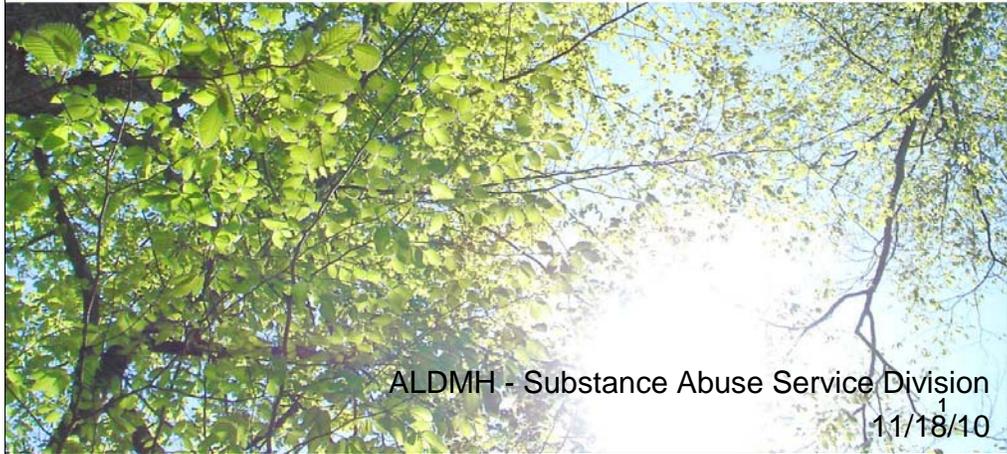




Screening, Assessment, Placement and Beyond:
Embracing a Recovery Oriented System of Care
Utilizing an Integrated Approach



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

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***Handout 1: Establishing a Recovery Oriented System of Care in Alabama for
Substance Use Disorders***

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

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Reference Handout 1: Establishing a Recovery Oriented System of Care in Alabama for Substance Use Disorders and Handout 2: Definitions

The Substance Abuse Services Division believes **that**...addiction is a chronic disease; **that** recovery from this disease is possible; **that** we are currently using an acute model of care for treatment of addictive disorders in Alabama; **that** treatment of addictions disease requires the application of a chronic disease model of care...

Guiding Principles of Recovery There are many pathways to recovery.

Recovery is self-directed and empowering.

Recovery involves a personal recognition of the need for change and transformation.

Recovery is holistic.

Recovery has cultural dimensions.

Recovery exists on a continuum of improved health and wellness. Recovery emerges from hope and gratitude

Recovery involves a process of healing and self redefinition.

Recovery involves addressing discrimination and transcending shame and stigma.

Recovery is supported by peers and allies.

Recovery involves (re) joining and (re) building a life in the community

Recovery is reality

Alabama's Recovery Oriented System of Care Responsibility of Alabama's Recovery Oriented System of Care (ROSC) must be clearly articulated and key stakeholders identified.

The ROSC must be guided by a clearly defined vision that is developed in collaboration with key stakeholders.

The vision must be widely disseminated from the state to the local level.

Access to care should be widely available regardless of the economic status and/or residence of the individual in need.

There should be a full continuum of services available for individuals and families impacted by substance use disorders, ranging from prevention and early intervention to detoxification, treatment, and recovery support.

Partnerships across disciplines should be established to support the continuum of care and address the holistic needs of the target population.

Services should be available which address needs across the lifespan.

Services should be welcoming to those individuals with co-occurring disorders.

Services should be age, gender, and culturally specific.

Services should be based upon the ongoing assessed needs of the individuals, rather than being program or provider specific.

Services should be provided in the least restrictive environment possible.

The ROSC should be user-friendly, in all aspects for all participants, including access to care, movement between levels of care, data sharing, data reporting, reimbursement, regulations, etc.

Client satisfaction in all aspects of service delivery and delivery should be the most important measurement and assessment

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

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Reference to Handout 2: Definitions

Stress the need to study the ASAM PPC2R book.

These definitions provide you with a list of terms that we'll become more familiar with throughout the day.

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

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Handout 3: SASD Adult Placement Assessment Screen

Handout 4: MINI Screen

Handout 5: SASD Adolescent Placement Assessment Screen

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

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Purpose

Upon initial contact with an agency, essential information must be gathered to substantiate the need for an assessment appointment. This information gathering is known as screening. Screening is a process involving a brief review of a person's presenting problem to determine the person's appropriateness and eligibility for substance abuse services and the possible level of services required.

Screens are first line identifiers and as such, are imperfect. They may either under identify or over identify the condition they are designed to detect. Standard screens help avoid these problems, and follow up assessments are key to adequately identifying and incorporating co-occurring disorders into a comprehensive treatment plan.

Reference: SASD Assessment Training Guide pg. 3 (this guide will be available on the DMH website)

Screening

Tools:

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

Handout 7 Cindy's Adult Placement Assessment Screen

Handout 8 Cindy's Mini Screen

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Handout 7: Cindy's SASD 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.

