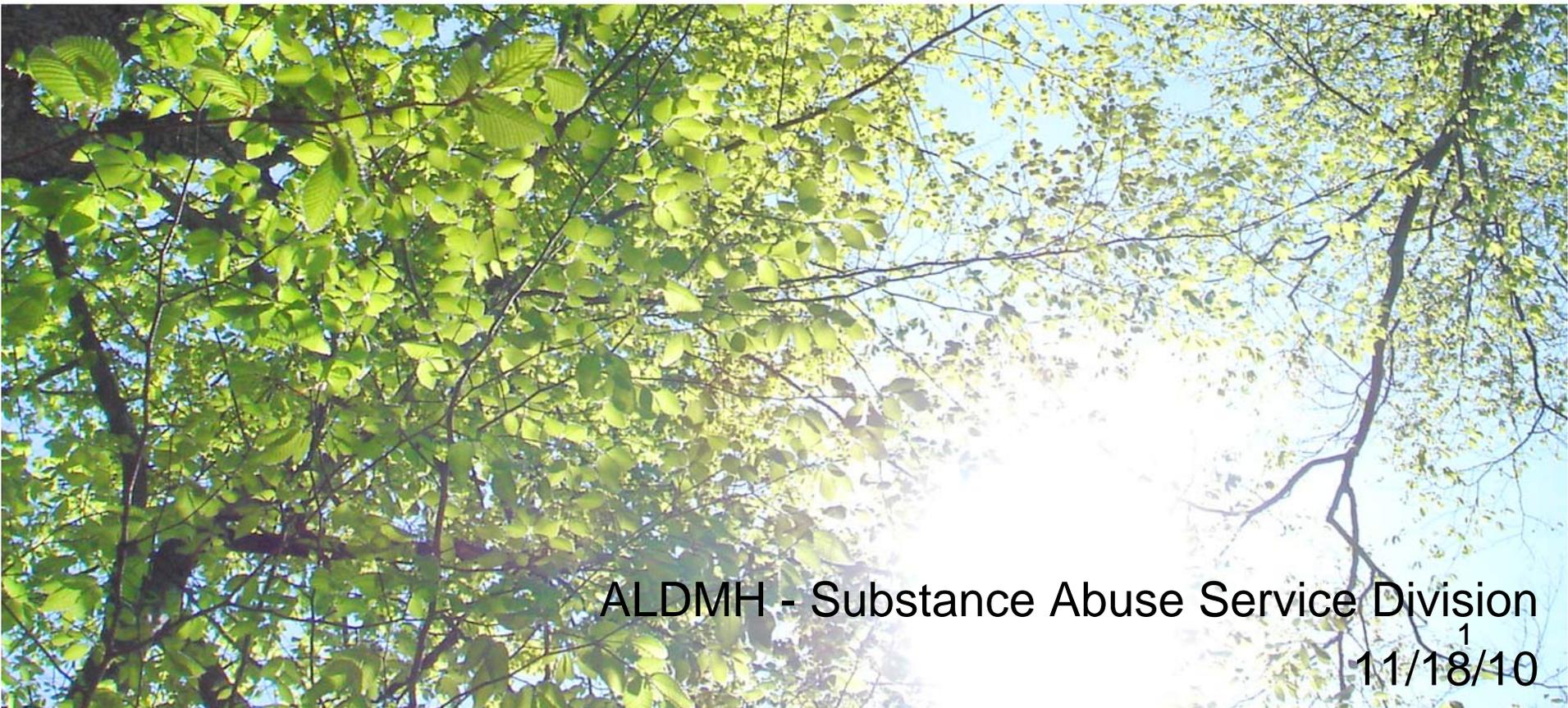




Screening, Assessment, Placement and Beyond: Embracing a Recovery Oriented System of Care Utilizing an Integrated Approach



ALDMH - Substance Abuse Service Division
1
11/18/10

Training Focus

The primary focus of this training is to help participants gain a comprehensive understanding of the ASAM PPC-2R levels of care, dimensions, risk rating scale, placement criteria and placement assessment.

Objectives

Participants will:

- Gain a better understanding of the theory and concept behind the ASAM PPC-2R.
- Understand and utilize appropriate client placement.
- Understand the criteria for continued stay, transfer and discharge.
- Be able to identify the levels of care and dimensions.
- Develop an understanding of the SASD assessment tool.
- Become familiar with the screening tools (UNCOPE, CRAFFT and MINI Screen).



Moving Toward a Recovery Oriented System of Care (ROSC) with Individualized, Clinically Driven Treatment

Handout 1. Recovery Oriented System of Care in Alabama

Recovery Oriented System of Care

Definition: A person-centered and self-directed approach to care that build on the strengths and resilience of individuals, families, and communities to take responsibility for their sustained health, wellness and recovery from alcohol and drug problems.

Handout 2 Definition

Why?

Why is Alabama Adopting ASAM PPC-2R Placement and Criteria?

- To establish a common language among treatment providers.
- To promote individualized treatment matching for clients.
- To improve the quality of assessments.
- To improve the quality of treatment.
- To improve the quality of treatment planning.
- To comply with Block Grant funding requirements.

Definitions

- Clinically Managed
- Co-Occurring Capable
- Co-Occurring Enhanced
- Level of Functioning (LOF)
- Medically Managed
- Medically Monitored
- Recovery Oriented System of Care

Process

- **Screening**
 - ❖ UNCOPE/CRAFFT
- **Assessment**
 - ❖ URICA
 - ❖ MINI & MINI Kid
 - ❖ Placement assessment
- **Intake or referral to appropriate service**

Handout 3: Adult Placement Assessment Screen

Handout 4. Mini Screen

Handout 5 Adolescent Placement Assessment Tool,

Handout 6 Mini Kid

Access All Documents

All documents used in this training or part of the screening and assessment instruments may be accessed on the DMH website

<http://www.mh.alabama.gov/SATR/AssesmentPlacement.aspx>

Screening

Administration may be done:

- ❖ On the phone
- ❖ Face to face
- ❖ By administrative or clerical staff
- ❖ Conducted prior to assessment

Screening

Tools:

- ❖ Demographic information
- ❖ UNCOPE/CRAFFT
- ❖ MINI / MINI Kid Screen

Handout 7 Cindy's Adult Placement Assessment Screen

Handout 8 Cindy's Mini Screen

Screening

Process:

- ❖ Schedule client for an appointment for the placement assessment if appropriate.
- ❖ Forward screening to clinician for the assessment.

MINI Screen

- Most widely used psychiatric structured diagnostic interview instrument in the world.
- Used in more than 100 countries.
- Short, structured diagnostic interview consistent with DSM-IV and ICD-10 psychiatric disorders.
- 15 minutes administration time.

MINI & MINI Kid Screens

- All questions must be asked.
- Ask for examples when necessary.
- Corresponding modules.
- Module administration is individualized based on the client's cognitive awareness.
- Utilize results to develop the individual service plan.
- Subsequent screens may be utilized as appropriate based upon their clinical judgment.

MINI SCREEN 6.0.0

Patient Name : _____	Date of Birth: _____		
Date of Screening: _____	<i>If YES, go to the corresponding M.I.N.I. module</i>		
➤Have you been depressed or down, most of the day, nearly every day , for the past two weeks?	NO	YES	→ A
➤In the past two weeks, have you been much less interested in most things or much less able to enjoy the things you used to enjoy most of the time ?	NO	YES	→ A
➤In the past month did you think that you would be better off dead or wish you were dead? ➤In the past month have you thought about killing yourself?	NO NO	YES YES	→ B → B
➤Have you ever had a period of time when you were feeling 'up' or 'high' or 'hyper' or so full of energy or full of yourself that you got into trouble, or that other people thought you were not your usual self? (Do not consider times when you were intoxicated on drugs or alcohol.)	NO	YES	→ C
➤Have you ever been persistently irritable, for several days, so that you had arguments or verbal or physical fights, or shouted at people outside your family? Have you or others noticed that you have been more irritable or over reacted, compared to other people, even in situations that you felt were justified?	NO	YES	→ C
➤Have you, on more than one occasion, had spells or attacks when you suddenly felt anxious, frightened, uncomfortable or uneasy, even in situations where most people would not feel that way? Did the spells surge to a peak, within 10 minutes of starting? Code YES only if the spells peak within 10 minutes. ➤Did any of those spells or attacks come on unexpectedly or occur in an unpredictable or unprovoked manner?	NO NO	YES YES	→ D → D
➤Do you feel anxious or uneasy in places or situations where help might not be available or escape might be difficult: like being in a crowd, standing in a line (queue), when you are away from home or alone at home, or when crossing a bridge, traveling in a bus, train or car?	NO	YES	→ E

M.I.N.I. SCREEN 6.0.0 / English version / DSM-IV October 2009 © 2001-2009 Sheehan DV & Lecrubier Y. All rights reserved.
D. Sheehan, J. Janavs, (University of South Florida-TAMPA, USA) ; Y. Lecrubier, T. Hergueta, E. Weiller, (INSERM-PARIS, FRANCE). T. Proeschel.

MINI Corresponding Modules

M.I.N.I.

MINI INTERNATIONAL NEUROPSYCHIATRIC INTERVIEW

English Version 6.0.0

DSM-IV

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DISCLAIMER

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This program is not designed or intended to be used in the place of a full medical and psychiatric evaluation by a qualified licensed physician – psychiatrist. It is intended only as a tool to facilitate accurate data collection and processing of symptoms elicited by trained personnel.

M.I.N.I. 6.0.0 (October 1, 2009)

MINI Corresponding Modules

- A** MAJOR DEPRESSIVE EPISODE
- B** SUICIDALITY
- C** MANIC EPISODE
HYPOMANIC EPISODE
BIPOLAR I DISORDER, BIPOLAR II
DISORDER, BIPOLAR DISORDER NOS
- D** PANIC DISORDER
- E** AGORAPHOBIA
- F** SOCIAL PHOBIA (Social Anxiety Disorder)
- G** OBSESSIVE-COMPULSIVE DISORDER
- H** POSTTRAUMATIC STRESS DISORDER

MINI Corresponding Modules

- I** ALCOHOL DEPENDENCE
ALCOHOL ABUSE
- J** SUBSTANCE DEPENDENCE
SUBSTANCE ABUSE
- K** PSYCHOTIC DISORDERS
MOOD DISORDER WITH PSYCHOTIC FEATURES
- L** ANOREXIA NERVOSA
- M** BULIMIA NERVOSA
- N** GENERALIZED ANXIETY DISORDER
- O** RULED OUT MEDICAL, ORGANIC, DRUG CAUSES
- P** ANTISOCIAL PERSONALITY DISORDE

Handout 21 Julie's Case Study

MINI Kid Screen

DATE OF INTERVIEW: _____ IF YES, GO TO THE CORRESPONDING M.I.N.I. KID MODULE

QUESTIONNAIRE COMPLETED BY: _____

- Have you felt sad or depressed, down or empty, or grouchy or annoyed, **most of the day, nearly every day** for the past two weeks? IF YES TO ANY, CODE YES NO YES → A
- In the past two weeks, have you been bored a lot or much less interested in things (like playing your favorite games) for **most of the day, nearly every day**? Have felt that you couldn't enjoy things? IF YES TO ANY, CODE YES NO YES → A
- Have you **ever** felt so bad that you wished you were dead, or tried to hurt yourself, or tried to kill yourself? IF YES TO ANY, CODE YES NO YES → B
- IF YOU SAID YES TO THE FIRST QUESTION, SKIP THIS QUESTION.
- **In the past year** have you felt sad or depressed, down or empty, or grouchy or annoyed, **most of the time**? IF YES TO ANY, CODE YES NO YES → C
- Has there **ever** been a time when you were so happy that you felt really 'up' or 'high' or 'hyper'? By 'up' or 'high' I mean feeling really good; full of energy; needing less sleep; having racing thoughts or being full of ideas. NO YES → D

DO NOT CONSIDER TIMES WHEN YOU WERE INTOXICATED ON DRUGS OR ALCOHOL OR DURING SITUATIONS THAT NORMALLY OVERSTIMULATE AND MAKE CHILDREN VERY EXCITED, LIKE CHRISTMAS, BIRTHDAYS, ETC.

