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

ALDMH - Substance Abuse Service Division
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
**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/AssessmentPlacement.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.
<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>Date of Birth: ____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Screening:</td>
<td>If YES, go to the corresponding M.I.N.I. module</td>
</tr>
<tr>
<td>➢Have you been depressed or down, <strong>most of the day, nearly every day</strong>, for the past two weeks?</td>
<td>NO</td>
</tr>
<tr>
<td>➢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 <strong>most of the time</strong>?</td>
<td>NO</td>
</tr>
<tr>
<td>➢In the past month did you think that you would be better off dead or wish you were dead?</td>
<td>NO</td>
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<tr>
<td>➢In the past month have you thought about killing yourself?</td>
<td>NO</td>
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<tr>
<td>➢Have you <strong>ever</strong> 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.)</td>
<td>NO</td>
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<tr>
<td>➢Have you <strong>ever</strong> 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?</td>
<td>NO</td>
</tr>
<tr>
<td>➢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?</td>
<td>NO</td>
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<tr>
<td>➢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?</td>
<td>NO</td>
</tr>
</tbody>
</table>
MINI Corresponding Modules

M.I.N.I.

MINI INTERNATIONAL NEUROPSYCHIATRIC INTERVIEW

English Version 6.0.0

DSM-IV

        University of South Florida College of Medicine- Tampa, USA

        Centre Hospitalier Sainte-Anne – Paris, France

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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
D  HYPOMANIC EPISODE
E  BIPOLAR I DISORDER, BIPOLAR II
F  DISORDER, BIPOLAR DISORDER NOS
G  PANIC DISORDER
H  AGORAPHOBIA
I  SOCIAL PHOBIA (Social Anxiety Disorder)
J  OBSESSIVE-COMPULSIVE DISORDER
K  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 DISORDER
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

- 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

  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

- 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

- 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
MINI INTERNATIONAL NEUROPSYCHIATRIC INTERVIEW
For Children and Adolescents
English Version 6.0

DSM-IV

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## MINI Kid Corresponding Modules

<table>
<thead>
<tr>
<th>Code</th>
<th>Disorder</th>
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</thead>
<tbody>
<tr>
<td>A</td>
<td>MAJOR DEPRESSIVE EPISODE</td>
</tr>
<tr>
<td>B</td>
<td>SUICIDALITY</td>
</tr>
<tr>
<td>C</td>
<td>DYSTHYMIA</td>
</tr>
<tr>
<td>D</td>
<td>MANIC EPISODE, HYPOMANIC EPISODE, BIPOLAR I, II, &amp; NOS</td>
</tr>
<tr>
<td>E</td>
<td>PANIC DISORDER</td>
</tr>
<tr>
<td>F</td>
<td>AGORAPHOBIA</td>
</tr>
<tr>
<td>G</td>
<td>SEPARATION ANXIETY DISORDER</td>
</tr>
<tr>
<td>H</td>
<td>SOCIAL PHOBIA (Social Anxiety Disorder)</td>
</tr>
<tr>
<td>I</td>
<td>SPECIFIC PHOBIA</td>
</tr>
<tr>
<td>J</td>
<td>OBSESSIVE COMPULSIVE DISORDER</td>
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<tr>
<td>K</td>
<td>POST TRAUMATIC STRESS DISORDER</td>
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<tr>
<td>L</td>
<td>ALCOHOL DEPENDENCE</td>
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<tr>
<td></td>
<td>ALCOHOL ABUSE</td>
</tr>
<tr>
<td>M</td>
<td>SUBSTANCE DEPENDENCE (Non-alcohol)</td>
</tr>
<tr>
<td></td>
<td>SUBSTANCE ABUSE (Non-alcohol)</td>
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</table>
### MINI Kid Corresponding Modules (cont’d)