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If the program uses AS AIS then they would key in the information to obtain a unique identifier. If not then they would proceed to do the placement 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.

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The M.I.N.I. is the most widely used psychiatric structured diagnostic interview instrument in the world. The M.I.N.I. is used by mental health professionals and health organizations in more than 100 countries. The M.I.N.I. is a short, structured diagnostic interview that was developed in 1990 by psychiatrists and clinicians in the United States and Europe for DSM-IV and ICD-10 psychiatric disorders. With an administration time of approximately 15 minutes, the M.I.N.I. is the structured psychiatric interview of choice for psychiatric evaluation and outcome tracking in clinical psychopharmacology trials and epidemiological studies.

The M.I.N.I. is designed to identify persons in need of an assessment based on gateway questions and threshold criteria found in the Diagnostic and Statistical Manual. These gateway questions relate to signs of distress that may be attributed to a diagnosable psychiatric disorder; however, **NO SPECIFIC DIAGNOSIS SHOULD BE INFERRED**. When the Mini Screen is implemented properly, it increases the likelihood of identifying someone who truly has mental illness.

The MINI is not to be self administered. All questions must be asked.

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.

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All questions must be asked and a response indicated to the right of each question by a check to indicate the client's response. The clinician should ask for examples when necessary, to ensure accurate coding. The client should be encouraged to ask for clarification on any question that is not absolutely clear. The questions have corresponding modules that are indicated in alphabetical order by letter, corresponding to a diagnostic category. Each question that yields a positive response (yes) indicates the need for the corresponding module to be administered. Yes responses do not mean the client is mentally ill; it simply means they are reporting distress that indicates a need for further assessment. Administration of the corresponding modules should be done when the client is abstinent and alcohol or drug usage or lack of medication stabilization does not impair the client's responses. Administration of the corresponding modules should be done when the client is abstinent and alcohol or drug usage or lack of medication stabilization does not impair the client's responses.

Administration of the corresponding modules should be done when the client is abstinent and alcohol or drug usage or lack of medication stabilization does not impair the client's responses **but not to exceed a two week time frame**. The results of the screen may be utilized in the development of the individual service plan. A clinician may conduct subsequent screens as appropriate based upon their clinical judgment and as per the program's policies and procedures. There are separate instructions for administering the modules that are contained within the M.I.N.I. Interview.

NOTE: Researchers and clinicians working in nonprofit or publicly owned settings (including universities, nonprofit hospital and government institution) may make single copies of MINI Kid instrument for their own clinical and research use.

All rights reserved. No part of this document may be reproduced or transmitted in any form, or by any means. Electronic or mechanical, including photocopying, or by any information storage retrieval system without permission in writing from Dr. Sheehan.

Information about purchasing the Mini screen can be found on www.medical-outcomes.com

It is also available in a Spanish

295.00 per computer and 9.99 per person if your use the online version.

When you get questions about when to administer the modules; They can be done at assessment, intake, or within the first weeks of treatment in an individual session.

Modules must be administered by clinicians

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. Janavys, (University of South Florida-TAMPA, USA) ; Y. Lecrubier, T. Hergueta, E. Weiller, (INSERM-PARIS, FRANCE). T. Proeschel.

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Reference previously distributed handouts:

Reference Handout 8: Cindy's MINI Screen.

Reference Handout 6: MINI Kid Screen. (This slide does not include the full MINI Kid, just page 1)

Take a moment here to review the hard copy.

MINI Corresponding Modules

M.I.N.I.

MINI INTERNATIONAL NEUROPSYCHIATRIC INTERVIEW

English Version 6.0.0

DSM-IV

USA: D. Sheehan¹, J. Janavs, K. Harnett-Sheehan, M. Sheehan, C. Gray.
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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)

Handout 24 Mini Full

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The MINI and MINI Kid Modules will be accessible through the DMH website:
www.mh.alabama.gov

This screen does not show the full document. Reference the modules on Cindy's case study.

Handout 24 – MINI (full)

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

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Point out the modules that were indicated on Cindy's screen

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

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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.

Reference MINI Kid on Julie that will be utilized later in the training.

Handout 21 – Julie's case study

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 |
| <small>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.</small> | | | |
| ➤ 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 |

These screens do not show the full document ... just enough to remind you as you refer to the handout.

MINI Kid Corresponding Modules

M.I.N.I. KID

MINI INTERNATIONAL NEUROPSYCHIATRIC INTERVIEW
For Children and Adolescents

English Version 6.0

DSM-IV

USA: D. Sheehan, D. Shytle, K. Milo, J. Janavs
University of South Florida College of Medicine - Tampa, USA

FRANCE: Y. Lecrubier
Centre Hospitalier Sainte-Anne - Paris, France

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M.I.N.I. KID (6.0) October 1, 2009.

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Handout 25 Mini Kid Full

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This screen does not show the full MINI modules, reference Julie's corresponding modules.

