North Sound Mental Health Administration

Regional Support Network for Island, San Juan, Skagit, Snohomish, and Whatcom Counties

Improving the mental health and well being of individuals and families in our communities

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NSMHA Contract Memorandum 2012-014

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From: Charissa Westergard, Quality Specialist

Subject: CA/LOCUS Inter-rater Reliability

As part of the effort to ensure reliable use of the Child & Adolescent Level of Care Utilization System (CALOCUS) and Level of Care Utilization System (LOCUS) tools in the North Sound region, a regional inter-rater reliability process was adopted in 2010 and implemented in 2011.

In 2012, the second year of the regional inter-reliability process, North Sound Mental Health Administration planned to implement an online process. Unfortunately, we are experiencing technical difficulties with the online implementation and will need to proceed with the current paper process for 2012. We request anyone needing to complete the process in 2012 do so by December 31, 2012. We apologize for any inconvenience not having the online process available may cause.

There is one notable change going forward that will reduce the number of staff needing to complete testing in 2012. Rather than have all appropriate staff demonstrate inter-rater reliability annually, individuals who demonstrate acceptable scoring in the inter-rater reliability process will not need to complete the process again for two years from the previous completion date. This means individuals who demonstrated acceptable inter-rater reliability scoring in 2011 will not need to complete the process again until 2013 (see attached directions for definition of acceptable scoring). Only staff not demonstrating acceptable scoring in 2011 and any newly hired staff will need to complete the process by the end of 2012.

You will find the directions, scoring form, scenarios and results attached. If you have any questions, please contact Charissa Westergard at charissa_westergard@nsmha.org or 360-416-7013 x228.

Attachments: Amy CALOCUS Scenario, Amy CALOCUS Results, Britt CALOCUS Scenario, Britt CALOCUS results, Justin CALOCUS Scenario, Justin CALOCUS Results, Kassandra LOCUS Scenario, Kassandra, LOCUS Results, Sam LOCUS Scenario, Sam LOCUS Results, Theresa LOCUS Scenario, Theresa LOCUS Results, CALOCUS IR Directions Updated and Scoring Form.

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CALOCUS SCENARIO - AMY

PRESENTING PROBLEM: Amy is a 7-year-old Caucasian girl who attended the assessment with her maternal Grandmother. Information was also obtained from Amy's social worker, Jane, prior to the face-to-face assessment with Amy and her Grandmother. They reported that Amy and her siblings were removed from Mom and Dad's care about four months ago at which time Amy and her siblings went to live with Grandma and her husband. Amy said that a social worker came to school to talk to her and siblings about Dad "spanking us with belts and leaving bruises." Jane reports that there were 10 previous referrals to CPS and that one of those reports was made as the result of Amy disclosing alleged abuse by Dad to her school.

Jane said that Amy "appears to be okay, however she has been withdrawn since being removed from her parents' care" and she is concerned that Amy doesn't talk about the recent events in her life. Jane and Grandma report other adjustment issues including minor sleep problems and Amy reports feeling "mostly sad that I can't live at home and go to my old school. I'm glad I don't get spanked now." Appetite and overall mood are "good for the most part" (Grandma). There have been a few incidents in the past 90 days of Amy "sticking her nails in the palms of her hands when she cries. She has never broken the skin though" (Jane and Grandma). When asked why she did these things Amy says, "I don't know. I just got upset and didn't know what else to do. It didn't hurt."

Both Jane and Grandma worry about the long term effects of the abuse as well as all the resulting changes on Amy. However, both note that, over the last couple of weeks to month, some of the issues noted above appear to be improving.

PSYCHIATRIC HISTORY: No previous mental health treatment. Grandmother indicates, "Amy's always been a quiet child, but seems more down these days."

MEDICAL HISTORY: No known medical or developmental issues.

SUBSTANCE USE HISTORY: No known substance use issues.

SOCIAL HISTORY: Amy said that she's attended two different schools this year for 1st grade. Grandma says Amy is "a little" defiant at home and occasionally fights with siblings, but maintains strong relationships with Grandma and siblings. Both Jane and Grandma indicate there is no indication that Amy is having any significant difficulties with school relationships (other children or teachers) although teachers have noted to Jane and Grandma that Amy takes extra time to warm up to others, but is engaging once she does.

Jane also notes that Amy and her siblings have supervised visitation with her parents once a week. Her parents are involved in activities to address needed issues and to move toward having the children returned to their home.

MENTAL STATUS EXAMINATION: Amy appears to be healthy and of average size for a 7-year-old. She is quiet, but attentive during the intake. She responds to questions in a quiet voice when asked directly, but does not provide information unsolicited. She sat quite close to her Grandmother during the entire interview and seemed hesitant to make eye contact. At the end of the interview, Amy pointed to a picture of a horse on the wall stating "I like your horse."

CALOCUS SCENARIO – AMY

RESULTS

Risk of Harm **Dimension Score 2**

- c – Indication or report of occasional impulsivity, and/or some physically or sexually aggressive impulses with minimal consequences for self or others.
- f – Some risk for victimization, abuse, or neglect.