MINI Kid Screen (cont'd.)

- | | | | |
|---|----|-----|-----|
| ➤ Are you currently feeling 'up' or 'high' or 'hyper' or full of energy? | NO | YES | → D |
| ➤ Has there ever been a time when you were so grouchy or annoyed, that you yelled or started fights; or yelled at people not counting your family? Have you or others noticed that you have been more grouchy than other kids, even when you thought you were right to act this way? IF YES TO ANY, CODE YES | NO | YES | → D |
| DO NOT CONSIDER TIMES WHEN YOU WERE INTOXICATED ON DRUGS OR ALCOHOL OR DURING SITUATIONS THAT NORMALLY OVERSTIMULATE AND MAKE CHILDREN VERY GROUCHY OR ANNOYED. | | | |
| ➤ Are you currently feeling grouchy or annoyed? | NO | YES | → D |
| ➤ Have you ever been really frightened or nervous for no reason; or have you ever been really frightened or nervous in a situation where most kids would not feel that way? IF YES TO EITHER, CODE YES | NO | YES | → E |
| ➤ Do you feel anxious, scared or uneasy in places or situations where you might become really frightened: like being in a crowd, standing in a line (queue), when you are all alone, or when crossing a bridge, traveling in a bus, train or car? IF YES TO ANY, CODE YES | NO | YES | → F |

MINI Kid Corresponding Modules

M.I.N.I. KID

MINI INTERNATIONAL NEUROPSYCHIATRIC INTERVIEW For Children and Adolescents

English Version 6.0

DSM-IV

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M.I.N.I. *Kid* (6.0) October 1, 2009.

-1-

MINI Kid Corresponding Modules

- A** MAJOR DEPRESSIVE EPISODE
- B** SUICIDALITY
- C** DYSTHYMIA
- D** MANIC EPISODE, HYPOMANIC EPISODE, BIPOLAR I, II, & NOS
- E** PANIC DISORDER
- F** AGORAPHOBIA
- G** SEPARATION ANXIETY DISORDER
- H** SOCIAL PHOBIA (Social Anxiety Disorder)
- I** SPECIFIC PHOBIA
- J** OBSESSIVE COMPULSIVE DISORDER
- K** POST TRAUMATIC STRESS DISORDER
- L** ALCOHOL DEPENDENCE
ALCOHOL ABUSE
- M** SUBSTANCE DEPENDENCE (Non-alcohol)
SUBSTANCE ABUSE (Non-alcohol)

MINI Kid Corresponding Modules (cont'd)

- N** TOURETTE'S DISORDER
- MOTOR TIC DISORDER
- VOCAL TIC DISORDER
- TRANSIENT TIC DISORDER
- O** ADHD COMBINED
- ADHD INATTENTIVE
- ADHD HYPERACTIVE/IMPULSIVE
- P** CONDUCT DISORDER
- Q** OPPOSITIONAL DEFIANT DISORDER
- R** PSYCHOTIC DISORDERS
- MOOD DISORDER WITH PSYCHOTIC FEATURES
- S** ANOREXIA NERVOSA
- T** BULIMIA NERVOSA
- U** GENERALIZED ANXIETY DISORDER
- V** ADJUSTMENT DISORDERS
- W** MEDICAL, ORGANIC, DRUG CAUSE RULED OUT
- X** PERVASIVE DEVELOPMENTAL DISORDER

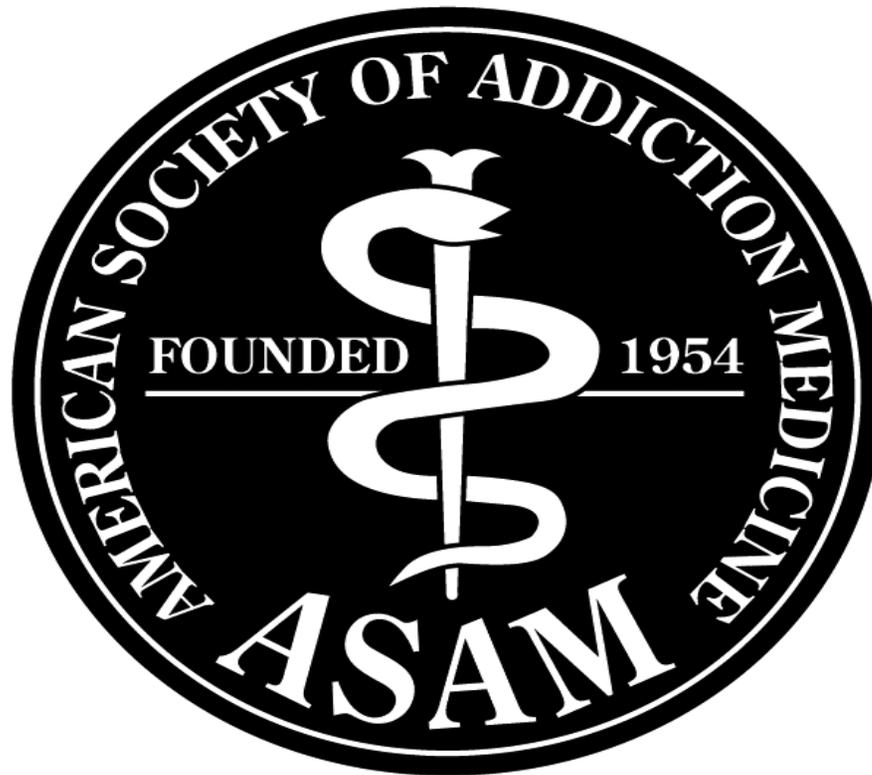
Break

Select the Best Answer

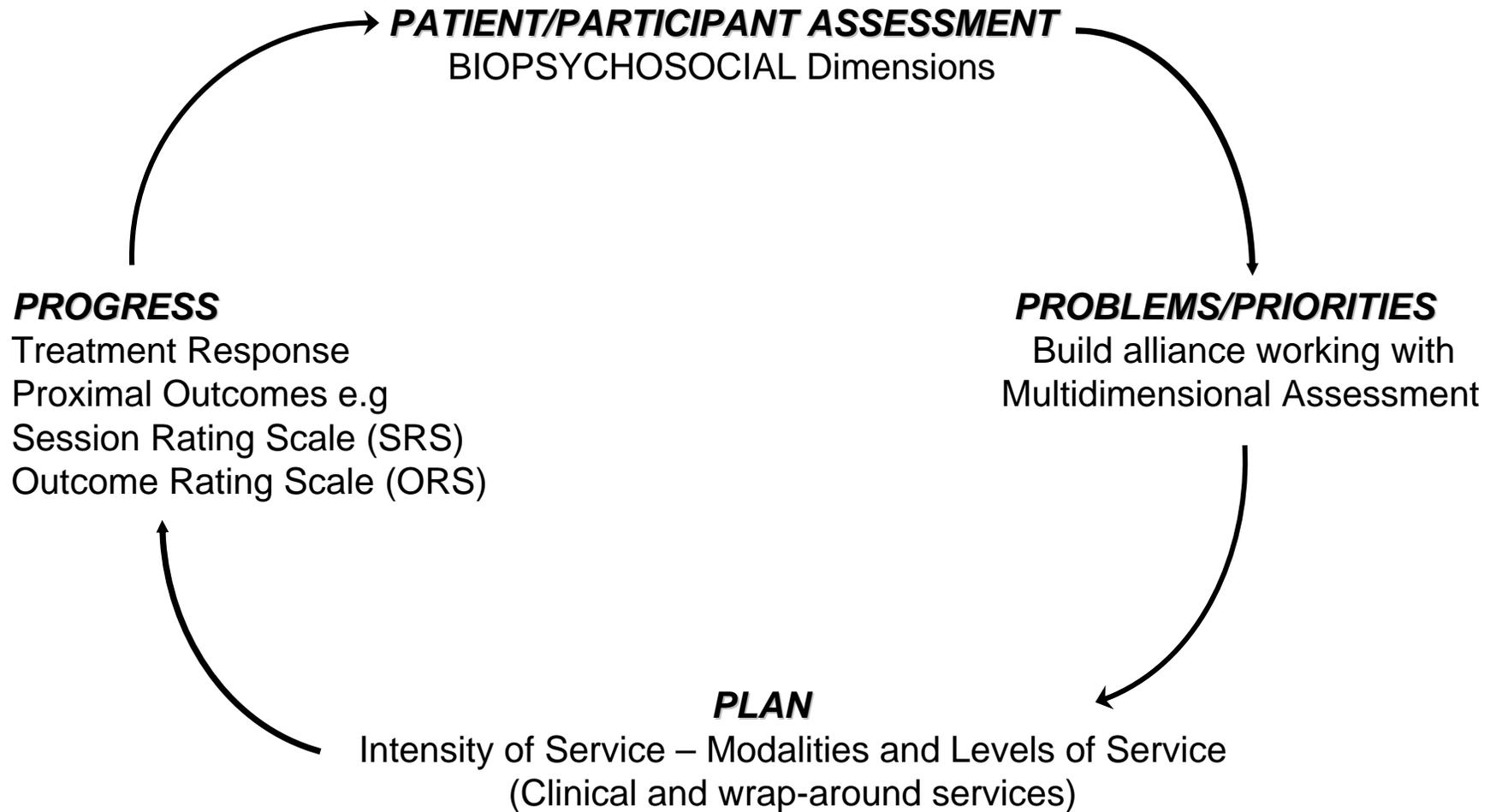
The best treatment system for addiction is:

- a. A 28 day stay in inpatient rehabilitation with much education.
- b. A broad continuum of care with all levels of care separated to maintain group trust.
- c. Not possible now that managed care has placed so much emphasis on cost-containment.
- d. A broad range of services designed to be as seamless as possible for continuity of care.
- e. Short stay inpatient hospitalization for psychoeducation.

