APPENDIX B

COMMUNITY OUTPATIENT TREATMENT

READINESS SCALE

Community Outpatient Treatment Readiness Scale

I. The Community Outpatient Treatment Readiness Scale (COTREI) is a revision of a scale originally developed by Harry R. Eisner, Ph.D. ("Returning the Not Guilty by Reason of Insanity to the Community: A New Scale to Determine Readiness", Bulletin of the American Academy of Psychiatry and the Law, Vol. 17, No.4, 1989, pages 401-413.) Staff at the North Florida Evaluation and Treatment Center in Gainesville, Florida revised the scale to assist them in treatment planning and release decisions for insanity acquittees.

II. Procedures

A. The treatment team staff who work with insanity acquittees shall become familiar with the scale, its values, and its use in the treatment planning and conditional release process. (The article cited above provides background for the scale and its use.)

B. During the first 30 days of the 45 day temporary custody placement, treatment team members shall complete an initial COTREI and discuss the COTREI items during meetings, over the phone, and/or informally.

1. Goals of this discussion

   a. Identify barriers to conditional release,
   b. Resolve differences of opinion, and
   c. Achieve consensus.

2. A preliminary rating for the COTREI may be distributed for each member to review.

3. The appropriate community services board should be included in the development of the initial COTREI.

C. Treatment Planning Meeting: During the initial treatment planning meetings, the treatment team shall work to achieve consensus on

1. What is an acceptable score for each of the 15 items for the individual acquittee?

This process will engage the team in determining how high a standard to hold the acquittee to prior to making recommendations for increased privileges conditional release.

2. What is the acquittee's current score on each of the 15 items?

   The discrepancy between the acceptable score and the current score should guide the team in identifying those items that are barriers to conditional release.

3. Prioritize barriers for treatment and conditional release.

4. Determine what treatment, activities, and other services to provide.

D. The Forensic Coordinator of Central State Hospital shall provide the completed initial COTREI to the two evaluators appointed by the Commissioner to perform the temporary custody evaluations as soon as they have been completed. This information will be helpful to the temporary custody evaluators in making assessments and recommendations to the court regarding disposition.

III. Updates to the Initial COTREI

A. The acquittee's treatment team shall update the COTREI within 30 days prior to the submission of any requests to the Forensic Review Panel for increased freedom within the facility and/or access to the community. This includes requests for

1. Transfer from the forensic unit to civil units,

2. Ground privileges (escorted by facility staff or unescorted),

3. Community visits,

4. Conditional release,

5. Conditional release from temporary custody, and

6. Release without conditions.

B. The initial COTREI, and subsequent COTREI updates shall be included in each submission to the Forensic Review Panel.

IV. All previous and updated COTREI scores shall be provided to the Forensic Review Panel each time a request is made for greater freedom and access to the community.

A. The initial COTREI, each update of the COTREI scores, and any comments must be signed and dated.

B. The summary included in the referral package to the Forensic Review Panel should note any significant changes to the COTREI and any discrepancies in COTREI comments as compared to the rest of the referral package.

Community Outpatient Treatment Readiness Evaluation Instrument

Scale Values

August 30, 1995

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Reference:

Adapted from "Returning the Not Guilty by Reason of Insanity to the Community: A New Scale to Determine Readiness" by Harry Eisner, Ph.D., in the Bulletin of the American Academy of Psychiatry and the Law, Vol. 17, No.4, 1989.

Item 1: Illness

It is best for acquittees to show a longstanding remission of symptoms that does not break down under stress. Many acquittees, for example those with chronic illness and long term drug abusers, will not show a full remission of symptoms. If the continued illness will not be problematic in the proposed setting, then these individuals can be viewed as strong candidates for outpatient treatment.

1. No signs of illness for at least six months. Remission appears durable.
2. No signs of illness for at least three months, or continued minimal predisposing factors (occasional depression, significant family conflicts when patient not planning to return to parents).
3. Continued residual signs of illness that will not interfere in proposed life style (occasional, benign hallucinations, moderate social isolation or signs of poor judgment, moderate authority conflicts). Also individuals with predictable, readily recognizable, slowly developing repeated decompensations.
4. Episode of active illness brought under control within last three months. More pronounced residual signs (more open suspiciousness, frequent authority conflicts, nonorganic problems with concentration). Also individuals who may remain stable for at least six months, but have sudden unpredictable onset of illness. Fragile remissions.
5. Actively ill or unpredictable, readily developing recurrent episodes of illness.

Item 2: Behavior

In order to be successful in community placement, an acquittee must be able to get along with others and accept structure imposed by program personnel. Behavior problems can also act as a signal of continued illness. This item screens for individuals with substantial problems in this area without heavily penalizing those with less serious but persistent problems in adapting to the hospital environment.