Functional Status **Dimension Score 2**

- a – Evidence of minor deterioration, or episodic failure to achieve expected levels of functioning, in relationships with peers, adults, and/or family (e.g., defiance, provocative behavior, lying/cheating/not sharing, or avoidance/lack of follow through); school behavior and/or academic achievement (difficulty turning in homework, occasional attendance problems), or biologic functions (feeding or elimination problems) but with adequate functioning in at least some areas and/or ability to respond to redirection/intervention.

Co-Morbidity: Developmental, Medical, Substance Use and Psychiatric **Dimension Score 1**

- a – No evidence of medical illness, substance abuse, developmental disability, or psychiatric disturbances apart from the presenting problem.

Recovery Environment (Environmental Stress) **Dimension Score 5**

- c – Incarceration, foster home placement or re-placement, inadequate residence, and/or illegal alien status.

Recovery Environment (Environmental Support) **Dimension Score 2**

- a – Continuity of family or primary care takers is only occasionally disrupted, and/or relationships with family or primary care takers are only occasionally inconsistent.
- b – Family/primary care takers are willing and able to participate in treatment if requested to do so and have capacity to effect needed changes.

Resiliency and Treatment History **Dimension Score 2**

- a – Child demonstrated average ability to deal with stressors and maintain developmental progress.

Treatment Acceptance & Engagement **Dimension Score 2**

Child/Adolescent

- 2a – Able to develop a trusting, positive relationship with clinicians and other care providers.

Parent/Primary caretaker

- 2a – Develops positive therapeutic relationship with clinicians and other primary care takers.

Total Score 16
CALOCUS Recommended Level of Care 2

Discussion

In relation to Risk of Harm, Amy digging her nails into her body when she is upset demonstrates some physically aggressive impulse behavior with minimal consequences. Given the reports of physical abuse there is also some risk of abuse. A rating of 3 is not given here because Amy disclosed the abuse and demonstrates an awareness that it should not happen. While Amy shows some mild functional impairment (some withdrawal and defiance with grandmother and siblings, some cautiousness in establishing new relationships, minor sleep difficulties) she is functioning adequately in some areas hence a rating of 2 on Functional Status. Amy is given a rating of 1 on Co-Morbidity as there is no evidence of developmental, medical or substance use issues. Environmental Stress is rated as a 5 given that she is relatively recently in foster care with her grandmother. This rating may change if this placement becomes a permanent one or, if the plan is to return to the

previous environment, the existing stressors of that environment need to be assessed. Environmental Support is rated as 2 given that Amy's parents are following through with CPS requirements, Amy is currently living with Grandmother who is currently supportive and will be able to be involved if and when Amy returns to her parents' care and community resources are engaged. Resiliency & Treatment History is given a rating of 2. While Amy has not been in treatment previously, she has demonstrated resiliency in dealing with stressors without much professional support. Treatment Acceptance & Engagement are rated as 2 for both Amy and her Grandmother (current primary care taker) as both appear constructive in their interaction with treatment provider.

As there are no independent placement criteria scored, the Level of Care is determined by the composite score of 16 = Level of Care of 2.

CALOCUS SCENARIO - BRITT

PRESENTING PROBLEM: Britt is a 6-year-old female who is brought to counseling by her mother, Cerena. Cerena states that her husband and Britt's father, James, is not able to be at counseling today due to his job. She states that he is a good dad and wants to participate in counseling if sessions can be scheduled at night after work or may be able to schedule time off if there is enough advance notice.

Cerena reports that Britt jumped out of the family car while they were backing out of their driveway two weeks ago and nearly got run over. Britt states that John told her it would be fun, so she did it. She displays the scrapes on her elbow and arm and says that John also told her it wouldn't hurt, but it did. Mother quietly whispers that John is Britt's make-believe friend. Britt says John is only make believe because mommy and daddy can't see him, but he's real. Cerena states that James is getting really scared about Britt jumping out of the car again and worries that she might try to do it when they are on the highway even though Britt has promised she won't try to jump out of the car again. Cerena indicates that while this is the only time Britt has jumped out of the car, she periodically "pulls these daredevil stunts and gets scraped and bruised up. Luckily she hasn't broken any bones."

Britt is reported to be a little "hyperactive" at times, but then "zones out," sometimes for hours. Cerena states that Britt talks to her make believe friends and they play games with each other. Sometimes Britt says John wants to eat at the table with her, but her daddy gets mad and tells her to stop playing around and eat her dinner. Cerena reports James gets mad whenever Britt talks about her make believe friends and tells her to stop it and yells at her. She says James tries to get Britt to admit she is making it all up but Britt just cries. Cerena states that Britt cries because her daddy "thinks I'm a liar" so she screams at him to leave her alone, but then becomes combative and starts hitting everyone else in the house. Cerena is anxious about Britt's behaviors and is worried because the fighting between Britt and James has gotten worse in the last three months and Britt just won't admit that she is making it all up. Cerena worries because this is starting to affect Britt's relationship with her sisters. She says that she is scared Britt might hurt the baby, although Britt has never done anything to the baby and reportedly is very loving toward the baby.

PSYCHIATRIC HISTORY: Cerena reports that Britt has always been an odd child and can spend hours and hours entertaining herself, even when she was a toddler. They have not sought treatment for this issue before.

MEDICAL HISTORY: No known medical or developmental issues. Cerena reports Britt is up-to-date with all doctor checkups.

