

PRTF Admission Criteria

What are the criteria for Admission (ADM) to a PRTF? The following outlines the PRTF Admission Criteria: The client must meet all 5.

1. The client presents with a longstanding (at least 6 months) psychiatric diagnosis characterized by severely distressing, disruptive and/or immobilizing symptoms that are persistent and pervasive and which cannot be reversed with treatment in an outpatient treatment setting, or is being stepped down in intensity from an acute psychiatric facility. The diagnosis must meet the criteria for an Axis 1 as defined by the DSM-IV.

Examples would include the following:

- The presence of emotional distress.
 - Regression, depression, low frustration tolerance, irritability and/or other psychiatric symptoms that interfere with the client's ability to change behavior and/or mood, form a therapeutic alliance or sustain engagement in treatment.
 - Impaired reality testing.
 - A condition consistent with an eating disorder diagnosis as described in the current edition of the DSM.
2. There are documented attempts to treat the client with the maximum intensity of services available at a less intensive level of care that cannot meet or has failed to meet the needs of the client within the past 6 months. The client must have failed to respond to outpatient interventions. Six months of alternative, less restrictive levels of care must have been tried and have failed, or are not psychiatrically indicated. ^{7,8}

Exception: The client has had a sudden, acute onset of psychiatric illness, and a lower level of care is not psychiatrically indicated.

3. At least one of the patterns of behavior listed below must be present:
 - a. Persistent, pervasive and frequently occurring oppositional/defiant behavior.
 - b. Reckless and/or impulsive behavior, which represents a disregard for the well-being and/or safety of self/others.
 - c. Aggressiveness and/or explosive behavior.
 - d. Gestures with intent to injure self/others, which have not resulted in serious injury, without evidence that such gestures are immediately progressing to life threatening behavior.
 - e. Self-induced vomiting, use of laxatives/diuretics, strict dieting, fasting and/or vigorous exercise.
 - f. Extreme phobic/avoidant behavior.
 - g. Extreme social isolation.

- h. History of repeated life threatening injury to self /others, resulting in acute care admissions within the past 12 months. The client is not currently considered at risk to inflict life-threatening injury to self/others in the residential treatment setting.
- 4. Without intervention, there is clear evidence that the client will likely decompensate and present a risk of serious harm to self or others.
- 5. A psychiatric evaluation by a psychiatrist that specializes in Child/Adolescent Psychiatry and/or a psychological evaluation by a clinical psychologist that specializes in Child/Adolescent Psychology. Psychiatrists and psychologists must be licensed and in good standing. The evaluation must take place no more than 30 days prior to PRTF Admission. ^{7,9}

What are the required items to be completed in the admission form?
(See Admission Form in Appendix)

- a. Initial diagnostic assessment.
- b. Medical, psychiatric and substance use history.
- c. Family and social assessment.
- d. Client assets and strengths.
- e. Developmental history and current developmental functioning with respect to physical, psychological and social areas, including age-appropriate adaptive functioning and social problem-solving.
- f. Psycho-educational assessment.
- g. An assessment of the need for psychological testing, neurological evaluation and speech, hearing and language evaluations.
- h. A problem list, related to the reasons why the client was admitted to this level of care.
- i. Identification of interventions for the immediate management of the problems identified in 8.
- j. The treatment objectives (desired client responses) expected to be met by the time of the first continued stay review.