A New Way of Thinking



Client-Directed, Outcome-Informed



From Program-Driven to Collaborative Care

Biopsychosocial Perspective of Addiction

- Biopsychosocial in etiology, expression, and treatment.
- Comprehensive assessment and treatment.
- Explains clinical diversity with commonalities.
- Promotes integration of knowledge.

From Program-Driven to Collaborative Care

(cont'd)

Multidimensional Assessment

1. Acute Intoxication and/or Withdrawal Potential
2. Biomedical Conditions and Complications
3. Emotional/Behavioral/Cognitive Conditions and Complications
4. Readiness to Change
5. Relapse/Continued Use/Continued Problem Potential
6. Recovery Environment

Select the Best Answer

The six assessment dimensions of the ASAM

Criteria:

- a. Help assess the individual's comprehensive needs in treatment.
- b. Provide a structure for assessing severity of illness and level of function.
- c. Requires that there be access to medical and nursing personnel when necessary.
- d. Can help focus the service plan on the most important priorities.
- e. All of the above

Treatment Levels of Care

Level 0.5	Early Intervention
Level I	Outpatient Treatment
Level II	Intensive Outpatient and Partial Hospitalization
Level III	Residential/Inpatient Treatment
Level IV	Medically-Managed Intensive Inpatient Treatment

Handout 9 Level of Care

Level 0.5 Early Intervention Service

Level 0.5: Early Intervention

- ❖ Individuals with problems or risk factors related to substance use, but for whom an immediate Substance -Related Disorder cannot be confirmed.
- ❖ Hours vary

Opioid Maintenance Therapy (OMT)

OMT

- ❖ Is not considered a level of care in the ASAM PPC-2r but rather a separate service that can be incorporated into any of the levels of care.

Level I Services

Level I Outpatient Treatment

- ❖ **Adult** – Fewer than 9 hours per week.
- ❖ **Adolescent** – Fewer than 6 hours per week.

Level II Services

Level II.1 Intensive Outpatient Treatment

- ❖ **Adult:** At least 9 hours or more of services per week.
- ❖ **Adolescent:** At least 6 hours or more of services per week.

Level II.5 Partial Hospitalization

- ❖ 20 or more hours of services for multidimensional **not** requiring 24 hour care.

Level III Residential – Inpatient Service



Level III.05 Transitional Residential Treatment

Level III Residential – Inpatient Services

Level III.1 Clinically-Managed, Low Intensity Residential Treatment

- ❖ At least 5 hours of services per week and 24 hour structure with available trained staff.

Level III.3 Clinically-Managed, Medium Intensity Residential Treatment *(Adult Level only)*

- ❖ 24 hour care, trained staff to stabilize multidimensional imminent danger, less intense milieu.

Level III Residential – Inpatient Services

(cont'd)

Level III.5 Clinically-Managed, Medium/High Intensity Residential Treatment

- ❖ 24 hour care, trained staff to stabilize multidimensional imminent danger, full active milieu.

Level III.7 Medically-Monitored High Intensive Inpatient Treatment

- ❖ 24 hour nursing care with physician availability for significant problems in Dimensions 1, 2, or 3 and 16 hours per week of service.

Level IV Services

Level IV - Medically-Managed Intensive Inpatient Treatment

- ❖ 24 hours nursing care and daily physician care for severe, unstable problems in Dimensions 1, 2, or 4. Counseling available to engage patient in treatment.

Detoxification Services

I-D - Ambulatory Detoxification **without** Extended On-site Monitoring

- ❖ Mild withdrawal with daily or less than daily outpatient supervision.

II-D - Ambulatory Detoxification with Extended On-Site Monitoring

- ❖ Moderate withdrawal with all day detox and support and supervisor.

Detoxification Services

(cont'd)

III.2-D - Clinically-Managed Residential Detoxification

- ❖ Moderate withdrawal but needs 24 hours support to complete detox.

III.7-D - Medically-Monitored Inpatient Detoxification

- ❖ Severe withdrawal and needs 24 hour nursing care and physicians visits as necessary.

IV-D - Medically-Managed Inpatient Detoxification

- ❖ Severe, unstable withdrawal and needs 24 hour nursing and daily physician visits to modify detox.

BREAK

Six Assessment Dimensions



1. Acute Intoxication and/or Withdrawal Potential
2. Biomedical Conditions and Complications
3. Emotional, Behavioral or Cognitive Conditions and Complications
4. Readiness to Change
5. Relapse/Continued Use, Continued Problem Potential
6. Recovery Environment

Dimension 1

Acute Intoxication and Withdrawal Potential

Handout 10 Crosswalk for DSM-IV to Substance Specific and General Withdrawal Symptoms

Dimension 1 Questions

- Is there a past history of serious withdrawal, life threatening symptoms, or seizures during withdrawal?
- Is client currently having similar withdrawal symptoms?
- Does the client have supports to assist in ambulatory detoxification if medically safe?

Dimension 1

DIMENSION 1. ACUTE INTOXICATION AND / OR WITHDRAWAL POTENTIAL

Do you have a history of withdrawal symptoms when you haven't been able to obtain alcohol and/or other drugs (AOD), cut down on your use, or stopped using? Yes No If yes, explain below:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Agitated (fidget, pace, etc.) | <input type="checkbox"/> Fever | <input type="checkbox"/> Move and talk slower than usual | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Hand Tremors | <input type="checkbox"/> Muscle aches | <input type="checkbox"/> Sweating or heart racing |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Increased appetite | <input type="checkbox"/> Nausea / Vomiting | <input type="checkbox"/> Vivid, unpleasant dreams |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Insomnia or Hypersomnia | <input type="checkbox"/> Runny nose / watery eyes | <input type="checkbox"/> Yawning |
| <input type="checkbox"/> Feeling sad, tense, or angry | <input type="checkbox"/> Memory Loss | <input type="checkbox"/> See, feel, or hear things that aren't there | |

Are you currently experiencing any of the above? Yes No If yes, explain: _____

Have any of these symptoms kept you from doing social, family, job or other activities? Yes No If yes, explain: _____

Have you used AOD to stop or avoid having these symptoms? Yes No If yes, explain: _____

Are the symptoms due to a medical condition or some other problem? Yes No If yes, explain: _____

Cindy

A 45 year old female groundskeeper was referred for treatment by a Substance Abuse Professional (SAP) who assessed Cindy as meeting diagnostic criteria for alcohol dependence and cocaine abuse with symptoms of depression. The Substance Abuse Placement Assessment was triggered by Cindy's alleged refusal for a random urine drug screen at work. Since she had shown a positive cocaine result on a drug screen eight months earlier, this refusal constituted an automatic second positive, as refusal is interpreted as positive. Cindy disputes she was told to take a random test before leaving work sick for the day.

Dimension 1 Questions

- Is there a past history of serious withdrawal, life threatening symptoms, or seizures during withdrawal?
- Is client currently having similar withdrawal symptoms?
- Does the client have supports to assist in ambulatory detoxification if medically safe?

Dimension 2

Biomedical Conditions and Complications

Dimension 2 Questions

- Does the client have any current severe physical health problems?
- Are the conditions or complications: stabilized, being actively addressed, and being medically monitored?
- Are there chronic conditions that affect treatment?

Dimension 2

DIMENSION 2. BIOMEDICAL CONDITIONS AND COMPLICATIONS

Do you have / have you had any medical problems, including infectious communicable diseases? Yes No If yes, explain: _____

Do you have any known allergies? Yes No If yes, explain: _____

Does your chemical use affect your medical conditions in any way? Yes No If yes, explain: _____

List any medications you currently take, have taken, or should take:

Medication	Prescribed For	Dosage	Frequency	Taking as Prescribed	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

COMMENTS: _____

ADULT Dimension 2

Have you ever been hospitalized? Yes No If yes, describe below:

Date	Facility	Length of Stay	Treated For

COMMENTS: _____

Are you pregnant? Yes No N/A If yes, how many weeks? _____

Are you receiving prenatal care? Yes No NA # of Pregnancies _____

Pain Assessment Scale

Do you have pain now? Yes No If yes, where? _____

Rate the pain in relation to what represents the amount of pain you are experiencing:

<input type="checkbox"/>										
0	1	2	3	4	5	6	7	8	9	10
No pain			Mild		Moderate			Worst pain imaginable		

Is this pain related to withdrawal? Yes No NA

If yes, explain: _____

How long have you been in pain? _____ What makes the pain better or worse? _____

What medications do you take to relieve the pain? _____

Have you had this same pain in the recent past? Yes No NA

If yes, explain: _____

Are you under a doctor's care for this pain? Yes No NA

If yes, explain: _____

ADOLESCENT Dimension 2

Have you ever been hospitalized? Yes No If yes, describe below:

Date	Facility	Length of Stay	Treated For

COMMENTS: _____

Are you pregnant? Yes No N/A If yes, how many weeks? _____

Are you receiving prenatal care? Yes No NA # of Pregnancies _____

Do you have children? Yes No If yes, please answer the following questions:

1. Age of child(ren) _____

2. Who has custody of child(ren)? _____

3. Is childcare available for child(ren)? Yes No

If yes, please explain: _____

4. Are you required to pay child support? Yes No

If yes, are you current in child support payments? Yes No

5. Do you feel you have adequate parenting skills? Yes No

6. Would you be interested in receiving more skills? Yes No

COMMENTS: _____

Dimension 2

TB Checklist Have you had TB or tested positive for TB in the past? Yes No If yes, explain:

For more than two weeks do you.... (consider possible withdrawal symptoms)

Have sputum-producing cough? Yes No

Have night sweats? Yes No

Cough up blood Yes No

Have a fever Yes No

Have loss of appetite Yes No

Receive a TB medication Yes No

COMMENTS:

Cindy

Client denies medical conditions and complications.

Dimension 2 Questions

- Does the client have any current severe physical health problems?
- Are the conditions or complications: stabilized, being actively addressed, and being medically monitored?
- Are there chronic conditions that affect treatment?

BREAK

Dimension 3

**Emotional, Behavioral
and Cognitive Conditions
and Complications**

Dimension 3 Questions

- Is the client in imminent danger of harming self or someone else?
- Is the client unable to function and safely care for self?
- Are there current psychiatric illnesses or psychological, behavioral, emotional or cognitive problems that need to be addressed because they create risk or complicate treatment?

Dimension 3 Questions (cont'd)

- Do any emotional, behavioral, or cognitive problems appear to be an expected part of the addictive disorder or do they appear autonomous?
- Are the problems severe enough to warrant specific mental health treatment?
- Is the client able to manage the activities of daily living?
- Can the client cope with any emotional, behavioral or cognitive problems?