<table>
<thead>
<tr>
<th>Letter</th>
<th>Disorder</th>
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<tbody>
<tr>
<td>N</td>
<td>Tourette’s Disorder</td>
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<td>Motor Tic Disorder</td>
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<td>Vocal Tic Disorder</td>
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<td>Transient Tic Disorder</td>
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<tr>
<td>O</td>
<td>ADHD Combined</td>
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<tr>
<td></td>
<td>ADHD Inattentive</td>
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<tr>
<td></td>
<td>ADHD Hyperactive/Impulsive</td>
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<tr>
<td>P</td>
<td>Conduct Disorder</td>
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<tr>
<td>Q</td>
<td>Oppositional Defiant Disorder</td>
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<tr>
<td>R</td>
<td>Psychotic Disorders</td>
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<td></td>
<td>Mood Disorder with Psychotic Features</td>
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<td>S</td>
<td>Anorexia Nervosa</td>
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<tr>
<td>T</td>
<td>Bulimia Nervosa</td>
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<td>U</td>
<td>Generalized Anxiety Disorder</td>
</tr>
<tr>
<td>V</td>
<td>Adjustment Disorders</td>
</tr>
<tr>
<td>W</td>
<td>Medical, Organic, Drug Cause Ruled Out</td>
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<tr>
<td>X</td>
<td>Pervasive Developmental Disorder</td>
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<tr>
<td></td>
<td></td>
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</tbody>
</table>

23
Break
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

**Patient/Participant Assessment**
Biopsychosocial Dimensions

**Progress**
- Treatment Response
- Proximal Outcomes e.g.
  - Session Rating Scale (SRS)
  - Outcome Rating Scale (ORS)

**Problems/Priorities**
- Build alliance working with Multidimensional Assessment

**Plan**
- Intensity of Service – Modalities and Levels of Service
  (Clinical and wrap-around services)
From Program-Driven to Collaborative Care

**Biopsychosocial Perspective of Addiction**

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

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Level 0.5</td>
<td>Early Intervention</td>
</tr>
<tr>
<td>Level I</td>
<td>Outpatient Treatment</td>
</tr>
<tr>
<td>Level II</td>
<td>Intensive Outpatient and Partial Hospitalization</td>
</tr>
<tr>
<td>Level III</td>
<td>Residential/Inpatient Treatment</td>
</tr>
<tr>
<td>Level IV</td>
<td>Medically-Managed Intensive Inpatient Treatment</td>
</tr>
</tbody>
</table>

Handout 9 Level of Care
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 - 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 tr 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:

- Agitated (fidget, pace, etc.)
- Anxiety
- Diarrhea
- Fatigue
- Feeling sad, tense, or angry
- Fever
- Hand Tremors
- Increased appetite
- Insomnia or Hypersomnia
- Memory Loss
- Move and talk slower than usual
- Muscle aches
- Nausea / Vomiting
- Runny nose / watery eyes
- Seizures
- Sweating or heart racing
- Vivid, unpleasant dreams
- Yawning
- 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: ________________
### Substances Use Background

**Route of Administration:**
- 1 - Oral
- 2 - Smoking
- 3 - Inhalation
- 4 - Injection-IV
- 5 - Injection-Intramuscular
- 6 - Other (Specify)

**Frequency of Use:**
- 1 - No use in the past month
- 2 - 1-3 times in the past month
- 3 - 1-2 times in the past week
- 4 - 3-6 times in the past week
- 5 - Daily
- 6 - Other

<table>
<thead>
<tr>
<th>Class of Substance</th>
<th>Specific Substance</th>
<th>Route of Admin</th>
<th>Age First Used</th>
<th>Last Use</th>
<th>How Long Used</th>
<th>Amount of Use</th>
<th>Frequency of Use</th>
<th>Periods of Abstinence</th>
<th>Rank Substance in order of use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Smith</td>
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<td>Cocaine/Heroin</td>
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<td>Other Opiates and Synthetic</td>
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<td>Benzodiazepines</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-barbiturate sedatives or</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypnotics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inhalingants</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over-the-counter</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COMMENTS:**
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:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Prescribed For</th>
<th>Dosage</th>
<th>Frequency</th>
<th>Taking as Prescribed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

COMMENTS: ________________________________________________________________
ADULT Dimension 2