1. Follows unit routine without problem. Contributes actively and energetically to maintenance of unit. Strives to participate in ward government and community meetings. No rule-breaking on grounds. (This category applies to actively involved residents, not those who avoid problems because of passivity.) Conflicts with staff and peers handled constructively.
2. Follows rules on and off unit. Does assigned tasks and follows directions without undue complaint. Conflicts with staff and peers are minimal and generally avoided by using good judgment and forbearance.
3. Minor conflicts occur on a regular basis, acquittee accepts partial responsibility. Minor rule-breaking and testing the limits with appropriate response to structuring and discipline.
4. Minor conflicts occur regularly and acquittee will not accept responsibility or resists structuring and discipline. Single major episode of acting out within last six months. Strong resistance to unit routine or rules without major acting out.
5. Repeated major incidents of rule-breaking or acting out. Behavior suggests general unwillingness or inability to conform.

Item 3: Substance Abuse

This is a crucial item for many acquittees and may receive emphasis by reviewers. It is difficult to know if any real change of patterns of abuse have occurred while an individual is hospitalized. This item suggests a number of clues that may be helpful in determining if change has occurred. Score 1 if substance abuse has not been identified as a problem.

1. Convincing awareness of how drug use is or can be connected to mental illness. Active, motivated participation in AA and/or NA. Negative monthly drug screens for six months. Avoids drug users, sellers.
2. Knows relationship between drug use and mental illness. Good attendance in AA and NA, adequate participation. Negative monthly drug screens for at least six months. Avoids drug users and sellers.
3. Aware of danger potential of drugs but minimizes importance of use of marijuana and/or alcohol. Limited participation in AA and/or NA, although attendance is adequate. May have friends who use or sell drugs.
4. Considers above areas with help. Has difficulty seeing importance of general self-exploration. Has considered significant areas related to crime but behavioral change is minimal or fragile.
5. Resists self-exploration. Very threatened by suggestion of need to change. Talks about crime but little change in thinking or behavior, or only superficial change.

Item 4: Treatment Attendance

This item emphasizes attempts to use treatment productively, not progress. Treatment participation provides a degree of external control, while motivation for treatment offers evidence of an individual's commitment to change.

1. Rarely, if ever, misses treatment activities. Actively participates and to best of ability tries to understand self and illness. Knows and understands problem list and makes efforts to relate issues to life and address them in treatment. May pursue reading and family therapy on own.
2. Attends therapy regularly. Talks about self and crime and is willing to consider therapist's perspective on illness. Does recommended exercises.
3. Misses occasionally but cooperates when present. May have difficulty speaking seriously about self, and may become bored when others are speaking. Invested in appearing "well" and resists looking at self from new perspective.
4. Misses group regularly or frequently leaves early. Strongly invested in appearing "well" and contributions center only on how well resident is doing. May argue with therapist or try to focus on irrelevant issues, such as injustices perpetrated by staff. Resists treatment planning process.
5. Refuses group, or attends very sporadically or only for short time. Hostile to treatment planning process. If attends group, uses as an opportunity to lecture, showing no interest in self-exploration.

Item 5: Medication

When medication is necessary, active involvement with it through consultation with the physician, awareness of side effects, and knowledge of function of medications, implies better compliance and more successful outcome. Score 1 if no medication is prescribed.

1. Takes medication willingly. Knows type, dosage, and function. Consults productively and actively with physician regarding medication. Accepts side effects, including restructuring of

activities. (Also score 1 if no medication for last six months.)

2. Takes medication regularly. Knows type, dosage, and function. Cooperates in medication review. Accepts side effects.
3. Takes medication regularly. Knows medication name and function. Does not express resentment, although not adjusted to side effects.
4. Takes medication but regularly needs reminder. Knows only general function of medication. Resents side effects. Talks about being medication-free after leaving hospital.
5. Needs frequent reminder and "mouth check" to be sure medications are taken. Does not know medication name, dosage, or function. Very uncomfortable with side effects or need to take medications.

Item 6: Self-Awareness

This item addresses what is often referred to as "insight". The item attempts to make the term more concrete, while keeping the focus on crime and illness. Behavior is also emphasized.

1. Through hospital experiences, has developed a deep awareness of needs, motivation, emotional and behavioral responses, interpersonal style, interests, family conflicts, coping style, strengths, limitations. Has carefully considered areas of significant conflict and demonstrated change which has led to substantially more effective observable or easily elicited behavior.
2. Has explored above areas and recognizes the importance of continued self-exploration, although may still lack substantial self-awareness. Has, however, thoroughly explored areas directly related to crime and illness and demonstrates change leading to change in observable behavior.
3. Willing to consider self, as above, but requires much work to do so. With help explores significant areas related to crime and illness, with some behavioral change.
4. Considers above areas with help. Has difficulty seeing importance of general self-exploration. Has considered significant areas related to crime but behavioral change is minimal or fragile.
5. Resists self-exploration. Very threatened by suggestion of need to change. Talks above crime but little change in thinking or behavior, or only superficial change.