Dimension 3

DIMENSION 3. EMOTIONAL/BEHAVIORAL/COGNITIVE CONDITIONS AND COMPLICATIONS

As a child, were there any serious physical injuries or mental illnesses causing trauma? Yes No

If yes explain: _____

Have you ever been diagnosed with a mental/emotional disorder? Yes No

If yes, explain: _____

Have you ever been treated for mental/emotional disorders? Yes No If yes, explain below:

When	Where	Level of Care	Length of Tx	Treated For

COMMENTS: _____

Have you ever been the victim of abuse? Yes No

If yes: Sexual Domestic Violence Neglect
 Physical Emotional

When and by whom? _____

Did you receive intervention? Yes No

If yes, explain: _____

Further assessment needed? Yes No

If yes, explain: _____

COMMENTS: _____

Dimension 3

Have you ever been the perpetrator of abuse? Yes No

If yes: Sexual Domestic Violence Neglect
 Physical Emotional

When and to whom? _____

Did you receive intervention? Yes No

If yes, explain: _____

Further assessment needed? Yes No

If yes, explain: _____

COMMENTS: _____

In the last year, have you felt like hurting or killing yourself? (suicidal ideation) Yes No

If yes, explain: _____

In the last year, have you felt like hurting or killing someone else? (homicidal ideation) Yes No

If yes, explain: _____

In the last year, have you experienced hallucinations or difficulty telling what is real from that which is not? (auditory, visual, olfactory, tactile) Yes No

If yes, explain: _____

In the last year, have you had trouble remembering, concentrating or following simple instructions? Yes No

If yes, explain: _____

COMMENTS: _____

Dimension 3

Mental Status Examination

While prompts are provided below, the assessor should make sure to describe his/her observations and impressions of the person for each grouping below.

ORIENTATION						
<i>(capacity to identify and recall one's identity and place in time and space; ask directed questions)</i>						
Orientation:	<input type="checkbox"/> Normal	<input type="checkbox"/> Deficits:	<input type="checkbox"/> Person	<input type="checkbox"/> Place	<input type="checkbox"/> Time	<input type="checkbox"/> Situation

COMMENTS: _____

GENERAL APPEARANCE

(Include general observations about the person's appearance and expression)

Dress:	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Meticulous	<input type="checkbox"/> Eccentric	<input type="checkbox"/> Seductive	<input type="checkbox"/> Disheveled
Grooming:	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Meticulous	<input type="checkbox"/> Dirty	<input type="checkbox"/> Poor	<input type="checkbox"/> Bizarre
Facial Expression:	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Flat	<input type="checkbox"/> Sad	<input type="checkbox"/> Angry	<input type="checkbox"/> Fearful

COMMENTS: _____

MOOD/AFFECT

(Mood: sustained emotional state; emotional tone the client subjectively feels i.e. what the client says / Affect: outward expression of person's current feeling state, how they appear to you i.e. facial expressions, body language, laughter, use of humor, tearfulness)

Mood:	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Depressed	<input type="checkbox"/> Euphoric	<input type="checkbox"/> Anxious	<input type="checkbox"/> Irritable	<input type="checkbox"/> Euthymic (normal)
Affect:	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Hostile	<input type="checkbox"/> Blunted	<input type="checkbox"/> Labile	<input type="checkbox"/> Broad	<input type="checkbox"/> Flat

COMMENTS: _____

Dimension 3

SELF-CONCEPT

Self-concept:	<input type="checkbox"/> Self-assured	<input type="checkbox"/> Realistic	<input type="checkbox"/> Low self-esteem	<input type="checkbox"/> Inflated self-esteem
---------------	---------------------------------------	------------------------------------	--	---

COMMENTS: _____

SPEECH

(comment on tone, volume and quantity)

Speech:	<input type="checkbox"/> Normal	<input type="checkbox"/> Pressured	<input type="checkbox"/> Stammering	<input type="checkbox"/> Mute	<input type="checkbox"/> Loud
	<input type="checkbox"/> Soft	<input type="checkbox"/> Rambling	<input type="checkbox"/> Slurred	<input type="checkbox"/> Echolalia (compulsive repetition of word)	

COMMENTS: _____

MEMORY

(could explain recent and past events in their history; recalls three words immediately after rehearsal then five minutes later; recalls your name after 30 minutes)

Immediate:	<input type="checkbox"/> Intact	<input type="checkbox"/> Mildly Impaired	<input type="checkbox"/> Moderately Impaired	<input type="checkbox"/> Severely Impaired
Recent:	<input type="checkbox"/> Intact	<input type="checkbox"/> Mildly Impaired	<input type="checkbox"/> Moderately Impaired	<input type="checkbox"/> Severely Impaired
Remote:	<input type="checkbox"/> Intact	<input type="checkbox"/> Mildly Impaired	<input type="checkbox"/> Moderately Impaired	<input type="checkbox"/> Severely Impaired

COMMENTS: _____

THOUGHT PROCESS

(the movement of thought, the dynamics of how one thought connects to the next; observe speech, some behavior; may need a few targeted questions)

Thought Process:	<input type="checkbox"/> Logical	<input type="checkbox"/> Relevant	<input type="checkbox"/> Coherent	<input type="checkbox"/> Goal Directed	<input type="checkbox"/> Illogical
	<input type="checkbox"/> Incoherent	<input type="checkbox"/> Circumstantial	<input type="checkbox"/> Rambling	<input type="checkbox"/> Flight of Ideas	
	<input type="checkbox"/> Loose Associations		<input type="checkbox"/> Tangential	<input type="checkbox"/> Grossly Disorganized	<input type="checkbox"/> Blocking
	<input type="checkbox"/> Neologisms	<input type="checkbox"/> Confused	<input type="checkbox"/> Perplexed	<input type="checkbox"/> Confabulating	

COMMENTS: _____

Dimension 3

THOUGHT CONTENT

(A description of the topics one is thinking about)

Thought Content:	<input type="checkbox"/> Normal	<input type="checkbox"/> Somatic Complaints	<input type="checkbox"/> Illogical Thinking	<input type="checkbox"/> Hopelessness	<input type="checkbox"/> Suspicious
	<input type="checkbox"/> Guilt	<input type="checkbox"/> Obsessions/Compulsions		<input type="checkbox"/> Phobias	<input type="checkbox"/> Poverty of Content
	<input type="checkbox"/> Suicidal or Homicidal Ideation		<input type="checkbox"/> Prejudices/Biases	<input type="checkbox"/> Hypochondriacal	<input type="checkbox"/> Depressive

COMMENTS: _____

JUDGMENT AND INSIGHT

(Judgment: ability to make wise decisions, especially in everyday activities and social matters; Insight: awareness of problems, what they are, and their implications)

Judgment:	<input type="checkbox"/> Good	<input type="checkbox"/> Partial	<input type="checkbox"/> Limited	<input type="checkbox"/> Poor
Insight:	<input type="checkbox"/> Good	<input type="checkbox"/> Partial	<input type="checkbox"/> Limited	<input type="checkbox"/> Poor

COMMENTS: _____

Cindy

She complains of depression over the past five or six months, but has not had suicidal thoughts, or impulses to harm herself. Cindy's responses on the MINI Screen also indicated that she would need to have Module A, I, J and O.

Dimension 3 Questions

- Is the client in imminent danger of harming self or someone else?
- Is the client unable to function and safely care for self?
- Are there current psychiatric illnesses or psychological, behavioral, emotional or cognitive problems that need to be addressed because they create risk or complicate treatment?

Dimension 3 Questions

(cont'd)

- Do any emotional, behavioral, or cognitive problems appear to be an expected part of the addictive disorder or do they appear autonomous?
- Are the problems severe enough to warrant specific mental health treatment?
- Is the client able to manage the activities of daily living?
- Can the client cope with any emotional, behavioral or cognitive problems?

Dimension 4

Readiness to Change

Stages of Change

Transtheoretical Model of Change

- ❖ Pre-contemplation
- ❖ Contemplation
- ❖ Preparation
- ❖ Action
- ❖ Maintenance

Handout 13 The Transtheoretical Model

WHEN YOU CHANGE

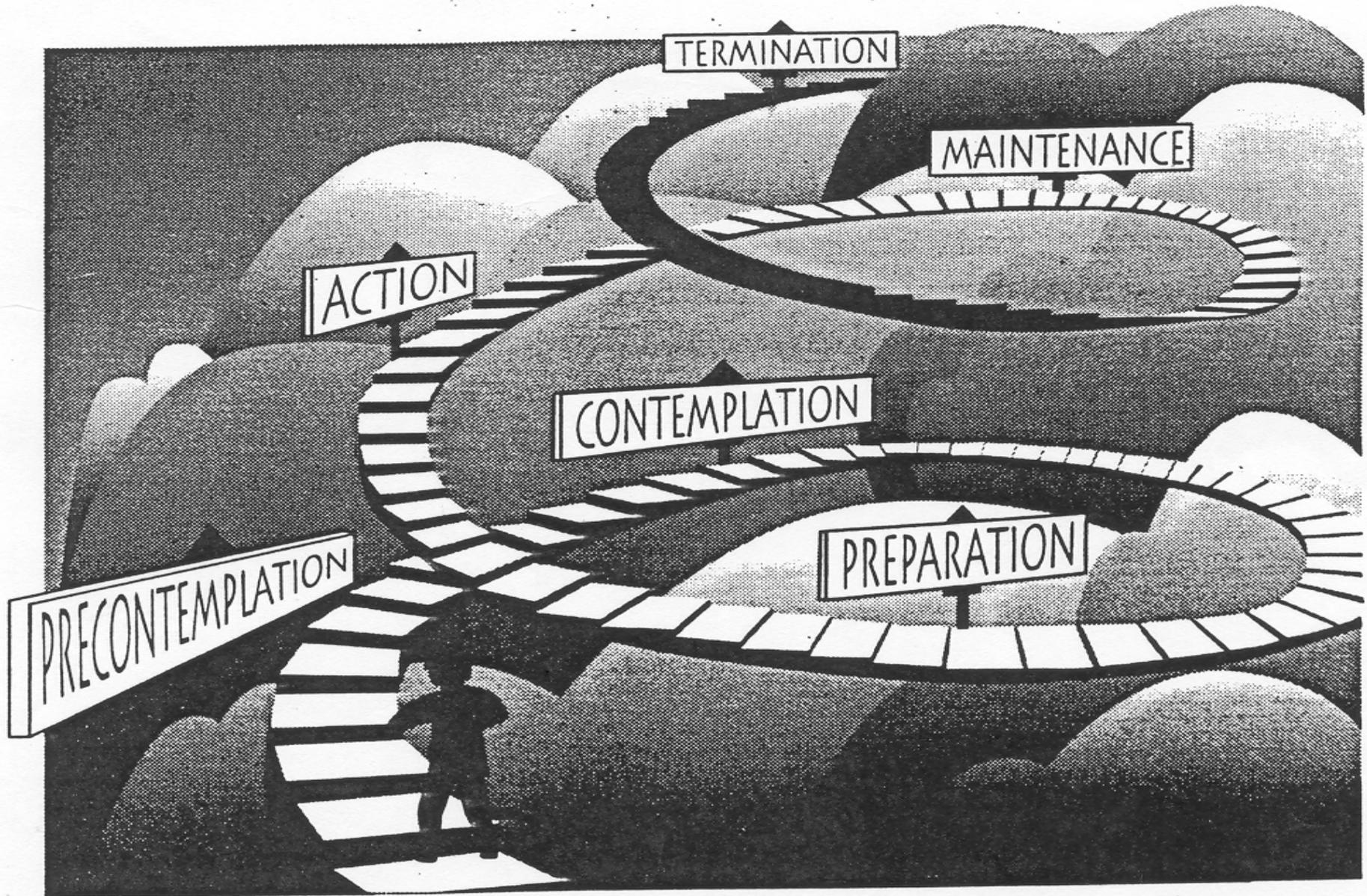


FIGURE 1. The Spiral of Change

Dimension 4 Questions

- What is the client's emotional and cognitive awareness of the need to change?
- Does the client feel coerced into treatment or actively object to receiving treatment?
- What is the client's level of commitment to change?
- Does the client appear to need AOD treatment/recovery, but is ambivalent or feels it is unnecessary?