Reference Handout 21 – Julie's Case Study

Handout 25 – MINI Kid (full)

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)

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Point out the modules that were indicated on Julie's screen on page 3 and 4.

Reference Handout 21 – Julie's Case Study

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

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Prepare the learner for transition from screening to the underlining foundation of the assessment: ASAM PPC-2R.

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.

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This will be one of many questions throughout the training. This question is to gauge where the participant is in their ability to embrace the systems change. Other questions will be utilized to gain knowledge and retention of information presented.

Answer: D

A New Way of Thinking

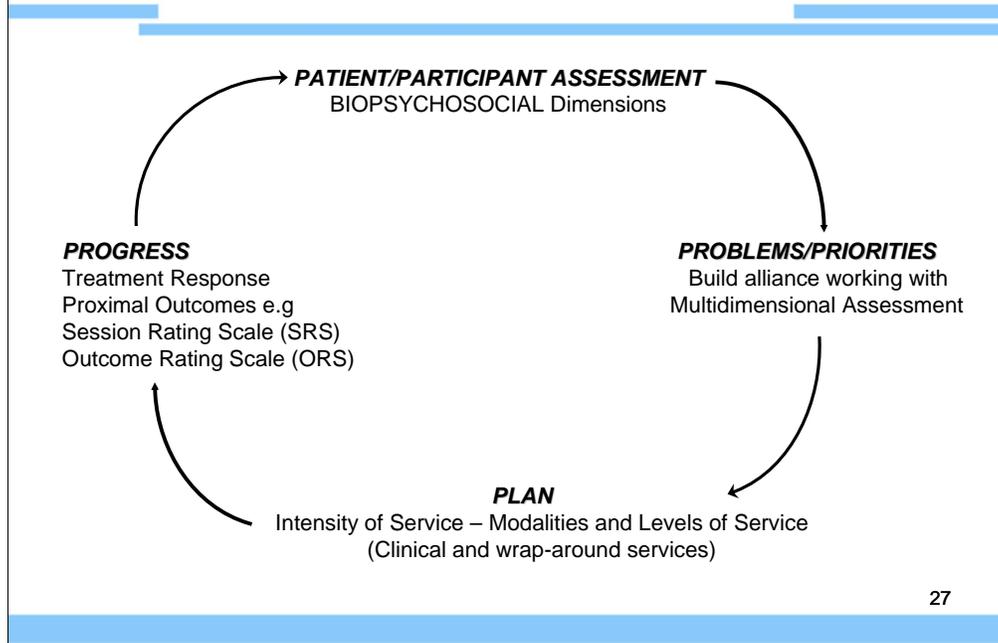


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Enter ASAM – ASAM is an organization of about 3,000 physicians interested in improving services and advocating for people with addiction; and advancing the field of addiction medicine.

Prior to the implementation of ASAM, treatment was complication driven and diagnosis driven. With the implementation of ASAM, treatment is individualized, client driven and clinically driven. The next slides will illustrate this difference.

Client-Directed, Outcome-Informed



ASAM has been promoting that diagnosis is necessary, but not sufficient to determine treatment. What determines services needed and the level of care needed is the client's severity of illness and level of function. This focuses on which dimensions have problems and priorities that require matching modalities (different strategies from different schools of thought e.g., cognitive behavioral strategies; medication modalities; individual, group or family therapies. The level of service is the least intensive, but safe level that can provide the individualized treatment plan. Then progress is evaluated and further assessment done to work on any issues that are not progressing doing well. Or if the client is doing well, then the assessment focuses on what is needed next in the person's continuing care.

The new generation of care that is just starting to be actualized still focuses on individualized treatment. However changes in treatment are based on real time assessment of outcomes and on the quality of the therapeutic relationship.

Session Rating Scale (SRS) and Outcome Rating Scale (ORS) can be found on the web. They can search the web and find it.

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.

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Moving From Program-Driven to Client-Directed Collaborative Care

(a) Treatment follows Theory

- * schools of thought: disease concept; behaviorist perspective; public health view; psychiatric theories of addiction
- * need for an understanding about alcohol/drug problems that takes into account knowledge from all different theories

(b) Biopsychosocial Perspective of Addiction

- * biopsychosocial in etiology, expression and treatment
- * necessitates comprehensive assessment and treatment
- * explains clinical diversity while preserving commonalities
- * promotes productive integration of knowledge from all theories

(c) Individualized Treatment

- 4 P's - patient/participant assessment; problems/priorities; plan; progress
- match severity, or level of functioning (assets and obstacles to improvement with intensity of service (modalities/strategies and site of care)

(d) Treatment follows Assessment - Biopsychosocial Severity

The common language of the six assessment dimensions of the ASAM Patient Placement Criteria can be used to determine multidimensional assessment of severity and level of function of addiction disorders.

1. Acute intoxication and/or withdrawal potential
2. Biomedical conditions and complications
3. Emotional/behavioral/cognitive conditions and complications
4. Readiness to Change (formerly Treatment acceptance/resistance)
5. Relapse/Continued Use/Continued Problem potential
6. Recovery environment

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

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The six assessment dimensions provide the structure to assess obstacles and resources; problems, needs and resources in each dimension.