SUBSTANCE USE HISTORY: No known substance use issues.

SOCIAL HISTORY: Cerena states Britt never acted like their other girls (Ray, age 9 and Darcy, age 11). Cerena also reports they have a baby, Alley, age 1, who is with the babysitter today. Cerena reports that Britt spaces out and acts "weird" sometimes when she is playing with her pretend friends so she doesn't like her around the baby. Cerena also reports that other children do not like to be around Britt and she has no friends in the neighborhood or at school. "The kids at school and in the neighborhood have started making fun of her.

Britt gets so upset because the other kids won't believe her make believe friends are real." Mother reports that Britt is also on an IEP at school for behavioral issues and is in a self-contained classroom.

MENTAL STATUS EXAMINATION: Britt's mother is Caucasian and her father is of the Alaskan Inuit tribe. During the interview Britt sits quietly playing with her Nintendo and occasionally interjects something into the interview. Britt is unusually quiet for about 20 minutes during the interview and stares. Her mother points this out as an example of Britt being "zoned out." Britt is unresponsive to questions during this time but when she returns to her normal state, Britt tells the interviewer that her friend John is not here today but he will come with her next time.

CALOCUS SCENARIO – BRITT

RESULTS

Risk of Harm **Dimension Score** 4

- b – Indication or report of significant impulsivity and/or physical or sexual aggression, with poor judgment and insight, and that is/are significantly endangering to self or others (property destruction; repetitive fire setting or violence toward animals).

Functional Status **Dimension Score** 4

- a – Serious deterioration of interpersonal interactions with consistently conflictual or otherwise disrupted relations with others, which may include impulsive or abusive behaviors.
- e – Inability to perform adequately even in a specialized school setting due to disruptive or aggressive behavior. School attendance may be sporadic. The child or adolescent has multiple academic failures.

Co-Morbidity: Developmental, Medical, Substance Use and Psychiatric **Dimension Score** 1

- a – No evidence of medical illness, substance abuse, developmental disability, or psychiatric disturbances apart from the presenting problem.

Recovery Environment (Environmental Stress) **Dimension Score** 3

- f – Role expectations that exceed child or adolescent's capacity, given his/her age, status, and developmental level.

Recovery Environment (Environmental Support) **Dimension Score** 2

- b – Family/primary care takers are willing and able to participate in treatment if requested to do so and have capacity to effect needed changes.

Resiliency and Treatment History **Dimension Score** 3

- a – Child has demonstrated an inconsistent or equivocal capacity to deal with stressors and maintain normal development.

Treatment Acceptance & Engagement **Dimension Score** 3

Child/Adolescent

- 3a – Ambivalent, avoidant, or distrustful relationship with clinicians and other care providers.

Parent/Primary caretaker

- 2a – Develops positive therapeutic relationship with clinicians and other primary care takers.

Total Score 20
CALOCUS Recommended Level of Care 5

Discussion

Risk of Harm score of 4 is given based on Britt jumping out of the car and other "daredevil stunts," which are accompanied by poor judgment/lack of insight (thinks stunts may be fun and not hurt) making these activities significantly endangering to self. Functional Status is also rated a 4 given the recent deterioration in interpersonal interactions resulting in conflictual relationships that are accompanied by combativeness (hitting) toward others in her household. Britt does not have any developmental, medical, substance use issues resulting in a rating of 1 on Co-Morbidity. People's (her father James, kids at school and in the neighborhood) responses to Britt's make believe friends are related to moderate stress for Britt. A rating of 3 vs. 2 is appropriate here as the instances of conflicts, as well as Britt becoming upset by the conflicts, are increasing. Although there is some conflict between Britt and her father regarding the make believe friends, Britt's parents are able and willing to participate in treatment/effect needed changes (rating of 2 on Environmental Support). While Britt has not had professional involvement for any issues previously, she is described as somewhat different in her interactions with others, having make believe friends, zoning out. These issues suggest an inconsistent/equivocal capacity to deal with stress and/or maintain normal development. Britt spends most of the assessment time playing a video game or "zoning out" suggesting an obstructive rating on Treatment Acceptance and Engagement. Britt's mother is more constructive in relationship during the assessment. As the higher rating is for Britt, this is the score used for the Treatment Acceptance & Engagement Dimension.

While the composite score is 20 suggesting a Level of Care of 4, the rating of 4 on either Dimension I or II is an independent placement criterion for a Level of Care of 5.

CALOCUS SCENARIO - JUSTIN

PRESENTING PROBLEM: Justin is a 15-year-old Caucasian male brought in for counseling services by his mother, Lois. They are accompanied by his younger brother, Joshua, age 3. Lois states she could not get a babysitter for Joshua because of his behavior issues, but she didn't want to cancel the appointment because she was afraid she would "miss the window of opportunity" for Justin to willingly attend the appointment.

Lois reports it was her idea for Justin to get counseling because Justin is more interested in skateboarding and won't watch his younger brothers when she has to work. She states that Justin is irritable and complains about everything he is asked to do and that he has been this way for the last year or so, but it's getting worse.

Lois reports that Justin has been kicked out of school this week for setting off an "incendiary device" near some kids in the park by their home. Justin tells his mother to shut up and throws his cap at her. She laughs at him when it misses and he yells at her, "Just leave, I don't want you here." Lois stormed out of the room with Joshua and left the building.