Dimension 4

DIMENSION 4. READINESS TO CHANGE

Do you have any behaviors that you need to change? (e.g. criminal activity, fighting, cursing) Yes No If yes, explain: _____

Do you think you have a problem with AOD and/or mental/emotional disorders? Yes No If yes, explain: _____

Have you tried to hide your AOD use? Yes No If yes, explain: _____

Has anyone ever complained about your AOD use? Yes No If yes, explain: _____

Has your AOD use caused you to feel depressed, nervous, suspicious, decreased sexual desire, diminished your interest in normal activities or cause other psychological problems? Yes No If yes, explain: _____

Has your AOD use affected your health in any way by causing numbness, blackouts, shakes, tingling, TB, STDs or other health problems? Yes No If yes, explain: _____

Have you continued to use despite the negative consequences (at work, school, or home) of your use? Yes No If yes, explain: _____

Have you continued to use despite placing yourself and others in dangerous or unsafe situations? Yes No If yes, explain: _____

Have you had problems with the law because of your use? Yes No If yes, explain: _____

Has your AOD use affected you socially (fights, problem relationships, etc.)? Yes No If yes, explain: _____

Dimension 4

Do you need more AOD to get the same high? Yes No If yes, explain:

Do you spend a great deal of time in activities to obtain AOD and / or feeling its affects? Yes No If yes, explain:

Has your AOD use caused you to give up or not participate in social, occupational or recreational activities that you once enjoyed?
 Yes No If yes, explain: _____

Have you continued to use after knowing it caused or contributed to physical and psychological problems? Yes No
If yes, explain: _____

Have you used larger amounts of AOD than you intended? Yes No If yes, explain: _____

Indicate the **URICA** score & stage of readiness:

Alcohol Use: _____ Pre contemplation Contemplation Preparation (Action) Maintenance

Drug Use: _____ Pre contemplation Contemplation Preparation (Action) Maintenance

URICA

The University of Rhode Island Change Assessment (URICA)



URICA

- Responses are on a 5 point Likert scale.
1 (strong disagreement) to 5 (strong agreement)
- Time required for administration: *5 to 10 minutes.*
- Time required to score/interpret: *5 to 10 minutes.*
- A URICA must be done for alcohol and a separate URICA must be done for drug use.

URICA

Handout 15 URICA –
Cindy (alcohol)

Handout 16 URICA –
Cindy (drug)

University of Rhode Island Change Assessment Scale - URICA
INSTRUCTIONS: This questionnaire is to help us improve services. Each statement describes how a person might feel when starting therapy or approaching problems in their lives. Please indicate the extent to which you tend to agree or disagree with each statement. In each case, make your choice in terms of how you feel right now, not what you have felt in the past or would like to feel. For all the statements that refer to your "problem", answer in terms of problems related to your drinking (or illegal drug use). The words "here" and "this place" refer to treatment or the program. Please read the following statements carefully. For each statement, circle the number that best describes how much you agree or disagree with each statement. You must complete one scale for alcohol use and a separate scale for drug use.

Key: SD = No Strongly Disagree D = No Disagree U = Undecided or Unsure A = Yes Agree SA = Yes Strongly Agree

Problem:	SD	D	U	A	SA
1. As far as I'm concerned, I don't have any problems that need changing.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. I think I might be ready for some self-improvement.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. I am doing something about the problems that had been bothering me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4. It might be worthwhile to work on my problem.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5. I'm not the problem one. It doesn't make much sense for me to be here.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6. It worries me that I might slip back on a problem I have already changed, so I am here to seek help.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
7. I am finally doing some work on my problem.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
8. I've been thinking that I might want to change something about myself.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
9. I have been successful in working on my problem but I'm not sure I can keep up the effort on my own.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
10. At times my problem is difficult, but I'm working on it.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
11. Being here is pretty much a waste of time for me because the problem doesn't have to do with me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
12. I'm hoping this place will help me to better understand myself.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
13. I guess I have faults, but there's nothing that I really need to change.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
14. I am really working hard to change.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
15. I have a problem and I really think I should work at it.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
16. I'm not following through with what I had already changed as well as I had hoped, and I'm here to prevent a relapse of the problem.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
17. Even though I'm not always successful in changing, I am at least working on my problem.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
18. I thought once I had resolved my problem I would be free of it, but sometimes I still find myself struggling with it.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
19. I wish I had more ideas on how to solve the problem.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
20. I have started working on my problems but I would like help.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
21. Maybe this place will be able to help me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
22. I may need a boost right now to help me maintain the changes I've already made.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
23. I may be part of the problem, but I don't really think I am.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
24. I hope that someone here will have some good advice for me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
25. Anyone can talk about changing; I'm actually doing something about it.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
26. All this talk about psychology is boring. Why can't people just forget about their problems?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
27. I'm here to prevent myself from having a relapse of my problem.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
28. It is frustrating, but I feel I might be having a recurrence of a problem I thought I had resolved.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
29. I have worries but so does the next guy. Why spend time thinking about them?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
30. I am actively working on my problem.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
31. I would rather cope with my faults than try to change them.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
32. After all I had done to try to change my problem, every now and again it comes back to haunt me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

URICA Scoring

	Precontemplation (PC)	Contemplation (C)	Action (A)			Maintenance (M)
1		2		3		6
5		4	Omit	7		9
11		8		10		16
13		12		14		18
23		15		17		22
26		19		20	Omit	27
29		21		25		28
31	OMIT	24		30		32
	Total	Total	Total			Total
	÷ 7 =	÷ 7 =	÷ 7 =			÷ 7 =

To obtain the Readiness to Change score, first sum items from each subscale and divide by 7 to get the mean for each subscale. Then sum the means from the Contemplation, Action, and Maintenance subscales and subtract the Precontemplation mean (C + A + M - PC = Readiness).

Compare the Readiness for change score to the following group means. Choose the stage whose group average is closest to the computed Readiness Score:

URICA Scoring

<u>STAGE</u>	<u>GROUP AVERAGE</u>
Pre contemplation	8 or lower
Contemplation	8 - 11
Preparation (Action)	11 - 14
Maintenance	14 and above

Cindy

Cindy admits to an alcohol problem but feels it is no longer a problem as she claims to have stopped drinking five months ago. She claims she's never had a cocaine problem and just used with a boyfriend that once, the night before the first random urine test at work. Her URICA scores indicate Preparation stage for her drinking and Precontemplation for her drug use.

Dimension 4 Questions

- What is the client's emotional and cognitive awareness of the need to change?
- Does the client feel coerced into treatment or actively object to receiving treatment?
- What is the client's level of commitment to change?
- Does the client appear to need AOD treatment/recovery, but is ambivalent or feels it is unnecessary?

BREAK

Dimension 5

**Relapse/Continued Use,
Continued Problem Potential**

Dimension 5 Questions

- Is the client in immediate danger of continued severe mental health distress and/or AOD use?
- Does the client have any recognition, understanding, or skills in coping with the addiction or mental disorder in order to prevent relapse, continued use or continued problems?
- How severe are the problems and further distress that may continue or reappear if the client is not successfully engaged in treatment at this time?

Dimension 5 Questions

(cont'd)

- How aware is the client of relapse triggers, ways to cope with cravings to use, and skills to control impulses to use or impulses to harm self or others?
- What is the client's ability to remain abstinent based on history?

Dimension 5

DIMENSION 5. RELAPSE, CONTINUED USE OR CONTINUED PROBLEM POTENTIAL

Have you ever been treated for an AOD problem?

Alcohol/Drug/BOTH	When	Where	Level of Care (including detox)	Type of Discharge

COMMENTS:

Dimension 5

Have you had any periods of abstinence from an AOD? Yes No If yes, answer the next three questions:

1. How was that abstinence / maintenance achieved? Please explain: _____

2. What would you consider your relapse triggers? Please explain: _____

3. Are you aware of what caused you to relapse? Please explain: _____

Are you participating in any support groups? (AA, NA, church, other) Yes No Do you have a sponsor? Yes No

If yes, how often? _____

Have you ever participated in: AA NA Support Group Had a Sponsor No

In the past year, have you tried to reduce the effect of your AOD/problems? Yes No

If yes, explain: _____

Have you had any periods without mental/emotional problems? Yes No If yes, answer the next 2 questions:

1. How was maintenance achieved? _____

2. What causes the symptoms to get worse? _____

Cindy

She denies alcohol use, stating she hasn't used in the last five months and no cocaine use in the last eight months. She has had one positive cocaine drug screen eight months ago, and refused to complete a random drug screen recently which lead to her employer referral.

Dimension 5 Questions

- Is the client in immediate danger of continued severe mental health distress and/or AOD use?
- Does the client have any recognition, understanding, or skills in coping with the addiction or mental disorder in order to prevent relapse, continued use or continued problems?
- How severe are the problems and further distress that may continue or reappear if the client is not successfully engaged in treatment at this time?

Dimension 5 Questions

(cont'd)

- How aware is the client of relapse triggers, ways to cope with cravings to use, and skills to control impulses to use or impulses to harm self or others?
- What is the client's ability to remain abstinent based on history?

Dimension 6

Recovery Environment

Dimension 6 Questions

- Do any family members, significant others, living situations, or school or work situations pose a threat to the clients safety or engagement in treatment?
- Does the client have supportive friendships, financial resources, or educational or vocational resources that can increase the likelihood of successful treatment?
- Are there legal, vocational, social service agency, or criminal justice mandates that may enhance the client's motivation for engagement in treatment?
- Are there transportation, child care, housing or employment issues that need to be clarified or addressed?