Dimension 1 assesses detoxification service needs; Assessment for intoxication and/or withdrawal management. Detoxification in a variety of levels of care and preparation for continued addiction services

Dimension 2 assesses physical health service needs: Assess and treat physical health conditions or complications. Treatment provided within the level of care or through coordination of physical health services

Dimension 3 assesses mental health service needs; Assess and treat co-occurring diagnostic or sub-diagnostic mental health conditions or complications. Treatment provided within the level of care or through coordination of mental health services

Dimension 4 assesses motivational enhancement service needs; Assess stage of readiness to change. If not ready to commit to full recovery, engage into treatment using motivational enhancement strategies. If ready for recovery, consolidate and expand action for change

Dimension 5 assesses relapse prevention service needs or helps clients to address continued use and/or continued problem potential; Assess readiness for relapse prevention services and teach where appropriate. If still at early stages of change, focus on raising consciousness of consequences of continued use or continued problems as part of motivational enhancement strategies.

Dimension 6 assesses recovery environment service needs such as family therapy, transportation, childcare, housing, finances, legal, vocational, educational service needs.

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

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Answer: E

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

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Use LOC Cheat Sheet from Dr. Mee Lee

Handout 9 – Level of Care (LOC) Cheat Sheet

Comparison with current services within the state and expansion of services. What we have traditionally. Identifying yourself as a provider.

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

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Level 0.5 = Criteria for assessment and education services for individuals with problems or risk factors related to substance use, but for whom an immediate Substance Related Disorder cannot be confirmed. Further assessment is warranted to rule in or out addiction. Assessment and education for at risk individuals who do not meet diagnostic criteria for Substance-Related Disorder.

No time frame on this level. Length of Stay depends on client's progress.

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.

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OMT address methadone and buprenorphine (Suboxone =buprenorphine + naloxone) treatment that may be in an organized service in outpatient Level I, or may be a recovery-assisted medication provided along with other addiction treatment services in any level of care in the continuum of care, and not restricted to only being an outpatient treatment modality.

Within the state of Alabama OMT will be assessed as a Level I-O.

Level I Services

Level I Outpatient Treatment

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

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Reference: LOC Cheat sheet and ASAM PPC-2r pgs. 45-69

Reference Handout 9 – Level of Care (LOC) Cheat Sheet

Please make sure the group stays focused on ASAM and the assessment, not LOC.

Level I = Less than 9 hours of service/week (adults); less than 6 hours/week (adolescents) for recovery or motivational enhancement therapies/ strategies

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.

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Reference: ASAM PPC-2r pgs. 45-69

Reference Handout 9 – Level of Care (LOC) Cheat Sheet

Please make sure the group stays focused on ASAM and the assessment, not LOC.

Level II.1 = 9 or more hours of service/week (adults); 6 or more hours/week (adolescents) to treat multidimensional instability

Level II.5 = 20 or more hours of service/week for multidimensional instability not requiring 24 hour care

Level III Residential – Inpatient Service

Level III.05 Transitional Residential Treatment

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This is a LOC added by the SASD and relative to Alabama only. It will be introduced with the new standards.

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.

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Reference: Levels of Care Cheat Sheet and Definitions handout (clinically managed, medically monitored, and medically managed) – look at functional deficits

Reference Handout 9 – Level of Care (LOC) Cheat Sheet

Reference Handout 2 - Definitions

Level III.1 = 24 hour structure with available trained personnel; at least 5 hours of clinical service/week

Level III.3 = 24 hour care with trained counselors to stabilize multidimensional imminent danger. Less intense milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community

Level III.5 = 24 hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. Able to tolerate and use full active milieu or therapeutic community

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.

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Reference: Levels of Care Cheat Sheet and Definitions handout (clinically managed, medically monitored, and medically managed) – look at functional deficits

Reference Handout 9 – Level of Care (LOC) Cheat Sheet

Reference Handout 2 - Definitions

Level III.7 = 24 hour nursing care with physician availability for significant problems in Dimensions 1, 2 or 3. Sixteen hour/day counselor availability.

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.

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Level IV = 24 hour nursing care and daily physician care for severe, unstable problems in Dimensions 1, 2 or 3. Counseling available to engage patient in treatment

Participants need to be able to recognize the need for this level in order to refer. It is not currently available in the certification process. This is typically in a hospital setting and is certified by JCAHO.

For example, this level is typically seen as a state hospital such as Bryce, Searcy, and Greil.

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.

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Level I-D = Mild withdrawal with daily or less than daily outpatient supervision; likely to complete detox. and to continue treatment or recovery.

Level II-D = Moderate withdrawal with all day detox. support and supervision; at night, has supportive family or living situation; likely to complete detox.

Disclaimer: This is the ASAM model. Our standards may be different in that all levels may not be available.

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.