Justin then states that it was just an M80 he got from a fireworks stand and that it "didn't do much." He says he just wanted to see what it would do and nobody got hurt so he doesn't know why his mother keeps telling everyone what he did. Justin reports the police didn't even charge him with anything but he got kicked out of school anyway. "It's not like I meant to hurt anybody." Justin admits he is fascinated with blowing things up, but states he doesn't have any more fireworks so no one has to worry about it.

He states he has periods of time where he just can't get out of bed in the morning to go to school and feels "down" most of the time for about the last year. Justin states that he does not like school and is failing most of his classes. Justin says his mother keeps calling the truant officer on him and that makes him mad. He states he wishes she would run off like his dad did and then he could skate whenever he wanted to. Justin admits to having run away from home "to a friend's house" four times in the previous year when he has had issues with his mother.

PSYCHIATRIC HISTORY: "I saw the school counselor a couple times when my dad ran off a few years ago. I guess they thought I needed someone to talk to about it."

MEDICAL HISTORY: No known medical or developmental issues.

SUBSTANCE USE HISTORY: Justin denies current use of any drugs or alcohol. He states that he tried marijuana once a year ago. "Those things [drugs] will kill ya. Skaters don't do that stuff."

SOCIAL HISTORY: Justin states that his mom is never home and he is expected to take care of all his brothers while Lois works six nights a week. He reports that he has four brothers, ages 13, 12, 10, and 3. He says he cares about his brothers but wants to spend his time skating, not babysitting them. He states he hates his mother. Justin won't discuss his father other than to state he hasn't seen him in more than 3 years. He does say that his dad

did call just before his birthday last year and he wants to go live with him. Justin reports he is happy when he is skating and even likes it when his mom comes to see him skate. He says he knows she is proud of how well he can skate. Justin brightens considerably when talking about skating and talks about his group of friends that are known as the "skaters" at school.

MENTAL STATUS EXAMINATION: Justin is dressed in street clothing typical for his age group and carries his skateboard into the room. He does not make eye contact as he is introduced by his mother, Lois, nor does he respond to the counselor's comment regarding his skateboard. Justin slumps into a chair and distractedly rolls the skateboard back and forth bumping it into the bookcase and chair. Lois begins talking rapid fire about her concern about Justin's behavior but does not tell him to stop banging the skateboard into the bookcase and chair.

Justin appears agitated by his mother's statements during the interview but does not respond to direct questions except to mumble a few words. He does not make eye contact when talking to anyone in the room, mostly because he has his cap pulled down over his eyes and face.

Justin agrees to come back for another counseling session, but will not allow his mother to come with him. He requests the counselor see him by himself.

CALOCUS SCENARIO – JUSTIN

RESULTS

Risk of Harm **Dimension Score 3**

- c – Indication or report of episodic impulsivity, or physically or sexually aggressive impulses that are moderately endangering to self or others (e.g., status offenses, impulsive acts while intoxicated; self-mutilation; running away from home or facility with voluntary return; fire setting; violence toward animals; affiliation with dangerous peer group).

Functional Status **Dimension Score 3**

- a – Conflicted, withdrawn, or otherwise troubled in relationships with peers, adults, and/or family, but without episodes of physical aggression.

Co-Morbidity: Developmental, Medical, Substance Use and Psychiatric **Dimension Score 1**

- a – No evidence of medical illness, substance abuse, developmental disability, or psychiatric disturbances apart from the presenting problem.

Recovery Environment (Environmental Stress) **Dimension Score 3**

- f – Role expectations that exceed child or adolescent's capacity, given his/her age, status, and developmental level.

Recovery Environment (Environmental Support) **Dimension Score 3**

- a – Family has limited ability to respond appropriately to child's developmental needs and/or problems, or is ambivalent toward meeting these needs or addressing these problems.
- c – Family or primary care takers demonstrate only partial ability to make necessary changes during treatment.

Resiliency and Treatment History **Dimension Score 3**

- a – Child has demonstrated an inconsistent or equivocal capacity to deal with stressors and maintain normal development.

Treatment Acceptance & Engagement **Dimension Score 3**

Child/Adolescent

- 3a – Ambivalent, avoidant, or distrustful relationship with clinicians and other care providers.
- 3c – Minimizes or rationalizes problem behaviors and consequences.

Parent/Primary caretaker

- 3a – Inconsistent and/or avoidant relationship with clinicians and other care providers.
- 3d – Unable to participate consistently in treatment, with inconsistent follow-through.

Total Score 19
CALOCUS Recommended Level of Care 3

Discussion

Risk of Harm is scored as 3 as Justin demonstrates some episodic impulsivity (one episode of setting off a pipe bomb without intention of harming anyone and episodes of running away in the last year). These behaviors are moderately endangering vs. significantly endangering at this point, therefore a score of 4 is not given. Given Justin's increased conflict with mother and at school (more than minor deterioration in these areas), a rating of Moderate Functional Impairment is appropriate. Justin maintains interest in some activities and some peer relationships so a rating of 4 is not warranted. While Justin indicates he tried marijuana once, there is no evidence of a past problem, continued use or interest in use currently. Therefore Co-Morbidity is scored as 1. The stress of Lois' expectations on Justin to take care of his four younger brothers on a regular basis is a role expectation that appears to exceed Justin's capacity and is a prominent source of stress for Justin

resulting in a score of 3 for Environmental Stress. Environmental Support is also scored as 3 as Justin's mother seems to have limited (but not seriously limited) ability/ambivalence to respond appropriately to Justin's needs and problems. Justin's capacity to deal with stressors is inconsistent resulting in a score of 3 on Dimension V. On Treatment Acceptance and Engagement both Justin and his mother fall in the obstructive range of this scale as indicated by some ambivalence about treatment and following through with/participating in treatment so a score of 3 is given on this dimension.