<table>
<thead>
<tr>
<th>Have you ever been hospitalized?</th>
<th>Yes</th>
<th>No</th>
<th>If yes, describe below:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Facility</td>
<td>Length of Stay</td>
<td>Treated For</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

COMMENTS: _____________________________________________________________

<table>
<thead>
<tr>
<th>Are you pregnant?</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>If yes, how many weeks?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you receiving prenatal care?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td># of Pregnancies</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>No pain</td>
<td>Mild</td>
<td>Moderate</td>
<td>Worst pain imaginable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>Have you ever been hospitalized?</th>
<th>Yes</th>
<th>No</th>
<th>If yes, describe below:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date</strong></td>
<td></td>
<td></td>
<td><strong>Facility</strong></td>
</tr>
<tr>
<td><strong>Length of Stay</strong></td>
<td></td>
<td></td>
<td><strong>Treated For</strong></td>
</tr>
</tbody>
</table>

**COMMENTS:**

<table>
<thead>
<tr>
<th>Are you pregnant?</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>If yes, how many weeks?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you receiving prenatal care?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td># of Pregnancies</td>
</tr>
</tbody>
</table>

**Do you have children?**

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)

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have sputum-producing cough?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Cough up blood</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Have loss of appetite</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Have night sweats?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Have a fever</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Receive a TB medication</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**COMMENTS:**

_______________________________
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:

<table>
<thead>
<tr>
<th>When</th>
<th>Where</th>
<th>Level of Care</th>
<th>Length of Tx</th>
<th>Treated For</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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  

**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.*

<table>
<thead>
<tr>
<th>ORIENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>(capacity to identify and recall one’s identity and place in time and space; ask directed questions)</td>
</tr>
<tr>
<td>Orientation:</td>
</tr>
<tr>
<td>☐ Normal</td>
</tr>
<tr>
<td>☐ Deficits:</td>
</tr>
<tr>
<td>☐ Person</td>
</tr>
<tr>
<td>☐ Place</td>
</tr>
<tr>
<td>☐ Time</td>
</tr>
<tr>
<td>☐ Situation</td>
</tr>
</tbody>
</table>

**COMMENTS:**

---

#### GENERAL APPEARANCE

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

<table>
<thead>
<tr>
<th>Dress:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Appropriate</td>
</tr>
<tr>
<td>☐ Meticulous</td>
</tr>
<tr>
<td>☐ Eccentric</td>
</tr>
<tr>
<td>☐ Seductive</td>
</tr>
<tr>
<td>☐ Disheveled</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grooming:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Appropriate</td>
</tr>
<tr>
<td>☐ Meticulous</td>
</tr>
<tr>
<td>☐ Dirty</td>
</tr>
<tr>
<td>☐ Poor</td>
</tr>
<tr>
<td>☐ Bizarre</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facial Expression:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Appropriate</td>
</tr>
<tr>
<td>☐ Flat</td>
</tr>
<tr>
<td>☐ Sad</td>
</tr>
<tr>
<td>☐ Angry</td>
</tr>
<tr>
<td>☐ Fearful</td>
</tr>
</tbody>
</table>

**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)*

<table>
<thead>
<tr>
<th>Mood:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Appropriate</td>
</tr>
<tr>
<td>☐ Depressed</td>
</tr>
<tr>
<td>☐ Euphoric</td>
</tr>
<tr>
<td>☐ Anxious</td>
</tr>
<tr>
<td>☐ Irritable</td>
</tr>
<tr>
<td>☐ Euthymic (normal)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Affect:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Appropriate</td>
</tr>
<tr>
<td>☐ Hostile</td>
</tr>
<tr>
<td>☐ Blunted</td>
</tr>
<tr>
<td>☐ Labile</td>
</tr>
<tr>
<td>☐ Broad</td>
</tr>
<tr>
<td>☐ Flat</td>
</tr>
</tbody>
</table>

**COMMENTS:**

---
## Dimension 3

### SELF-CONCEPT

<table>
<thead>
<tr>
<th>Self-concept</th>
<th>☐ Self-assured</th>
<th>☐ Realistic</th>
<th>☐ Low self-esteem</th>
<th>☐ Inflated self-esteem</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COMMENTS:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SPEECH