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Reference Handout 9 Levels of Care.

Level III.2-D = Moderate withdrawal, but needs 24-hour support to complete detox. and increase likelihood of continuing treatment or recovery

Level III.7-D = Severe withdrawal and needs 24-hour nursing care and physician visits as necessary; unlikely to complete detox. without medical, nursing monitoring

Level IV-D = Severe, unstable withdrawal and needs 24-hour nursing care and daily physician visits to modify detox. regimen and manage medical instability

Disclaimer: This is the ASAM model. Our standards may be different in that all levels may not be available.

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

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

TOTS might reference Assessment Dimensions on P. 20 of Mee Lee's book

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?

Handout 11 Cindy's Case Study Integrated Placement Assessment

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Briefly go over the slide before you hand out Cindy.

The answer to the third question will be identified in Dimension 6. Participants should be mindful that placement determination is not made until all dimensions have been assessed and a comprehensive assessment of the individual's situation is determined.

Handout #11: SASD Adult Integrated Placement Assessment – Cindy's Case Study

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: _____

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• **Do you have a history of withdrawal symptoms when you haven't been able to obtain alcohol and/or other drug (AOD), cut down on your use, or stopped using?** : Indicate by a check the client's response. Specific categories are listed, indicate by a check the client's response to experiencing any of the listed symptoms.

The crosswalk (on the following page) is provided to correlate with some of the specific symptoms for indicated substances.

• **Are you currently experiencing any of the above:** Indicate by a check the client's response. Have the client explain the extent to what he or she is currently experiencing and for how long (minutes, hours, days, etc.).

• **Have any of these symptoms kept you from doing social, family, job or other activities:** Indicate by a check the client's response. This response is part of criterion c in the DSM for the noted substances.

• **Have you used AOD to stop or avoid having these symptoms:** Indicate by a check the client's response. This response is a general symptom of withdrawal.

• **Are the symptoms due to a medical condition or some other problem:** Indicate by a check the client's response. This response is a general symptom of withdrawal. A DSM-IVtr crosswalk of substance specific and general withdrawal symptoms is provided within the training guide to help with this Dimension.

Dimension 1

Substance Use Background Please use the following codes on the tables below:

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 _____

Class of Substance	Specific Substance	Route of Admin.	Age First Used	Last Use	How Long Used	Amount of Use	Frequency of Use	Periods of Abstinence	Rank Substance in order of use
None									
Alcohol									
Cocaine/Crack									
Marijuana									
Heroin									
Non-Prescription Methadone									
Other Opiates and Synthetics									
PCP									
Other Hallucinogens									
Methamphetamine									
Other Amphetamines									
Other Stimulants									
Benzodiazepines									
Other Nonbenzodiazepine tranquilizers									
Barbiturates									
Other non-barbiturate sedatives or hypnotics									
Inhalants									
Over-the-counter									
Other									
Unknown									

COMMENTS: _____

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This section will help determine if the client meets the criteria for abuse or dependence as defined by the diagnostic criteria in the DSM-IV-tr. **The yellow highlighted sections throughout the assessment are the areas that are need for ASAIS.**

• **Substance Use Background:** Review the indicated routes of administration and use the codes for each in the table that follows. Review the frequency of use codes and utilize them in the table that follows.

• **Route of Administration codes:** For each substance noted utilize these codes to indicate the route of administration for that substance. The categories are defined below:

Oral	Ingested substances by mouth.
Smoking	Drawing into the mouth.
Inhalation	The act of inhaling, drawing in air as in breathing.
Injection – IV	Injected into vein.
Injection – Intramuscular	Injected into muscle.

• **Frequency of Use codes:** For each substance noted utilize these codes to indicate the frequency of use for that substance.

• **Class of Substance:** Commonly abused drug classes are listed to indicate the client's use.

• **Specific Substance:** List the substance that the client indicates they use for the noted class of substance.

• **Route of Administration codes:** For each substance noted utilize these codes to indicate the route of administration for that substance. The categories are defined below:

Oral	Ingested substances by mouth.
Smoking	Drawing into the mouth.
Inhalation	The act of inhaling, drawing in air as in breathing.
Injection – IV	Injected into vein.
Injection – Intramuscular	Injected into muscle.

• **Frequency of Use codes:** For each substance noted utilize these codes to indicate the frequency of use for that substance.

• **Age First Used:** For each substance noted indicate the age the client first used the substance.

• **Last Use:** For each substance noted indicate the date last used and the time of day used.

• **How Long Used:** For each substance noted indicate how long the client has used from the first use to the last use. Any periods of abstinence or non-use will be noted later.

• **Amount of Use:** For each substance noted indicate the amount used.

• **Frequency of Use:** For each substance noted indicate the frequency of use for that substance using the codes listed.

• **Periods of Abstinence:** For each substance noted indicate any periods of abstinence. There will be an additional question later to further elaborate on these periods of abstinence.

• **Rank Substance in order of use:** For each substance noted indicate the preference of substance in order of use.