Item 7: Understands Signs of Illness

Because , for these acquittees, illness was a primary cause of dangerous behavior, recognizing and responding appropriately to illness is extremely important. This item asks the acquittee to play a major role in the detection of illness.

1. Can describe own active illness in full detail. Can describe at least six significant early and middle signs of illness. Recognizes their presence in own original and later occurring illness.
2. Knows prominent features of own illness. Can give good description of several important early and middle warning signs and can give examples from illnesses.
3. Can identify one or two prominent features of own illness. Speaks generally about warning signs but can=t identify in own illness.
4. Knows general prominent features and warning signals of illness but much difficulty relating to own illness.
5. Vague notions of mental illness. Little awareness of own illness. Rote repetition of general signs and warning signals.

Item 8: Life Style Adjustment

Environmental stress plays an extremely important role in the recurrence of illness. This item addresses the acquittee's ability to recognize stress and its causes, and make changes that will keep stressors under control.

1. Can specify environmental stressors that contributed to illness. Can specify dysfunctional patterns of thinking, feeling, and responding that magnified environmental stressors. Demonstrates change in dysfunctional patterns of thinking, feeling, responding. Future plans realistically address relevant stressors originating in family, work, etc.
2. Identifies and has worked to change at least one prominent environmental factor. One clear change in at least one dysfunctional pattern relevant to illness. Demonstrated competence in handling probable stressors. Future plans may be vague but generally acknowledge potential environmental and internal stressors.
3. Identifies significant environmental stressors but needs help with restructuring, although responds favorably to guidance. Showing change in dysfunctional patterns of thinking, feeling, acting, although additional strengthening needed. Working to devise constructive future plans.
4. General awareness of relationship of environmental factors and stress but difficulty specifying for self. Able to recognize dysfunctional patterns but control and change is tenuous. (Example: Regular angry outbursts or depressive episodes.) Future plans vague.
5. Very limited or only rote awareness of relationship of environment to stress. (The "not me" type.) Still focuses on others= need to change ("I wouldn't have to behave this way, if they....").

Item 9: Concern About Becoming Ill

Since, for these acquittees, illness was a primary cause of dangerous behavior, recognizing and responding appropriately to illness is extremely important. This item asks that the resident know the potential danger of becoming ill.

1. Shows appropriate concern about becoming ill. Appropriate affective response to effects on life, dangerousness, and self-image.
2. Appropriate concern about illness, but may be more emotionally detached. Fewer specific concerns about effects on life, but clearly motivated to avoid dangerousness.
3. Concerned about future illness but difficulty accepting the possibility of recurrence. Same for dangerousness. Motivation to avoid illness is good, although may not specify reason.
4. Minimizes possibility of recurrence of illness. Minimizes possibility of future dangerousness.
5. Believes recurrence of illness is impossible or extremely unlikely.

Item 10: Plans for Reemergence of Illness

Since, for these acquittees, illness was a primary cause of dangerous behavior, recognizing and responding appropriately to illness is extremely important. This item requires adequate plans for coping with illness if it recurs.

1. Family and friends are aware of symptoms and prepared to alert mental health personnel if necessary. Acquittee can be expected to establish good contact with Community Service Board (CSB) personnel. Acquittee, family, and friends aware of emergency services. Resident trusts mental health personnel and knows importance of early intervention.
2. Limited independent support system (i.e., family and friends) but can be expected to make good

contact with CSB personnel. Aware of emergency services. Knows importance of early intervention. Shows good trust of mental health personnel.

3. Can be expected to rely on at least one responsible friend or family member, and make good contact with at least one member of the CSB community. Knows importance of early intervention.
4. May have adequate support, as in 3., but prefers to make early attempts to control illness on own. Has good potential support system, but difficulty with trust prevents effective use of support system.
5. Limited support and poor contact with mental health professionals. Adequate support but very mistrustful. Strong belief that mental illness can be self-controlled ("Now I'll know that the voices aren't real").

Item 11: Relationship of Illness to Crime

This item is an important adjunct to the items on recognizing illness. The various motivations to avoid illness that are suggested in this item are indicators of internal control.