As there are no independent placement criteria scored, the Level of Care is determined by the composite score of 19 = Level of Care of 3.

LOCUS SCENARIO – KASSANDRA

PRESENTING PROBLEM: Kassandra is a 33-year-old African American woman who is self-referred. She describes a long standing history of psychiatric difficulties, primarily depression with auditory hallucinations during some episodes. She states that "it's definitely been getting worse for the last few months." She believes that this is due to frequent difficulties with her children who are ages 9 & 11. They are exhibiting behavior which is both out of control and dangerous, such as staying out all night or getting into physical altercations with each during which they punch and kick. She feels overwhelmed by the difficulties with her children.

Kassandra's current symptoms include difficulty sleeping which she reports as "not restful", feelings of worthlessness, guilt, some suicidal thinking without a plan ("I couldn't do that to my kids"), increasing difficulty with memory and increasingly frequent auditory hallucinations. She describes voices, but on further questioning she describes them as thoughts that she hears on the right side of her head. She describes them as derogatory but denies that they are demanding. She denies significant changes to appetite.

PSYCHIATRIC HISTORY: Kassandra was first hospitalized as a teenager in a Child and Adolescent Treatment Program for what appears to have been uncontrolled behavior and suicidal ideation. She estimates that she has had 12 hospitalizations since that time although not in the last 11 years. She reports experiencing an escalation of depression and auditory hallucinations prior to being hospitalized on most occasions. Per records, substance use was also implicated in many, if not most, of these admissions.

She has attempted suicide multiple times in the past primarily by overdosing or cutting her wrists, but has not engaged in any parasuicidal behavior for many years. She has made many abortive attempts at outpatient treatment over the last 11 years but she's "never been able to hang in there." She has been treated with a variety of medications in the past with some benefit. She is not currently taking any medication and is not involved in any treatment at this time.

Given the severity of her current symptoms, she believes she may now have a reason to really "stick it out." Her children are each in individual treatment and she meets with the children's therapist about once a month. "Their therapist is nice. I told her I was thinking about getting some help for myself and she really encouraged me."

MEDICAL HISTORY: She denies any significant medical problems now or in the past.

SUBSTANCE USE HISTORY: She reports an extensive alcohol and drug history dating back to adolescence. Her primary substances of choice were alcohol and amphetamines. She has been clean and sober from all substances except alcohol for 11 years. She reports mild to moderate current use of alcohol (drinks up to a case of beer a month). "Some days I drink one or two beers and some days none. I just like the taste of it and sometimes it feels like it takes the edge off. This is basically how I've done it since I stopped really using."

SOCIAL HISTORY: She was born and raised locally. She has 4 siblings and notes that even as children the family did not get along well. This has persisted to the current time and she notes either limited or difficult relationships with family members with the exception of one sister. "She's always been a support." She describes her mother as an alcoholic who became verbally abusive when intoxicated. She describes her father as quietly supportive but ineffective at protecting the children from mother's occasional "rage attacks." Of her father now, "I think he kind of tries to make up for the past with us kids." She reports her mother was infrequently physically violent and denies any personal history of physical or sexual abuse.

She dropped out of school in the 8th grade and later obtained her GED. She has supported herself by working at minimum wage, short duration jobs. "I just started a new job, but it feels like it is getting harder and harder to get out of bed and get to work." She reports difficulty with her finances and lives in section 8 housing.

She denies any current or previous legal difficulties.

MENTAL STATUS EXAMINATION: This is a slightly built woman who is clean, but somewhat carelessly dressed, and who relates reasonably well. No unusual aspects of speech or behavior were noted. Thoughts were well organized, without bizarre content. Reported vague auditory hallucination several times daily, particularly when she is alone, that describe thoughts in her head. Mood is depressed, affect dysphoric and constricted. She denies current homicidal ideation and, as noted previously, indicates passive suicidal thinking without intent or plan. Cognitive exam is intact.

LOCUS SCENARIO - KASSANDRA

RESULTS

Risk of Harm **Dimension Score 3**

- b – No active suicidal/homicidal ideation, but extreme distress and/or history of suicidal/homicidal behavior exists.

Functional Status **Dimension Score 2**

- c – Developing minor but consistent difficulties in social role functioning and meeting obligations such as difficulty fulfilling parental responsibilities or performing at expected level in work or school, but maintaining ability to continue in those roles.

Medical, Addictive and Psychiatric Co-Morbidity **Dimension Score 2**

- b – Occasional episodes of substance misuse, but any recent episodes are self limited, show no pattern of escalation, and there is no indication that they adversely affect the course of any co-existing psychiatric disorder.