• **Comments:** This space is where the assessment specialist will write any concerns or additional comments they have.

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.

Handout 12 Cindy's Case Study Narrative

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Handout 12 – Cindy's Case Study Narrative - allow time for participants to read it.

Reference Handout 11 – Cindy's SASD Adult Placement Assessment

Let's look at Cindy's responses to the Dimension 1 items within the assessment. Based on the information provided what are the responses to the following questions (reference next slide):

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? This will be assessed in Dimension 6.

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?

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Review these questions on Cindy's case.

Dimension 2

Biomedical Conditions and Complications

50

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: _____

• **Do you have / have you had any medical problems, including infectious communicable diseases? :** Indicate by a check client concerns regarding health. If yes, is indicated describe the concerns.

• **Do you have any known allergies:** Indicate by a check client response regarding allergies. If yes, is indicated describe the allergy type. Make any necessary notations that could impact the client during treatment to include food allergies (for residential providers).

• **Does your chemical use affect your medical conditions in any way:** Indicate by a check client response chemical use and medical conditions. If yes, is indicated describe how the chemical use affects the medical condition.

• **List any medications you currently take, have taken, or should take including over the counter, birth control pills, etc.:** This table has five columns to indicate responses. The categories for the columns are defined below:

Medication - list the name of the medication prescribed.

Prescribed for - list the condition for which the medication was prescribed.

Dosage - list the dosage prescribed.

Frequency - list the frequency prescribed.

Taking as Prescribed recommended. - Indicate by a check client response if taking the prescription as recommended.

•**Comments:** This is where the assessment specialist will note any concerns or additional comments they may have.

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: _____

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• **Have you ever been hospitalized:** This table has four columns to indicate responses. The categories for the columns are defined below:

- Date - indicate the date of hospitalization to be based on the best recollection of the client.
- Facility - indicate the facility the client was hospitalized in.
- Length of Stay - indicate the length of stay at the facility.
- Treated For - indicate the condition or reason for hospitalization.

• **Are you pregnant:** Indicate by a check client response. If yes, make a note of this so level of care and placement can be for Specialized Women's program and services.

• **Are you receiving prenatal care?**

This section is here to look at the potential for the client to rely on / or utilize drugs or alcohol to treat a physical condition. As well as to look at any connection physical pain may have to the reason for substance use.

- **Do you have pain now:** Indicate by a check client response. If yes, indicate where the client has pain.
- **Rate the pain in relation to what represents the amount of pain you are experiencing:** Utilizing the pain scale indicate the client's response (if currently experiencing pain).
- **Is this pain related to withdrawal:** Indicate by a check client response. If yes, this is a Dimension 1 issue. Refer to information provided under symptoms of detox and indicate what substance the client feels he or she is withdrawing from.
- **How long have you been in pain:** Indicate the client's response.
- **What makes the pain better or worse:** Indicate the client's response.
- **What medications do you take to relieve the pain:** Indicate the client's response and any designation for prescription versus non-prescription medications.
- **Have you had this same pain in the recent past:** Indicate by a check client response. If yes, indicate the client's explanation of the history of this pain.
- **Are you under a doctor's care for this pain:** Indicate by a check client response. If yes, indicate client's response of who the doctor is, frequency of visits, and recommended treatment.

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: _____

There are some additional questions to ask adolescents, since many present with already having children or are pregnant.

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: _____

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•This section satisfies a portion of the Substance Abuse Standards that require client's be screened for TB. Each statement should be prefaced with: For more than two weeks do you. This checklist is only a checklist of symptoms that most adults experience that have active TB. All persons entering into treatment should receive a skin test for tuberculosis.

•Tuberculosis (TB) is a disease caused by germs that are spread from person to person through the air. TB usually affects the lungs, but it can also affect other parts of the body, such as the brain, the kidneys, or the spine. A person with TB can die if they do not get treatment.

•The general symptoms of TB disease include feelings of sickness or weakness, weight loss, fever, and night sweats. The symptoms of TB disease of the lungs also include coughing, chest pain, and the coughing up of blood. Symptoms of TB disease in other parts of the body depend on the area affected.

•TB germs are put into the air when a person with TB disease of the lungs or throat coughs, sneezes, speaks, or sings. These germs can stay in the air for several hours, depending on the environment. Persons who breathe in the air containing these TB germs can become infected; this is called latent TB infection. (Source: CDC Fact Sheet, July 2007)

• **Have you had TB or tested positive for TB in the past:** Indicate by a check client response.

• **Have sputum-producing cough:** Indicate by a check client response. Sputum is the act of coughing up and spitting out the material produced in the respiratory tract.

• **Cough up blood:** Indicate by a check client response. This blood could be in the sputum.

• **Have a loss of appetite:** Indicate by a check client response.

• **Have night sweats:** Indicate by a check client response. Night sweats are usually defined as episodes of significant nighttime sweating that soaks your bed clothes or bedding.