*(comment on tone, volume and quantity)*

<table>
<thead>
<tr>
<th>Speech:</th>
<th>Normal</th>
<th>Pressured</th>
<th>Stammering</th>
<th>Mute</th>
<th>Loud</th>
<th>Soft</th>
<th>Rambling</th>
<th>Slurred</th>
<th>Echolalia (compulsive repetition of word)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COMMENTS:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### 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)*

<table>
<thead>
<tr>
<th>Immediate:</th>
<th>☐ Intact</th>
<th>☐ Mildly Impaired</th>
<th>☐ Moderately Impaired</th>
<th>☐ Severely Impaired</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recent:</td>
<td>☐ Intact</td>
<td>☐ Mildly Impaired</td>
<td>☐ Moderately Impaired</td>
<td>☐ Severely Impaired</td>
</tr>
<tr>
<td>Remote:</td>
<td>☐ Intact</td>
<td>☐ Mildly Impaired</td>
<td>☐ Moderately Impaired</td>
<td>☐ Severely Impaired</td>
</tr>
<tr>
<td><strong>COMMENTS:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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)*

<table>
<thead>
<tr>
<th>Thought Process:</th>
<th>☐ Logical</th>
<th>☐ Relevant</th>
<th>☐ Coherent</th>
<th>☐ Goal Directed</th>
<th>☐ Illogical</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Incoherent</td>
<td>☐ Circumstantial</td>
<td>☐ Rambling</td>
<td>☐ Flight of Ideas</td>
<td>☐ Grossly Disorganized</td>
<td>☐ Blocking</td>
</tr>
<tr>
<td>☐ Loose Associations</td>
<td>☐ Tangential</td>
<td>☐ Perplexed</td>
<td>☐ Confabulating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Neologisms</td>
<td>☐ Confused</td>
<td>☐</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **COMMENTS:** |        |           |            |               |              |

---

65
## Dimension 3

### THOUGHT CONTENT

*(A description of the topics one is thinking about)*

<table>
<thead>
<tr>
<th>Thought Content:</th>
<th>□ Normal</th>
<th>□ Somatic Complaints</th>
<th>□ Illogical Thinking</th>
<th>□ Hopelessness</th>
<th>□ Suspicious</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Guilt</td>
<td>□ Obsessions/Compulsions</td>
<td>□ Phobias</td>
<td>□ Suicidal or Homicidal Ideation</td>
<td>□ Prejudices/Biases</td>
</tr>
</tbody>
</table>

### 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)*

<table>
<thead>
<tr>
<th>Judgment:</th>
<th>□ Good</th>
<th>□ Partial</th>
<th>□ Limited</th>
<th>□ Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insight:</td>
<td>□ Good</td>
<td>□ Partial</td>
<td>□ Limited</td>
<td>□ Poor</td>
</tr>
</tbody>
</table>

### 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
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: ____________________________

---

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

<table>
<thead>
<tr>
<th>Precontemplation (PC)</th>
<th>Contemplation (C)</th>
<th>Action (A)</th>
<th>Maintenance (M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>5</td>
<td>4</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>11</td>
<td>8</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>13</td>
<td>12</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>23</td>
<td>15</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>26</td>
<td>19</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>29</td>
<td>21</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>31</td>
<td>OMIT</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>Total</strong></td>
<td><strong>Total</strong></td>
<td><strong>Total</strong></td>
</tr>
<tr>
<td>÷ 7 =</td>
<td>÷ 7 =</td>
<td>÷ 7 =</td>
<td>÷ 7 =</td>
</tr>
</tbody>
</table>

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 \( (C + A + M - PC) = \text{Readiness} \). 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

<table>
<thead>
<tr>
<th>STAGE</th>
<th>GROUP AVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre contemplation</td>
<td>8 or lower</td>
</tr>
<tr>
<td>Contemplation</td>
<td>8 - 11</td>
</tr>
<tr>
<td>Preparation (Action)</td>
<td>11 - 14</td>
</tr>
<tr>
<td>Maintenance</td>
<td>14 and above</td>
</tr>
</tbody>
</table>
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?