Recovery Environment (Level of Stress) **Dimension Score 3**

- a – Significant discord or difficulties in family or other important relationships or alienation from social interaction.

Recovery Environment (Level of Support) **Dimension Score 3**

- a – A few supportive resources exist in current environment and may be capable of providing some help if needed.

Treatment and Recovery History **Dimension Score 3**

- b – Previous treatment exposures have been marked by minimal effort or motivation and no significant success or recovery period was achieved.

Engagement **Dimension Score 3**

- a – Some variability or equivocation in acceptance or understanding of illness and disability.

LOCUS Score 19
LOCUS Recommended Level of Care 3

Discussion:
Risk of Harm is rated as 3 given that Kassandra has a history of suicidal behavior although no current, active SI or HI exists. Current Functional Status shows some minor deterioration in role functioning, but still maintaining resulting in a rating of 2. Substance use is episodic with no evidence of escalation or adverse impact on psychiatric issues so a rating of 2 is also given here. Kassandra appears to perceive her environment as moderately stressful (issues with children, finances) and has limited support (sister, father, children's therapist). Regarding Treatment and Recovery History, Kassandra's more recent experiences are more important to consider than past. Her most recent experiences are marked by minimal follow through and limited recovery. In addition her more remote treatment and recovery history are marked by more impactful substance use, which is not at the same level currently. While Kassandra is self-referred, she shows some variability in acceptance of her illness given that she attributes current functioning to issues with children despite a long history of mental health issues.

As there are no independent placement criteria scored, the Level of Care is determined by the composite score of 19 = Level of Care of 3.

LOCUS SCENARIO – SAM

PRESENTING PROBLEM: Sam is a 49-year-old man who came to this intake after experiencing extreme depression, suicidal ideation and also engaging in a week-long binge of alcohol use. Sam reports he started having symptoms and using alcohol after a disagreement with his girlfriend and subsequent break up of their relationship about a month ago. He reports that he had approximately three years of sobriety which was motivated primarily by his girlfriend. Although he remained sober during this period, he reports being unhappy and becoming progressively isolated and apathetic.

He began drinking heavily about "a couple of weeks ago," and once he started, he drank continuously for a week using more than two six packs of beer daily along with several shots of hard liquor. "I was feeling so down and I just needed to be numb." He reports that he has become progressively more depressed during the last month with inability to sleep or eat, letting go of his main activities and becoming completely apathetic and finally suicidal, formulating several plans to end his life, including jumping in front of a car, jumping off a bridge and hanging himself. He states that he did not make an attempt to follow through on these plans but rather sought help when he discovered the depth of his despair. He states he hasn't been drinking as much in the past week, but "I'm still so depressed and still having thoughts of killing myself. If I can't get my depression under control, I don't think I can keep going."

He reports that he has experienced several of these symptoms over his lifetime without this extreme feeling of despair. He has had continued problems with motivation, lack of interest and pleasure in usual activities, social isolation, and self esteem periodically over the past three years of his sobriety. He denies other significant problems at this time. He is seeking treatment to help himself return to his former level of functioning ("happier, sober, working") and to increase his chances of reconciliation with his girlfriend.

PSYCHIATRIC HISTORY: Although he reports a long history of dysthymia and unhappiness, he has never had a period of treatment in the past. He has never been in therapy or on medication for any difficulties of this sort. "I used alcohol and other drugs to try and get rid of the negative feelings."

MEDICAL HISTORY: He denies any significant medical problems in his past. He states that he has not been on any medications nor has he had any prolonged illness. He denies any significant problems on review of systems.

SUBSTANCE USE HISTORY: Sam has a history of substance use since the age of about 14 with progression from marijuana to other substances culminating in addiction to heroin. He was treated for heroin addiction 20 years ago at Phoenix House and Samaritan House in New York City and was able to discontinue his use of illegal substances. However, he continued to use alcohol heavily following that period. He also had begun to have problems with alcohol, losing jobs and getting a DUI and was finally able to bring this problem under control about three years ago. He has attended AA meetings since that time. He reports that he does have a family history of alcohol use with father, grandfather and uncle all involved with alcohol. He smokes approximately two packs of cigarettes per day and has been unable to control that habit.

SOCIAL HISTORY: He is currently living in a hotel room but hopes to return home to his girlfriend and her teenage son if he can reconcile this relationship. However, he has not spoken to

them in the past two weeks. He reports that he has few other supports in his life. He has been estranged from his extended family for some time and they are not in the area. He has few friends and has been socially isolated during the past several years. He works part-time as a pharmacy technician and reports that he enjoys his job and does well at it. Although he believes that he has a job to return to, he has missed several weeks and has run out of sick time. He has no current legal difficulties. He reports few recreational interests other than shooting pool and recognizes this is an area he needs to develop. He has no religious beliefs or involvement and reports that he was somewhat unhappy as a child and describes a very unsupportive family including a mother he indicates was physically and mentally abusive to him.

MENTAL STATUS EXAMINATION: This is a thin, somewhat frail-looking Caucasian male. He appeared somewhat disheveled, but grooming seemed appropriate. He was cooperative and fairly well related in his interview. He showed no abnormality of speech or movement, thought or perception. His mood was reported as depressed, his affect was dysthymic and somewhat constricted, but with some range at various times during the interview. Regarding current suicidal ideation/behavior, Sam became tearful at several points during the interview and said he felt hopeless and did not feel safe if he was not able to get help. He was able to engage in making a safety plan. On cognitive exam, he was intact to short term and long term memory. Attention and concentration were basically intact, intelligence appeared average and insight and judgment were fair.

