage or aggressive thoughts and becoming violent, or there has been a history of prior suicide attempts by the patient of a severity that required medical intervention.
5. **Severe:** Physical violence perpetrated by the patient with the use of implements or weapons (knife, gun, bat, scissors, etc.) has occurred; or past, premeditated suicide attempt(s), alone, with efforts to avoid detection even if the attempt had a low potential for being lethal but the patient believed that the attempt could have been lethal.

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