1. Can identify personal dynamics that predispose to illness and commission of crime.
2. Difficulty identifying predisposing dynamics, although open to work in this area. Can describe affective states or distortions of reality produced by illness and understands how these distortions or states are linked to crime.
3. Can describe affective states or distortions of reality produced by illness and understands how these distortions or states are linked to crime. Resists idea of predisposing factors.
4. Knows that illness leads to loss of control but has difficulty identifying specific distortions or affective states.
5. Believes crime is independent of illness, although may acknowledge being ill at time of crime.

Item 12: Acceptance of Responsibility for Crime

Accepting responsibility can act as a cornerstone for change, a sign that change has occurred, or a motivating factor in the avoidance of future problems. As a measure of acceptance of responsibility, this item asks that the acquittee be willing to talk about the crime in detail. Affective response to the material is expected, but the nature and timing of that response can be quite varied.

1. Able to provide clear description of crime with roles of relevant factors such as drugs, aspects of illness, etc. Documentation that resident has displayed appropriate emotional response to the material.
2. May not remember all details of crime but accepts responsibility. Able to relate relevant factors as above. Appropriate emotional response as above.
3. Reluctant to describe crime and other efforts to distance. When questioned will provide detail. Embarrassment and other attempts at emotional distancing.
4. Focuses on lack of importance of talking about crime ("I've told the story so many times"). Needs to share blame with family, environment, drug use. Minimizes impact of crime ("I'd feel sorry, but...).
5. Will not talk about crime or does so glibly without assigning importance. Blames others or environment and may show anger attached to blaming.

Item 13: Need to Continue Treatment

In recognition of the often cyclic nature of mental illness, it is important for acquittees to continue contact with a mental health support system for an extended period. Continued treatment is also necessary because many issues of daily living can not be addressed in the relative isolation of the hospital setting.

1. Shows consistent interest and progress in therapy and is motivated to pursue treatment following release.
2. Attempts to use therapy may meet with only moderate success, but good cooperation and strong recognition of continued need of preventive supervision.
3. Prefers to view self as not needing support services, but when approached properly maintains investment in treatment. Has a good history of in-hospital treatment participation.
4. Believes that illness is well-controlled and may only be willing to participate in medication review. Although may attend therapy, consistently resistant to therapeutic intervention, either passively or actively. If there is any meaningful participation, it only occurs with a specific therapist.
5. Looks on hospital experience as punishment and looking forward to "topping out." Willing to accept community treatment only as a rapid means of exiting from the hospital.

Item 14: Future Plans

Working toward personally satisfying, achievable goals can have a positive influence on post-hospital adjustment.

1. Has constructive and achievable goals for living, work, school, family. Has made initial steps in hospital toward achieving goals.
2. At least one clearly defined, well-conceived goal that will help organize acquittee's life. Steps toward goal started.
3. Goals sound realistic but steps toward goal vague or initiated only with difficulty.
4. Goals are vague or deferred, even though acquittee shows motivation to avoid past errors.
5. Impractical, unachievable, fantasy-based plans or goals that fail to acknowledge need to avoid past difficulties (e.g., "I think I can handle my mother now" even though no significant contact has occurred).

Item 15: Accepts Community Outpatient Treatment Restrictions

Most revocations of community treatment status are due to breaking program rules. The ability to understand and adjust creatively to the rules is an important determinant of success in community treatment.

1. Understands rules and shows ability to creatively adjust life-style to rules.
2. May question rules and experience as limiting but willing to follow rules because will lead to achievement of long-term goals.
3. Finds rules to be limiting and shows occasional opposition. Generally willing to follow rules and responds well to guidance.
4. Although no outright rule breaking, persistent challenging of authority and stretching of limits.
5. Can not understand rules. Strong oppositional tendencies.

COMMUNITY OUTPATIENT TREATMENT READINESS EVALUATION INSTRUMENT

Item		**Rating**
1	Illness	1 2 3 4 5
2	Behavior	1 2 3 4 5
3	Substance Abuse	1 2 3 4 5
4	Treatment Attendance	1 2 3 4 5
5	Medication	1 2 3 4 5
6	Self-Awareness	1 2 3 4 5
7	Understands Signs of Illness	1 2 3 4 5
8	Lifestyle Adjustment	1 2 3 4 5
9	Concern about Becoming Ill	1 2 3 4 5
10	Plans for Reemergence of Illness	1 2 3 4 5
11	Relationship of Illness to Crime	1 2 3 4 5
12	Acceptance of Responsibility for Crime	1 2 3 4 5
13	Need to Continue Treatment	1 2 3 4 5
14	Future Plans	1 2 3 4 5
15	Accepts Community Outpatient Treatment Restrictions	1 2 3 4 5

COMMENTS (Please list relevant item number next to each comment):

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TITLE **DATE COMPLETED**