LOCUS SCENARIO - SAM

RESULTS

Risk of Harm **Dimension Score 4**

- a – Current suicidal or homicidal ideation with expressed intentions and/or past history of carrying out such behavior but without means for carrying out the behavior, or with some expressed inability or aversion to doing so, or with ability to contract for safety.

Functional Status **Dimension Score 4**

- e – Inability to perform close to usual standards in school, work, parenting, or other obligations and these responsibilities may be completely neglected on a frequent basis or for an extended period of time.

Medical, Addictive and Psychiatric Co-Morbidity **Dimension Score 4**

- d – Uncontrolled substance use occurs at a level, which poses a serious threat to health if unabated, and/or which poses a serious barrier to recovery from any co-existing psychiatric disorder.

Recovery Environment (Level of Stress) **Dimension Score 3**

- a – Significant discord or difficulties in family or other important relationships or alienation from social interaction.
- c – Recent important loss or deterioration of interpersonal or material circumstances.

Recovery Environment (Level of Support) **Dimension Score 3**

- b – Usual sources of support may be somewhat ambivalent, alienated, difficult to access, or have a limited amount of resources they are willing or able to offer when needed.

Treatment and Recovery History **Dimension Score 1**

- a – There has been no prior experience with treatment or recovery.

Engagement **Dimension Score 2**

- b – Willingness to change.
- d – Shows some recognition of personal role in recovery and accepts some responsibility for it.

LOCUS Score 21
LOCUS Recommended Level of Care 5

Discussion:
Risk of Harm is scored as 4 as Sam reports current suicidal ideation with intent and plan, but expressed aversion (wants to get help rather than kill himself) and ability to safety plan. Functional Status is also scored as 4 as Sam shows serious impairment by not being able to go to work or contact his girlfriend for an extended period of time. Sam's alcohol use also warrants a rating of 4 on Co-Morbidity as it poses a serious barrier to recovery from the depression. Substance use is rated on the Co-Morbidity dimension because Sam is seeking assistance with his depression primarily, making psychiatric the presenting/primary issue for scoring the LOCUS. A rating of 3 is given on Level of Stress due to Sam's recent discord with girlfriend. Level of Support is also rated as 3 as girlfriend and friends are possibly ambivalent, alienated, or difficult to access in terms of providing support. While Sam received treatment previously for heroin addiction, he has not received mental health treatment previously resulting in a rating of 1 on Treatment and Recovery

History. On Engagement, the rating is 2 as Sam expresses willingness to change and some awareness of personal role in recovery.

While the composite score of 21 is consistent with Level of Care 4, independent placement criteria are scored on each of the first 3 dimensions indicating Level of Care 5.

LOCUS SCENARIO – THERESA

PRESENTING PROBLEM: Theresa is a 24-year-old woman who lives alone with her 5-month-old son. She has come to the intake with complaints of tearfulness, poor sleep, and "feeling blue" for the past several months. These feelings intensified after the birth of her son. When she returned from the hospital, she felt overwhelmed by her new responsibility. At times she is worried that she may not be taking appropriate care of her son. Her child's father is uninvolved and Theresa's parents are deceased. She denies alcohol or other drug abuse now or during the pregnancy. She denies suicidality and is not worried that she might actively injure her son. She states that she does not have the energy or motivation to return to work, even though she is financially stressed.

PSYCHIATRIC HISTORY: She admits she had an episode of sadness and grief lasting several months which started after her parents died in a car accident when she was 15. She spoke with her school guidance counselor at that time but never needed to enter psychiatric treatment. She denies history of suicidal and homicidal ideation or attempts.

MEDICAL HISTORY: Theresa has multiple allergies and asthma. She states she has a PCP and these conditions are fairly well managed with only occasional symptoms. Pregnancy was medically uncomplicated. Her son is healthy and developing at the proper pace. After her pregnancy, she quickly returned to her prior weight, but she continued to lose and is now about 13 lbs less than she weighed before becoming pregnant. She reports having no appetite and has to force herself to eat.

SUBSTANCE USE HISTORY: She admits to occasional marijuana and alcohol use into her early twenties but "I never had a problem with it and I don't need it and haven't used either since I found out I was pregnant."

SOCIAL HISTORY: Theresa was raised in a working class neighborhood. Her father worked in the mill and her mother was a secretary. Both sets of grandparents were around. She describes her childhood as being "fun" and her family as "loving." She admits that her father had an alcohol problem but that he had gotten into AA shortly after she was born. Life changed when both her mother and father were killed in a highway accident. She went to live with her sister and graduated from high school though she had difficulty for a semester in her junior year. She got into a local university nonetheless. After graduating she began working at a local start up firm. Throughout this time she was dating and sexually active. She became involved with a man two years ago and got pregnant. He left her when he heard this and she decided she did not want to get an abortion or give the child up for adoption. She does have an older sister who helps her out. "She has a husband and three children who are also really supportive and loving toward me. They need to have a life of their own though." Theresa reports a couple close friends in the area who she counts as supports as well. Her work place has been supportive and she has a job waiting for her, but is uncertain for how long. She is currently receiving public assistance.

