

Mental Health Risk Ratings for Co-Occurring Disorders

Co-Occurring Disorders Risk Principles

1. Risk is seen as multidimensional and bio-psychosocial.
2. Risk relates to the client's history
3. Risk is expressed in the current status
4. Risk involves a degree of change from the baseline functioning or premorbid functioning
5. Risk assessment integrates the client's history, changing situation, and current status.

Co-Occurring Risk Domains

- Dangerousness/Lethality
- Interference with Addiction Recovery Efforts
- Social Functioning
- Ability for Self-Care
- Course of Illness

Dimension 3 and Risk Ratings

The summary remarks in this dimension look at the rating of the 5 areas of the risk domains and answer the following questions:

1. Do psychiatric illness, psychological, behavioral, emotional, or cognitive problems create a risk or complicate treatment?
2. Are there chronic mental health conditions that affect treatment?
3. Are the emotional, behavioral, or cognitive problems due to a substance abuse issue?
4. Do the problems warrant mental health treatment?
5. Can the client engage in daily living activities
6. Can the client cope with the emotional, behavioral, or cognitive problems?
7. Based on this assessment, what level of care is safe for the client?

Dimension 4 Readiness to Change and Risk Ratings

The mental health risk rating for co-occurring disordered clients provides a numerical and alphabetical rating at level 4 (Severe level) for dimensions 4, 5, & 6 to help staff determine the immediacy and scope of the client's need. Higher risk ratings indicate a greater need for services.

- Alphabet a: No Immediate Action Required
- Alphabet b: Immediate Action Required

To assess the client's risk rating for Readiness to change the following questions should be answered for Dimension 4:

1. Is the client emotionally or cognitively aware of the need for change?
2. What is the client's commitment to change?
3. At what level of care can the client be safely managed?

Dimension 5 Relapse and Continued Use Potential and Risk Ratings

This dimension's mental health risk rating measures Relapse and Continued Use Potential as they relate to the clients mental health issues. As with Dimension 4, when there is a severe risk rating of 4 assigned for co-occurring disordered clients, the alphabet designation of a or b is used to determine whether or not immediate action should be taken.

To assess the client's potential for relapse and continued use the following questions should be answered for Dimension 5:

1. Is the client in immediate danger of severe mental distress or continued use?
2. Does the client understand or recognize how to prevent relapse or to discontinue use?
3. How severe will the problems be if the client is not engaged in treatment now?
4. The client's potential for relapse and continued use questions continued:

5. Is the client aware of relapse triggers, ways to cope with cravings, and skills to control impulses to harm themselves?
6. At what level of care can the client be safely managed?

Dimension 6 Recovery/Living Environment and Risk Ratings

Dimension 6 Recovery/Living Environment, mental health risk rating measures how supportive and safe the client's environment is assessed to be as it relates to the client's mental health issues. As with dimension 4 and 5 when there is a severe risk rating of 4 assigned for co-occurring disordered clients, the alphabet designation of a or b is used to determine whether or not immediate action should be taken.

To determine the mental health risk rating for Dimension 6 Recovery/Living Environment the following questions should be answered:

1. Do any family members, friends, or others pose a threat to the client's safety or engagement in treatment?
2. Does the client have supports (friends, family, finances, education, vocational) that influence their success?
3. Are there mandates (criminal justice, legal, social, vocational, etc) that motivate the client to engage in treatment?
4. Are there issues with transportation, childcare, housing, or employment that need to be addressed?
5. At what level of care can the client be safely managed?