<table>
<thead>
<tr>
<th>Alcohol/Drug/BOTH</th>
<th>When</th>
<th>Where</th>
<th>Level of Care (including detox)</th>
<th>Type of Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>Head of Household?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number in Household:</td>
<td>________</td>
<td></td>
</tr>
</tbody>
</table>

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:**

- [ ] Confined to Institution/Correctional Facility
- [ ] Part-time
- [ ] Supported Employment
- [ ] Disabled
- [ ] Retired
- [ ] Unemployed, looking
- [ ] Full-time
- [ ] Student
- [ ] Unemployed, not looking for 30 days
- [ ] Homemaker
ADULT Dimension 6

Employment History:

<table>
<thead>
<tr>
<th>Employer</th>
<th>Position</th>
<th>Dates Employed</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Arrest History</th>
<th># of Arrests:</th>
<th>Convicted:</th>
<th># of Arrests:</th>
<th>Convicted:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assault</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Auto Theft</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Burglary</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Robbery</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Criminal Trespass</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Distribution</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>DUI</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Harassment</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Minor in Possession</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Possession</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**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? | |
| ☐ Divorced | ☐ Mother deceased | ☐ Separated |
| ☐ Father deceased | ☐ Mother remarried | |
| ☐ Father remarried | ☐ Never married (living apart) | |
| ☐ Married | ☐ Never married (living together) | |

**Living Arrangement:**

- 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: ____________________________
ADOLESCENT Dimension 6

Which of the following best describes your current living situation?

- in controlled environment (residential facility, DYS, etc.)
- in group living (group home, boarding school, etc.)
- with both natural/adoptive parents
- with boy/girlfriend, husband/wife, partner
- with father & stepmother / parent figure
- with other relative: who? ________________________________
- other: ________________________________

Who is the head of your current household?

- Brother
- Grandfather
- Grandmother
- Natural (or adoptive) father
- Natural (or adoptive) mother
- Self
- Sister
- Stepfather
- Stepmother
- Other: ________________________________
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:

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</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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:
# 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: [space for number]

<table>
<thead>
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<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Minor in Possession</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Possession</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Explaination 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?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Frequency of engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>partying</td>
<td></td>
</tr>
<tr>
<td>go to clubs, bars, etc.</td>
<td></td>
</tr>
<tr>
<td>participate in sports</td>
<td></td>
</tr>
<tr>
<td>bully</td>
<td></td>
</tr>
<tr>
<td>gang activities</td>
<td></td>
</tr>
</tbody>
</table>

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?  

---
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 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 individual's 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.
• 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.

<table>
<thead>
<tr>
<th>Dimension 1: Acute Intoxication and / or withdrawal potential:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Rating: 0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dimension 2: Biomedical conditions and complications:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Rating: 0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dimension 3: Emotional / Behavioral / Cognitive Conditions and Complications:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Rating: 0</td>
</tr>
</tbody>
</table>
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?
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:

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>SA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MH</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Dimension 5: Relapse / Continued Use or Continued Problem Potential:

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>SA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MH</td>
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</tr>
</tbody>
</table>

### Dimension 6: Recovery / Living Environment:

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>SA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MH</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Determine the Risk Rating
BREAK
Focus Assessment & Treatment

What Does the Client Want? Why Now?

Does client have immediate needs due to imminent risk in any of six dimensions?

Conduct multidimensional assessment.
Focus Assessment & Treatment

Multiaxial DSM impression?

Multidimensional Severity?

Identify which assessment dimensions are currently most important to determine treatment priorities.
Focus Assessment & Treatment

Choose a specific focus/target for each priority dimension.

What specific services needed for each dimension?

What “dose” or intensity of these services needed for each dimension?
Focus Assessment & Treatment

Where can these services be provided in least intensive, but “safe” level of care?