ADULT Dimension 6

DIMENSION 6. RECOVERY / LIVING ENVIRONMENT

Head of Household? Yes No

Number in Household: _____

Living Arrangement: _____ years _____ months

- Alabama Housing Finance Authority
- Center Operated / Contracted Residential Program
- Center Subsidized Housing
- Homeless / Shelter
- Independent Living

- Jail / Correctional Facility
- Reside with Family
- Other Institutional Setting (nursing home, etc.)
- Other: _____

Current Employment Status:

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> Confined to Institution/Correctional Facility | <input type="checkbox"/> Part-time | <input type="checkbox"/> Supported Employment |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Retired | <input type="checkbox"/> Unemployed, looking |
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Student | <input type="checkbox"/> Unemployed, not looking for 30 days |
| <input type="checkbox"/> Homemaker | | |

ADULT Dimension 6

Employment History:

Employer	Position	Dates Employed	Reason for Leaving

Education

Are you currently in school, enrolled in a GED program, or a vocational program? Yes No

If yes, explain: _____

Number of years completed in school: _____

Detailed Legal Status

None State /Federal Court Formal Adjudication Probation/Parole (Name): _____

Diversionary Program Prison Court Referral Other: _____

Current Charges: _____

of Arrests in 30 days Prior to Admission: _____

ADULT Dimension 6

Arrest History	# of Arrests:	Convicted:			# of Arrests:	Convicted:	
Assault	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Public Intoxication	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Auto Theft	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rape	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Burglary	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Receiving Stolen Property	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Robbery	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fraudulent use of a credit card	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Criminal Trespass	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Shoplifting	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Distribution	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Theft of Property	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DUI	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Violation of Probation	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Harassment	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Domestic Violence	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Minor in Possession	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Child / Elder Abuse	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Possession	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Negotiating a Worthless Negotiable Instrument (NWI)	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	_____				_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explanation of the above to include outcome: _____							

ADULT Dimension 6

Family

Do you have dependent children? Yes No If yes, how many? Ages:

If yes, please answer the next 4 questions:

Who has custody of these children?

Is there childcare available for these children? Yes No If yes, explain: _____

Are you required to pay child support? Yes No If yes, are you current in your child support? Yes No

Do you feel you have adequate parenting skills? Yes No If yes, explain: _____

Would you be interested in receiving more parenting skills? Yes No If yes, explain: _____

Quality of interaction with family: Excellent Good Fair Poor

Level of satisfaction with support system: Excellent Good Fair Poor

ADULT Dimension 6

Describe your relationship with your:

Mother: _____

Father: _____

Siblings: _____

Others: _____

Children: _____

Is your current living environment drug free? Yes No

If no, explain: _____

Who would you ask to take you to the hospital if you were to suddenly become ill? _____

Would you call the same person to tell some really good news? Yes No If not, why and who would you call?

Do you have reliable transportation? Yes No Explain: _____

Do you have a valid driver's license? Yes No

ADOLESCENT Dimension 6

DIMENSION 6. RECOVERY / LIVING ENVIRONMENT

List name of parent or guardian: _____

Do you live with this person? Yes No If no, explain: _____

Number in household: _____

What is the marital & life status of your natural/biological parent?

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Mother deceased | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Father deceased | <input type="checkbox"/> Mother remarried | |
| <input type="checkbox"/> Father remarried | <input type="checkbox"/> Never married (living apart) | |
| <input type="checkbox"/> Married | <input type="checkbox"/> Never married (living together) | |

Living Arrangement:

- | | |
|---|---|
| <input type="checkbox"/> Alabama Housing Finance Authority | <input type="checkbox"/> Jail / Correctional Facility |
| <input type="checkbox"/> Center Operated / Contracted Residential Program | <input type="checkbox"/> Reside with Family |
| <input type="checkbox"/> Center Subsidized Housing | <input type="checkbox"/> Other Institutional Setting (nursing home, etc.) |
| <input type="checkbox"/> Homeless / Shelter | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Independent Living | |

ADOLESCENT Dimension 6

Which of the following best describes your current living situation?

- | | |
|--|---|
| <input type="checkbox"/> in controlled environment (residential facility, DYS, etc.) | <input type="checkbox"/> with father only |
| <input type="checkbox"/> in group living (group home, boarding school, etc.) | <input type="checkbox"/> with foster family |
| <input type="checkbox"/> with both natural/adoptive parents | <input type="checkbox"/> with friends |
| <input type="checkbox"/> with boy/girlfriend, husband/wife, partner | <input type="checkbox"/> with mother & stepfather / parent figure |
| <input type="checkbox"/> with father & stepmother / parent figure | <input type="checkbox"/> with mother only |
| <input type="checkbox"/> with other relative: who? _____ | |
| <input type="checkbox"/> other: _____ | |

Who is the head of your current household?

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Brother | <input type="checkbox"/> Natural (or adoptive) mother | <input type="checkbox"/> Stepmother |
| <input type="checkbox"/> Grandfather | <input type="checkbox"/> Self | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Grandmother | <input type="checkbox"/> Sister | |
| <input type="checkbox"/> Natural (or adoptive) father | <input type="checkbox"/> Stepfather | |

ADOLESCENT Dimension 6

How would you describe the quality of interaction with your family? Excellent Good Fair Poor

The level of satisfaction with current support system in your family? Excellent Good Fair Poor

Describe relationship with:

Mother: _____

Father: _____

Child(ren): _____

Sibling(s): _____

Grandparent(s): _____

Is your current living arrangement drug free? Yes No

How many times have you moved in your lifetime with or without family? # _____

How many times have you run away from home(s)? # _____

Who would you ask to take you to the hospital if you were to suddenly become ill? _____

Would you call the same person to tell some really good news? Yes No If not, why and who would you call?

Do you have reliable transportation? Yes No Explain: _____

Do you have a valid driver's license? Yes No

ADOLESCENT Dimension 6

Current Employment Status:

- Confined to Institution/Correctional Facility
 Part-time
 Supported Employment
 Disabled
 Retired
 Unemployed, looking
 Full-time
 Student
 Unemployed, not looking for 30 days
 Homemaker

Employment History:

Employer	Position	Dates Employed	Reason for Leaving

Education

Are you currently in school, enrolled in a GED program, or a vocational program? Yes No

Name of School: _____

What is the highest grade you've completed? _____

Have you repeated a grade? Yes No If yes, explain: _____

How many times were you:

- suspended from school? # _____ Explain: _____
 expelled from school? # _____ Explain: _____
 had an in-school suspension? # _____ Explain: _____

Are you or have you received special education services? Yes No

If yes, explain: _____

How many days (in the past 30) have you been absent from school? _____ Explain: _____

ADOLESCENT Dimension 6

Detailed Legal Status

None State/Federal Court Formal Adjudication Probation/Parole (Name): _____
 Diversionary Program Prison Court Referral Other: _____

Current Charges: _____

of Arrests in 30 days Prior to Admission:

Arrest History	# of Arrests:	Convicted:		# of Arrests:	Convicted:
Assault	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Public Intoxication	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Auto Theft	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rape	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Burglary	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Receiving Stolen Property	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Robbery	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fraudulent use of a credit card	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Criminal Trespass	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Shoplifting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Distribution	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Theft of Property	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DUI	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Violation of Probation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Harassment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Domestic Violence	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Minor in Possession	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Child / Elder Abuse	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Possession	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Negotiating a Worthless Negotiable Instrument (NWNII)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Explanation of the above to include outcome: _____

ADOLESCENT Dimension 6

Social/Recreational

How often do/did you engage in any of the following activities in the past month?

<u>Activity:</u>	<u>Frequency of engagement:</u>
<input type="checkbox"/> partying	_____
<input type="checkbox"/> go to clubs, bars, etc.	_____
<input type="checkbox"/> participate in sports	_____
<input type="checkbox"/> bully	_____
<input type="checkbox"/> gang activities	_____

Are you currently or have you ever been bullied? Yes No If yes explain: _____

What type of social activities did you participate in prior to your alcohol/drug use? _____

List and describe any support groups, organizations, clubs that will help you in your recovery efforts? _____

How often do you participate in these activities? _____

Do you have any hobbies or leisure activities you'd like to learn? _____

ADOLESCENT Dimension 6

What do others consider to be your strengths (including interests, talents, skills and abilities, knowledge/education, religion/spirituality, culture/community, school, work, etc.)? _____

Did you have a boy/girlfriend during the past three months? Yes No

If yes, does your boy/girlfriend drink or use drugs? Yes No

Are you sexually active? Yes No

Do you use birth control or protection (condoms) to prevent pregnancy or sexually transmitted disease? Yes No

Cindy

Cindy lives independently and stated her only cocaine use was with her boyfriend. She faces loss of her job of 17 years if she does not comply with treatment. Cindy is willing to be involved in treatment but feels she only needs urine monitoring and low intensity outpatient support and counseling for her depression

Dimension 6 Questions

- Do any family members, significant others, living situations, or school or work situations pose a threat to the clients safety or engagement in treatment?
- Does the client have supportive friendships, financial resources, or educational or vocational resources that can increase the likelihood of successful treatment?
- Are there legal, vocational, social service agency, or criminal justice mandates that may enhance the client's motivation for engagement in treatment?
- Are there transportation, child care, housing or employment issues that need to be clarified or addressed?

Risk Rating

Purpose

Aids clinicians in identifying the most immediate and needful client multidimensional deficits; and to subsequently assign interventions based on the dimension (s) presenting the highest level of risk (Risk Level 4).

Risk Rating

- Risk is multidimensional and biopsychosocial in nature.
- Risk is evaluated in terms of the individuals current status and history.
- Risk involves assessment from a non-problematic baseline observation to an escalation of problems.
- Risk assessment must integrate history, existing life situations and presentation.
- Risk assessments are determined for each of the 6 ASAM PPC-2R dimensions.

Handout 17 ASAM PPC2R Risk Rating Cross Walk Adults

Handout 18 ASAM PPC2R Risk Rating Cross Walk for Adolescent Risk Rating

Risk Rating

When assessing an individual's risk potential:

- ❖ Dimension's 1 and 2 apply **only** to **Substance Abuse** issues.
- ❖ Dimension 3 assesses risk in the **Co-Occurring Disorder** Risk Domains.
- ❖ Dimensions 4, 5, and 6 address Risk Ratings for **both** Substance Abuse and Mental Health issues.

Risk Rating

- **A Risk Rating of 0:**

Indicates full functioning in that dimension.

- **A Risk Rating between 1- 4:**

Indicates the individual's various levels of functioning/problems in that dimension.

(A higher numbered risk rating indicates the severity of problems or risk for each dimension)

- **A Risk Rating equal to or greater than 2 on *Dimension 3* requires** Mental Health risk ratings in addition to Substance Abuse risk ratings on *Dimensions 4, 5, and 6.*

Risk Rating

- The adolescent and adult crosswalk emphasizes risk ratings as they correspond to *levels of risk* not levels of care.

