CRITERIA FOR HOSPITALIZATION This is based on the Whittington Scale, developed by Yale University

(1) Rate client on each criterion as:		
None	= 0 - item not present	
Slight	= 1 - item present, a minimal feature of clinical picture	
C	feature of clinical picture	
Moderate	= 2 - item present, a major feature of clinical picture	
	of clinical picture	
Extensive	= 3 - item severe and acute	
	requiring immediate attention	
	1 0	

(2) Multiply the rates by the weight of the item to get the score on each criterion. Then sum scores of each criterion for total score. (3) Ratings are to be based on the client's present condition.

(4) In applying the criteria, an item of behavior should be used to arrive at the rating on the first criterion on the list to which it applies. *Do not use the item* of behavior to score a criterion that falls later in the list (i.e. suicidal behavior should not be used in rating Criteria 4 and 5).

(5) A score of 12 or above indicates the need for inpatient hospitalization.

	Weight/Score
(1) Have there been suicidal attempts or active preparation to harm self? (i.e., buying a gun, etc.)	4
(2) Is there evidence of active suicidal preoccupation in fantasy or thoughts? (i.e., "better off dead," "rather kill myself," "feel like killing myself," etc.)	2
(3) Have aggressive physical outbursts occurred toward people? (i.e., assaultive acts or actions that would have resulted in assault.)	4
(4) Have aggressive outbursts occurred toward animals or objects? (i.e., destroying furniture, banging the walls, etc.)	2
(5) Has the client threatened to hurt someone physically? (Limit to verbal threats, i.e., threats, abusive language but no actual threat of assault.)	2
(6) Has antisocial behavior occurred? (i.e., stealing, dealing drugs, minor legal infraction clearly attributed to disturbed thinking, perception or affect.)	1
(7) Is there any evidence of impairment of such functions as reality assessment, judgement, logical thinking and planning? (i.e., hallucinations, delusions, idiosyncratic/bizarre speech, self destructive behavior.)	1
(8) Does the client's condition seem to be deteriorating rapidly or failing to improve despite supportive measures? (i.e., outpatient contact, medication, surveillance by family/friends).	1
(9a) Are there physical or neurological conditions? (i.e., severe and persistent side effects of medication, medical condition presenting as psychiatric disturbance, organic brain syndrome, dementia, severe nutritional disorder - anorexia, severe life threatening bulimia)	
or	
(9b) A psychotic, disorganized state which requires hospitalization to indicate the treatment process? (i.e., gravely disabled).	2
(10a) Does a dysfunctional situation exist among client's family or associates that makes initiation of treatment without hospitalization impossible?	
or	
(10b) Does the client's disordered state create such difficulties for family or associates that he has to be removed and hospitalized for their sake? (i.e., constant arguing with family members, excessive blame/criticism of client, client incorporates family member in psychotic distortion, client cannot carry out basic activities of daily living, family has to keep constant watch over client.)	1
(11) Are emotional contacts of the client so severely limited or the habitual patterns of behavior so pathologically ingrained that the "push" of a structured hospital program may be helpful.	1
(12) Is the client referred to treatment of drug or alcohol dependence?	4