What is progress of Tx plan and placement decision; outcomes measurement?
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

<table>
<thead>
<tr>
<th><strong>Client</strong></th>
<th><strong>Placement Assessment</strong></th>
<th><strong>Individual Service Plan</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What?</strong></td>
<td>What does client need?</td>
<td>What is the treatment contract?</td>
</tr>
<tr>
<td>What does client want?</td>
<td>Why?</td>
<td>What reasons are revealed by the assessment date?</td>
</tr>
<tr>
<td><strong>Why?</strong></td>
<td>Why now?</td>
<td>Is it linked to what client wants?</td>
</tr>
<tr>
<td>Why now?</td>
<td>Why?</td>
<td>Does client buy into the link?</td>
</tr>
<tr>
<td>What’s the level of commitment?</td>
<td>Why?</td>
<td>What reasons are revealed by the assessment date?</td>
</tr>
<tr>
<td><strong>How?</strong></td>
<td>How will s/he get there?</td>
<td>Referral to level of care</td>
</tr>
<tr>
<td>How will s/he get there?</td>
<td>Where is the appropriate setting for treatment?</td>
<td>What is indicated by the placement criteria?</td>
</tr>
<tr>
<td><strong>Where?</strong></td>
<td>Where will s/he do this?</td>
<td><strong>When?</strong></td>
</tr>
<tr>
<td>Where will s/he do this?</td>
<td>When?</td>
<td>What is the degree of urgency?</td>
</tr>
<tr>
<td><strong>When?</strong></td>
<td>When will this happen?</td>
<td>What is the process?</td>
</tr>
<tr>
<td>When will this happen?</td>
<td>How soon?</td>
<td>What are the expectations of the referral?</td>
</tr>
<tr>
<td>How quickly?</td>
<td>What are realistic expectations?</td>
<td></td>
</tr>
<tr>
<td>How badly does s/he want it?</td>
<td>What are milestones in the process?</td>
<td></td>
</tr>
</tbody>
</table>
## DSM-IV Diagnostic Impression and/or Diagnosis

<table>
<thead>
<tr>
<th>Axis</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secondary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problems with primary support group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problems related to social environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>V</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current GAF:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- 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
# Level of Care Placement Summary

(cont’d)

<table>
<thead>
<tr>
<th>Assessed</th>
<th>Placed</th>
<th>Level of Care:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Level 0.5 - Early Intervention Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Level I - Outpatient Treatment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Level I-D - Ambulatory Detoxification without Extended On-Site Monitoring</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Level I-O - Opioid Maintenance Therapy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Level II.1 - Intensive Outpatient Treatment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Level II.5 - Partial Hospitalization</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Level II-D - Ambulatory Detoxification with Extended On-Site Monitoring</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Level III.01 – Transitional Residential Treatment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Level III.1 – Clinically Managed Low Intensity Residential Treatment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Level III.3 - Clinically Managed Medium Intensity Residential Treatment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Level III.5 - Clinically Managed High Intensity Residential Treatment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Level III.7 – Medically Monitored High Intensity Inpatient Treatment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Level III.7-D – Medically Monitored Inpatient Detoxification</td>
</tr>
</tbody>
</table>
Level of Care Placement Summary
(cont’d)

Reason for Difference:
☐ N/A No Difference
☐ Clinician/Supervisor override
☐ Transportation or Logistical problem
☐ Service not available
☐ Consumer preference
☐ Client refused services
☐ Other

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

<table>
<thead>
<tr>
<th>Medical provider review of LOC Assessment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Agree with the diagnostic impression</td>
</tr>
<tr>
<td>☐ Agree with the level of care determination</td>
</tr>
<tr>
<td>☐ Agree with the recommended admission to level of care</td>
</tr>
<tr>
<td>☐ Agree with the preliminary treatment plan</td>
</tr>
<tr>
<td>☐ Treatment authorization</td>
</tr>
<tr>
<td>☐ Recommended additional services</td>
</tr>
<tr>
<td>☐ Need additional information</td>
</tr>
</tbody>
</table>

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

Client Signature

Staff Signatures and Credentials

Staff Signatures and Credentials

Physician Signature

Date

Date

Date

Date
Cindy

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
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