Risk Rating

ASAM PPC-2R Diagnostic Summary

This section will serve as the assessor's summary of all the information gained within the assessment. The summary is divided by the respective dimensions required to make placement based on ASAM PPC-2R. Consider each dimension and the level of functioning / severity within each dimension and provide sufficient data to assess the needs. The ASAM RRC-2R Crosswalk that follows may be beneficial in helping you to determine your risk rating.

Dimension 1: Acute Intoxication and / or withdrawal potential:					
<i>Risk Rating:</i>	0	1	2	3	4
Dimension 2: Biomedical conditions and complications:					
<i>Risk Rating:</i>	0	1	2	3	4
Dimension 3: Emotional / Behavioral / Cognitive Conditions and Complications:					
<i>Risk Rating:</i>	0	1	2	3	4

Co-Occurring Disorders Risk Domains

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

Dimension 3 Mental Health Risk Rating 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. Do the problems warrant mental health treatment?
4. Can the client engage in daily living activities?
5. Can the client cope with the emotional, behavioral, or cognitive problems?
6. Based on this assessment, what level of care is safe for the client?

Dimension 4 Mental Health Risk Rating

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

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

Dimension 4 Mental Health Risk Rating Questions

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 Mental Health Risk Rating Questions

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

Dimension 6 Mental Health Risk Rating Questions

1. Do any family, 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?

Risk Rating

Dimension 4: Readiness to Change:						
SA Risk Rating:	0	1	2	3	4	
MH Risk Rating:	0	1	2	3	4	<input type="checkbox"/> a <input type="checkbox"/> b
Dimension 5: Relapse / Continued Use or Continued Problem Potential:						
SA Risk Rating:	0	1	2	3	4	
MH Risk Rating:	0	1	2	3	4	<input type="checkbox"/> a <input type="checkbox"/> b
Dimension 6: Recovery / Living Environment:						
SA Risk Rating:	0	1	2	3	4	
MH Risk Rating:	0	1	2	3	4	<input type="checkbox"/> a <input type="checkbox"/> b