• **Have a fever:** Indicate by a check client response. Fever is an increase in internal body temperature to levels that are above normal (the common oral measurement of normal human body temperature 98.2 ± 1.3 °F).

• **Receive a TB medication:** Indicate by a check client response. Common medications associated with TB are Isoniazid, Rifampin, Pyrazinamide, Ethambutol, Streptomycin, Ethionamide, Cycloserine, and Capreomycin.

• **Comments:** This is where the assessments specialist will note any concerns or additional comments they may have.

Cindy

Client denies medical conditions and complications.

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Reference Handout 11 – Cindy's SASD Adult Placement Assessment

Review Cindy's Dimension 2 responses from the assessment and seek to answer the following questions (on the next slide):

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 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?

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Review Cindy's Dimension 2 responses from the assessment and seek to answer the following 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?



After lunch do an exercise to energize and/or focus the group

Dimension 3

Emotional, Behavioral and Cognitive Conditions and Complications

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Emphasize that we are looking at cognitive and behavioral issues in this dimension, in addition to emotional and behavioral 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?

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In addition to the assessment the clinician can also look at the answers to the **Handout #4 MINI** or **Handout #6 MINI Kid** (which you have already handed out).

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?

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These questions will be answered using information from the assessment combined with the MINI/MINI Kid screens.

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: _____

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The responses that were indicated in the initial screening, utilizing the MINI Screen and the corresponding modules, are essential to this section. This section differs from the initial screen in that it asks for more in depth historical information and looks at a longer period of time. Note: If you receive conflicting information for any question, you must continue to query the client to find out what is most accurate.

• **Illnesses or Injuries Question:** (As a child, were there any serious physical injuries or mental illnesses causing trauma) Indicate by a check the client's response and if answered yes, allow client to describe the nature of the illness or injury. If client is not aware the client may need to consult with family member(s) and provide an updated response later.

• **Have you ever been diagnosed with a mental/emotional disorder?:** Indicate by a check client response. If yes, indicate the diagnosis and the client's explanation as to why they received this diagnosis.

• **Have you ever had any treatment for mental/emotional disorder?:** Indicate by a check client response. The categories for the columns are defined below:

When Indicate the date services were received. Unless known by the assessor, the date(s) are based on the self-report and best recollection of the client.

Where Indicate the agency or facility the client has received services from. Include city and state if known.

Level of Care Indicate the level of care for which the services received by the client were listed, i.e. outpatient, intensive outpatient, residential, etc.

Length of Treatment Indicate the duration of treatment services received by the client.

Treated For Indicate the condition or reason for treatment as the client understands it.

• **Comments:** This is where the assessment specialist can note any additional concerns they may have.

• **Have you ever been the victim of abuse:** Indicate by a check client response. This question covers abuse experienced or perpetrated as a child or an adult. If the client was a perpetrator of abuse indicate if there are any legal stipulations that would impact the treatment environment. Indicate **when** the abuse occurred and **by whom**. If indicated, make a note of this so level of care and placement can be considered for Specialized Women's program and / or Trauma-Informed / Specific services. The categories for the columns are defined below:

Sexual This form of abuse includes **sexual assault** (unwanted sexual contact that stops short of rape or attempted rape, this includes sexual touching and fondling), **sexual harassment** (Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature in which submission to or rejection of such conduct explicitly or implicitly affects an individual's work or school performance or creates an intimidating, hostile, or offensive work or school environment.), **incest** (Sexual contact between persons who are so closely related that their marriage is illegal e.g., parents and children, uncles/aunts and nieces/nephews, etc. This usually takes the form of an older family member sexually abusing a child or adolescent.), **molestation** (offenses in which an adult engages in non-penetrative activity with a minor for the purpose of sexual gratification; for example, exposing a minor to pornography or to the sexual acts of others), **rape** (forced sexual intercourse, including vaginal, anal or oral penetration; penetration may be by a body part or an object) and **sodomy** (anal penetration, oral sex, masturbation and paraphilia).

Domestic Violence This form of abuse occurs when a family member, partner or ex-partner attempts to physically or psychologically dominate another, this can include stalking.

Physical This form of abuse involves contact intended to cause pain, injury, or other physical suffering or harm.

Emotional This form of abuse involves the systematic tearing down of the emotional stability of another human being. It is considered a pattern of behavior that can seriously interfere with positive development and includes verbal abuse.

Neglect It is defined as the failure of caregivers to fulfill their responsibilities to provide the basic needed care. This care can be physical, emotional, or educational. It can also be active or passive.

• **When and by whom?**

• **Did you receive intervention:** Indicate by a check client response.

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: _____

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• **Have you ever been the perpetrator of abuse?** Indicate clients response.

• **Did you receive intervention?**

• **Further assessment needed?**

• **In the last year, have you felt like hurting or killing yourself:** Indicate by a check client response. If yes, indicate:

When the client was feeling like this?

What were the circumstances that lead the client to feel this way?

Did the client have a plan?

Did he/she have the ability to act on that plan?