MENTAL STATUS EXAMINATION: 24-year-old woman who is tearful, but cooperative and pleasant. Clearly dysphoric and anxious with congruent affect, but denies suicidal and homicidal ideation. No delusions or hallucinations. Admits early morning awakenings and disrupted sleep. No energy and finds little to enjoy except her son. Although weight appears to be within reasonable limits currently (she says she is 5' 5" and 135 lbs), she is eating poorly and losing weight. Memory and cognition are intact. Goal directed, coherent speech. Estimate high average intelligence.

LOCUS SCENARIO - THERESA

RESULTS

Risk of Harm **Dimension Score 1**

- a – No indication of suicidal or homicidal thoughts or impulses, and no history of suicidal or homicidal ideation, and no indication of significant distress.

Functional Status **Dimension Score 3**

- c – Significant disturbances in vegetative activities such as sleep, eating habits, activity level, or sexual appetite which do not pose a serious threat to health.

Medical, Addictive and Psychiatric Co-Morbidity **Dimension Score 2**

- a – Existence of medical problems which are not themselves immediately threatening or debilitating and which have no impact o the course of the presenting disorder.

Recovery Environment (Level of Stress) **Dimension Score 3**

- b – Significant transition causing disruption in life circumstances such as job loss, legal difficulties, or change of residence.
- g – Perception that pressure to perform surpasses ability to meet obligations in a timely or adequate manner.

Recovery Environment (Level of Support) **Dimension Score 2**

- a – Supportive resources are not abundant, but are capable of and willing to provide significant aid in times of need.

Treatment and Recovery History **Dimension Score 1**

- a – There has been no prior experience with treatment or recovery.

Engagement **Dimension Score 2**

- b – Willingness to change.
- d – Shows some recognition of personal role in recovery and accepts some responsibility for it.

LOCUS Score 14
LOCUS Recommended Level of Care 2

Discussion:
Risk of Harm is scored as 1 as there is no current or historical presence of SI/HI or evidence of *significant* distress. Functional status is rated as 3 as Theresa has experienced significant disturbances in eating habits and activity level, but without risk to health at this time. Existence of asthma and allergies do not impact psychiatric issues especially given that symptoms of these medical issues are managed. This results in a rating of 2 for Co-Morbidity. Level of Stress is scored as 3 due to the addition of parenting and difficulty in returning to work despite financial issues. Theresa reports a few, but very supportive resources resulting in a rating of 2 for Level of Support. While Theresa had grief counseling previously, this is a different issue currently for which she is seeking treatment resulting in a rating of 1. Engagement is rated as 2 as she demonstrates willingness to change as well as some recognition of her personal role in recovery.

Composite score of 14 is consistent with Level of Care 2.

CA/LOCUS Regional Inter-Rater Reliability Development

Directions

1. Provide clinician with two scenarios and scoring sheets (do not provide the scenario results at this time). Please remind clinicians not to share the scenario & results information with those who have yet to complete the review and scoring. Clinician shall review and score scenarios appropriate to the population he/she primarily serves.
    a. CALOCUS scenarios for clinicians primarily serving children/adolescents.
    b. LOCUS scenarios for clinicians primarily serving adults.

2. Clinician shall provide the completed scoring sheets to the trainer/supervisor/designee for comparison to the scoring results.
    a. An acceptable score is within 2 points, above or below, of the composite score identified on the Results sheet.
    b. Clinicians who demonstrate an acceptable score on both scenarios have shown inter-rater reliability and no further action is needed until the next review period.
    c. Clinicians who are not able to demonstrate an acceptable score on one of the scenarios shall review and score a third scenario from the population they primarily serve.
    d. Clinicians who demonstrate inter-rater reliability (i.e., on the first two scenarios reviewed or on two out of three scenarios reviewed) will need to complete the inter-rater reliability process again in two years from the current completed inter-rater reliability demonstration rather than the following year as noted below.
    e. A written supervision plan must be developed for clinicians who are not able to demonstrate an acceptable score on two out of the three scenarios.
        i. The supervision plan shall cover the time period until the clinician is able to review and score the next set of scenarios made available by NSMHA in the next calendar year.
        ii. The plan must address how the clinician will improve in using the tool reliably and how the agency will ensure that the clinician is using the tool reliably until he/she is able to demonstrate reliability on the regional scenarios.

CALOCUS/LOCUS Scenario Scoring Form

Please complete one sheet for each scenario you review and score. Return your completed scoring forms to your supervisor/trainer/designee. Please don't share scenario or scoring information with staff who have not yet completed this training.

Scenario Name _____

Risk of Harm **Score** _____

Functional Status **Score** _____

Co-Morbidity **Score** _____

Recovery Environment (Stress) **Score** _____

Recovery Environment (Support) **Score** _____

Resiliency/Recovery & Treatment History **Score** _____

Engagement **Score** _____

Composite Score _____

CA/LOCUS Recommended Level of Care _____

If CA/LOCUS Recommended Level of Care is based on criteria other than Composite Score, please explain what criteria you used to determine the CA/LOCUS Recommended Level of Care

_____

_____