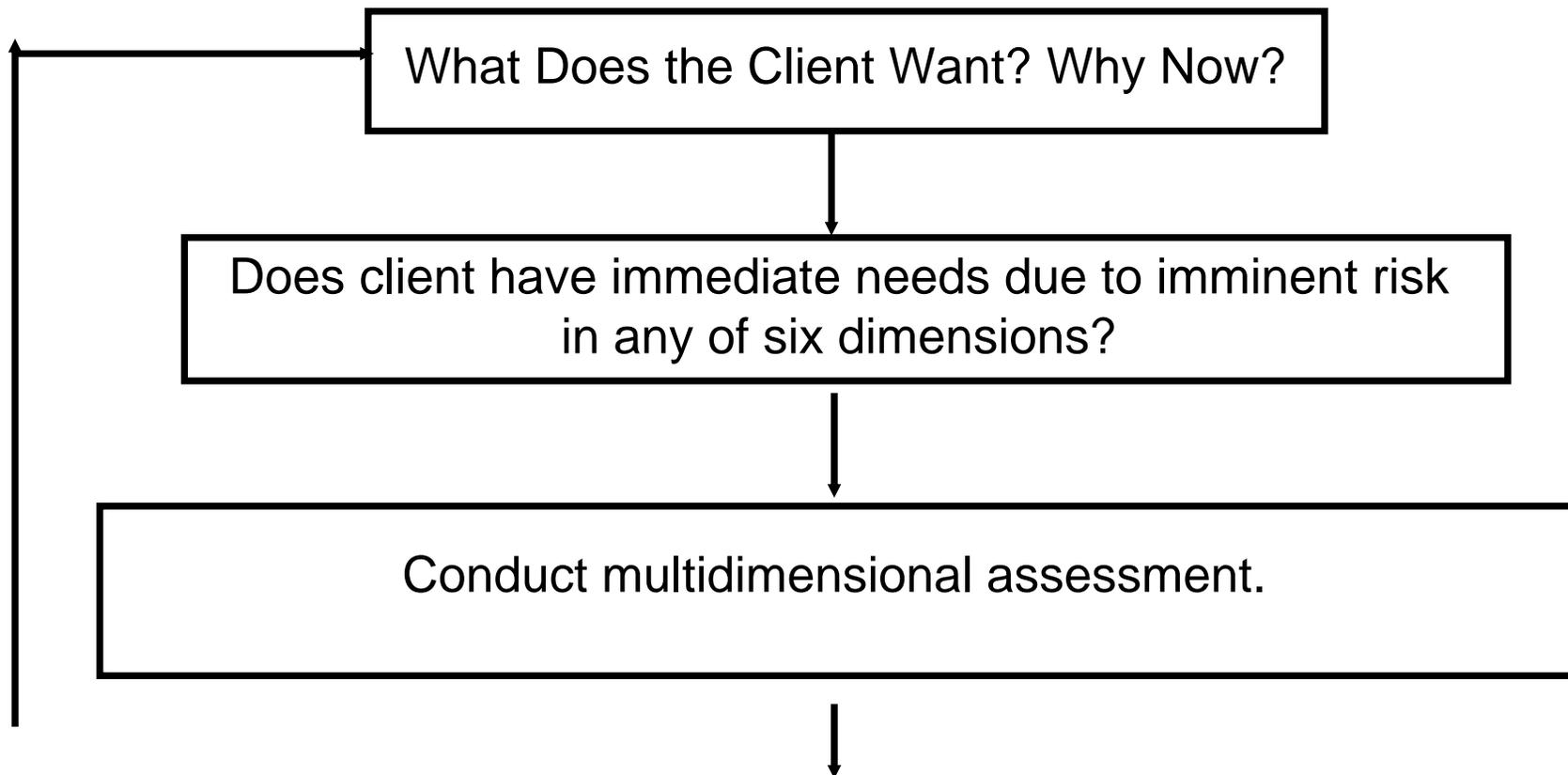


Cindy

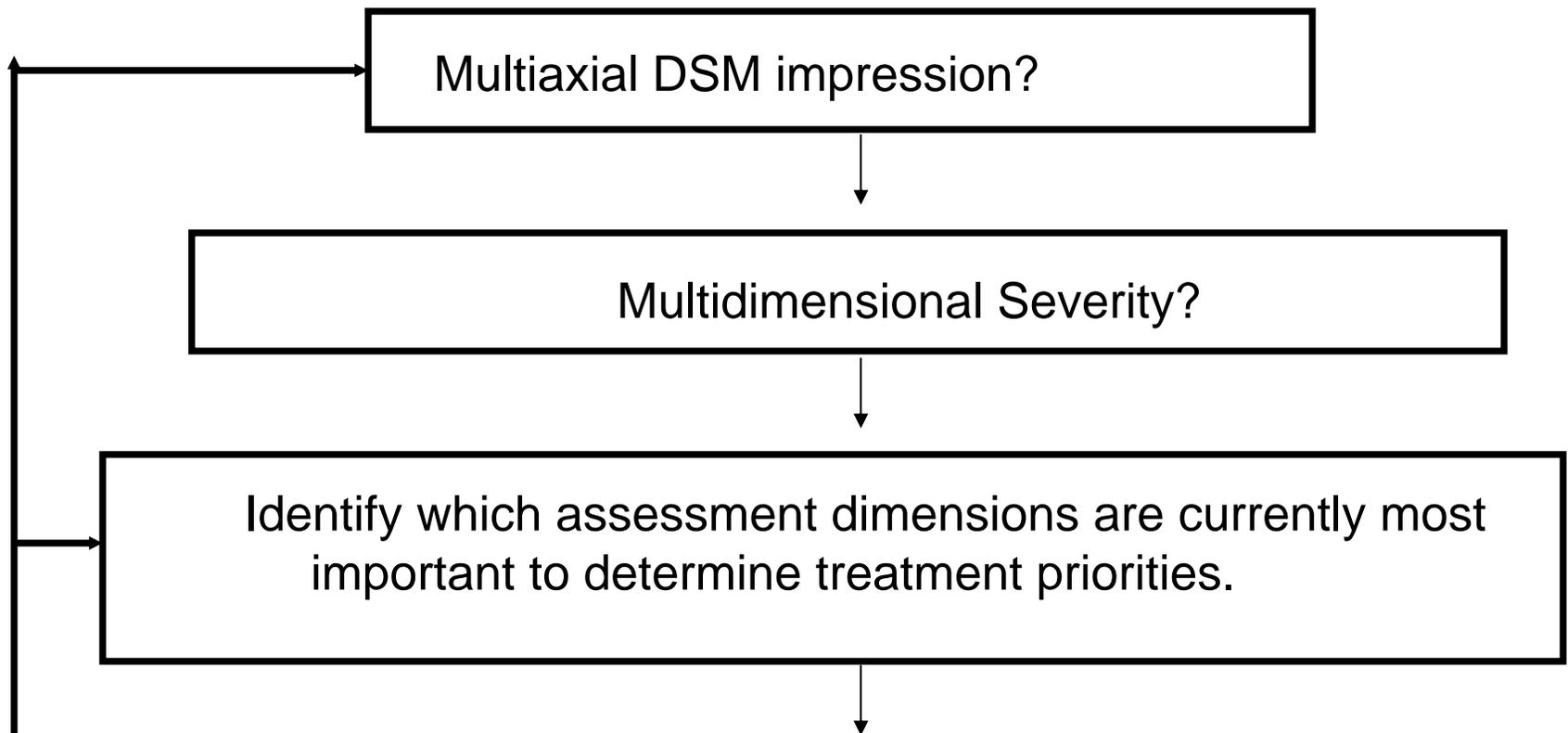
Determine the Risk Rating

BREAK

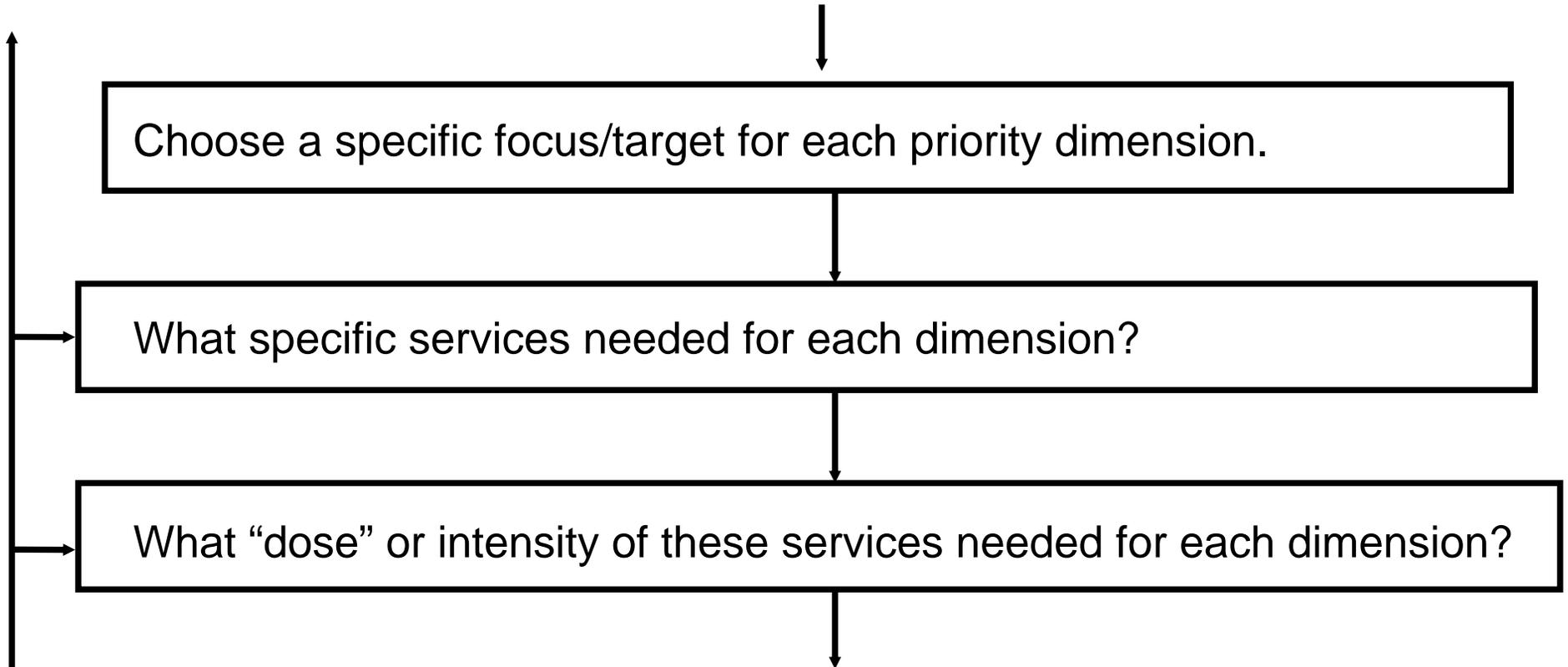
Focus Assessment & Treatment



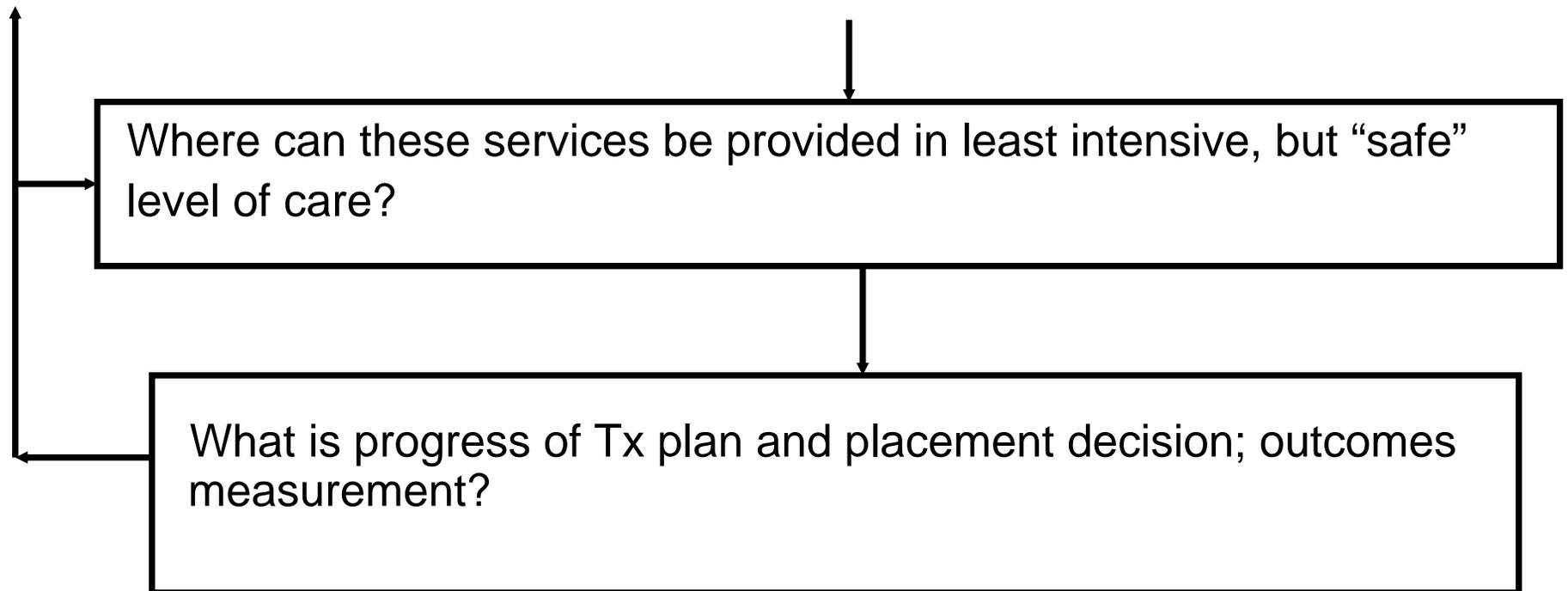
Focus Assessment & Treatment



Focus Assessment & Treatment



Focus Assessment & Treatment



True or False

The level of care placement is the first decision to make in the assessment?

Engage the Client as Participant

Individual Service Plan

What?

Why?

How?

Where?

When?

Identifying the Assessment and Individual Service Plan

Client

What?

What does client want?

Why?

Why now?

What's the level of commitment?

How?

How will s/he get there?

Where?

Where will s/he do this?

When?

When will this happen?

How quickly?

How badly does s/he want it?

Placement Assessment

What does client need?

Why? What reasons are revealed by the assessment data?

How will you get him/her to accept the plan?

Where is the appropriate setting for treatment? What is indicated by the placement criteria?

When?

How soon?

What are realistic expectations?

What are milestones in the process?

Individual Service Plan

What is the treatment contract?

Is it linked to what client wants?

Does client buy into the link?

Referral to level of care

What is the degree of urgency?

What is the process?

What are the expectations of the referral?

DSM-IV Diagnostic Impression and/or Diagnosis

DSM-IV Diagnostic Impression and/or Diagnosis

Code:

Description:

Axis I		
Primary	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
Secondary	<input type="checkbox"/>	<input type="checkbox"/>
Axis II		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
Axis III	<input type="checkbox"/>	

Axis IV

None

1 Problems with primary support group

2 Problems related to social environment

3 Educational Problems

4 Occupational Problems

5 Housing Problems

6 Economic Problems

7 Problems with access to health care services

8 Problems related to interaction with legal system / crime

9 Other psychological and environmental problems

Axis V

Current GAF:

Level of Care Placement Summary

(cont'd)

LEVEL OF CARE PLACEMENT SUMMARY

Assessed	Placed	Level of Care:
<input type="checkbox"/>	<input type="checkbox"/>	Level 0.5 - Early Intervention Services
<input type="checkbox"/>	<input type="checkbox"/>	Level I – Outpatient Treatment
<input type="checkbox"/>	<input type="checkbox"/>	Level I-D - Ambulatory Detoxification without Extended On-Site Monitoring
<input type="checkbox"/>	<input type="checkbox"/>	Level I-O - Opioid Maintenance Therapy
<input type="checkbox"/>	<input type="checkbox"/>	Level II.1 – Intensive Outpatient Treatment
<input type="checkbox"/>	<input type="checkbox"/>	Level II.5 – Partial Hospitalization
<input type="checkbox"/>	<input type="checkbox"/>	Level II-D - Ambulatory Detoxification with Extended On-Site Monitoring
<input type="checkbox"/>	<input type="checkbox"/>	Level III.0I – Transitional Residential Treatment
<input type="checkbox"/>	<input type="checkbox"/>	Level III.1 – Clinically Managed Low Intensity Residential Treatment
<input type="checkbox"/>	<input type="checkbox"/>	Level III.3 - Clinically Managed Medium Intensity Residential Treatment
<input type="checkbox"/>	<input type="checkbox"/>	Level III.5 - Clinically Managed High Intensity Residential Treatment
<input type="checkbox"/>	<input type="checkbox"/>	Level III.7 – Medically Monitored High Intensity Inpatient Treatment
<input type="checkbox"/>	<input type="checkbox"/>	Level III.7-D – Medically Monitored Inpatient Detoxification

Level of Care Placement Summary

(cont'd)

Reason for Difference:

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> N/A No Difference | <input type="checkbox"/> Service not available | <input type="checkbox"/> Other |
| <input type="checkbox"/> Clinician/Supervisor override | <input type="checkbox"/> Consumer preference | |
| <input type="checkbox"/> Transportation or Logistical problem | <input type="checkbox"/> Client refused services | |

Disposition:

- Admitted to _____ for assessed level of care
- Admitted to _____ for interim level of care
- Referred to _____ for assessed level of care
- Referred to _____ for interim level of care

Release of Information

Medical provider review of LOC Assessment:

- Agree with the diagnostic impression
- Agree with the level of care determination
- Agree with the recommended admission to level of care
- Agree with the preliminary treatment plan
- Treatment authorization _____ Number of days / hours approved
- Recommended additional services _____
- Need additional information _____

Release of Information: An appropriate release for this information is on file for this client

Signatures

Client Signature

Date

Staff Signatures and Credentials

Date

Staff Signatures and Credentials

Date

Physician Signature

Date

Cindy

A decorative graphic consisting of three horizontal blue lines. The top line is short and positioned on the left. The middle line is long and spans across the width of the page. The bottom line is short and positioned on the right.

Placement Decision

BREAK

Continued Stay Service Criteria

Retain at the present level of care if:

1. Making progress, but not yet achieved goals articulated in individualized service plan. Continued treatment at present level of care necessary to permit patient to continue to work toward his or her treatment goals;
or
2. Not yet making progress but has capacity to resolve his or her problems. Actively working on goals articulated in individualized service plan. Continued treatment at present level of care necessary to permit patient to continue to work toward his or her treatment goals;
and/or
3. New problems identified that are appropriately treated at present level of care. This level is least intensive at which patient's new problems can be addressed effectively.

Discharge/Transfer Service Criteria

Transfer or discharge from present level of care if he or she meets the following criteria:

1. Has achieved goals articulated in his or her individualized service plan, thus resolving problem(s) that justified admission to the current level of care;
- or**
2. Has been unable to resolve problem(s) that justified admission to present level of care, despite amendments to service plan. Treatment at another level of care or type of service therefore is indicated;

or

Discharge/Transfer Service Criteria

(cont'd)

or

3. Has experienced intensification of his or her problem(s), or has developed new problems, and can be treated effectively only at a more intensive level of care

Case Studies

Based on the information for each case study (Mary & Julie) provided in the demographic information, screening and placement assessment, for each case study:

- ❖ Score the URICA
- ❖ Identify the Risk Rating for each dimension
- ❖ Determine the recommended level of care placement
- ❖ Complete Client Characteristic Data Summary

Handout 21: Julie's case study

Handout 22: Mary's case study

Questions & Evaluation