• **In the last year, have you felt like hurting or killing someone else:** Indicate by a check client response. If yes, indicate:

When the client was feeling like this.

What were the circumstances, as reported by the client that lead him/her to feel this way?

Who, according to the client, were these thoughts aimed towards?

Did the client have a plan and an ability to act on that plan?

• **In the last year, have you experienced hallucinations or difficulty telling what is real from that which is not:** Indicate by a check client response. If yes, probe more about the specifics of these occurrences with the client and indicate the nature of the hallucinations and/or perceptions.

• **In the last year, have you had trouble remembering, concentrating or following simple instructions:** Indicate by a check client response. If yes, indicate the area in which the client has had trouble. Note if there was any explanation for this occurrence, the onset, the duration, and state whether or not this is still problematic.

• **Comments:** This is where the assessment specialist can note any concerns or make additional notes.

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

(capacity to identify and recall one's identity and place in time and space; ask directed questions)

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: _____

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The Mental Status Exam is the basis for understanding the client's presentation and functioning relevant to a diagnosis. This section does not have to be completed with the client present and can be completed after the client has left the session. The information used in this section is gleaned from the normal interviewing process and therapist and observation of the client.

- **Orientation:** Indicate by a check the client's ability to identify and recall one's identity and place in time and space. You may want to ask direct questions to assess the client's presenting level of orientation. If a deficit is found in any area, the deficient area should be indicated: person (who he/she is), place (where he/she are), time (including the date), and situation (that he/she is in) or object.
- **Comments:** this is where the assessment specialist can made additional notes.
- **General Appearance:** Indicate by a check the client's general physical appearance and expression in the areas of dress (whether it was appropriate attire for the weather and season), grooming, and facial expression.
- **Comments:** this is where the assessment specialist can made additional notes.
- **Mood/Affect:** Indicate by a check the client's mood/affect. While the client's mood is an indication of how they feel most days and their general pervasive emotional state as reported by them, their affect is the outward show of emotions and may vary as a result of their depression, elation, anger and normality. Note however, that if the overall sense of the client's mood from the assessment is of depression, then the client's mood is described as being depressed.
- **Comments:** this is where the assessment specialist can made additional notes.

Dimension 3

SELF-CONCEPT

Self-concept: Self-assured Realistic Low self-esteem Inflated self-esteem

COMMENTS: _____

SPEECH

(comment on tone, volume and quantity)

Speech: Normal Pressured Stammering Mute Loud
 Soft Rambling Slurred 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: Intact Mildly impaired Moderately impaired Severely impaired
 Recent: Intact Mildly impaired Moderately impaired Severely impaired
 Remote: Intact Mildly impaired Moderately impaired 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: Logical Relevant Coherent Goal Directed Illogical
 Incoherent Circumstantial Rambling Flight of Ideas
 Loose Associations Tangential Grossly Disorganized Blocking
 Neologisms Confused Perplexed Confabulating

COMMENTS: _____

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- **Self-Concept:** Indicate by a check the client's self-concept (defined as knowledge and understanding of one self).
- **Comments:** this is where the assessment specialist can made additional notes.
- **Speech:** Indicate by a check the client's speech. Comment on this aspect of the individual by evaluating the volume, rate and flow of speech.
- **Comments:** this is where the assessment specialist can made additional notes.
- **Memory:** Indicate by a check the condition of the client's immediate, recent, and remote memory. Look for immediate recall, short-term memory (an ability to remember several things after five minutes) and long-term memory (an ability to remember distant events).
- **Comments:** this is where the assessment specialist can made additional notes.
- **Thought Process:** Indicate by a check the client's thought process. Address such features of thought as the rate of thoughts and discuss how they flow and are connected or disconnected.
- **Comments:** this is where the assessment specialist can made additional notes.

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: _____

• **Thought Content:** Indicate by a check the client’s thought content. Use as a basis those areas of mental health discussed in the assessment and any beliefs the client has.

• **Comments:** this is where the assessment specialist can made additional notes.

• **Judgment and Insight:** Indicate by a check the client’s presenting judgment and insight. This looks at how the person makes judgments and decisions. Insight describes how much understanding or awareness the client has of his/her own psychological functioning or disturbance.

Comments: this is where the assessment specialist can made additional notes

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.

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Questions on the next slide

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?

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Based on this information and the information from Dimension 3 of the assessment, how would you seek to answer these 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?

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 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?

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Based on this information and the information from Dimension 3 of the assessment, how would you seek to answer these questions:

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

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Discuss Motivational Interviewing here

Dimension 4 – This is not a medical emergency, but if you know someone is ambivalent or mandated for care, important to ensure that the person keeps their appointment and that if not, that someone will follow up. Also include the significant other in the assessment process as well as probation officer or judge or employer – whoever mandated the client for treatment.

Idea: Come up with a way to get them to look at readiness to change instead of reading the definition.

Example:

Break them into 5 groups (which represent each stage of change) As the group to come up with a brief description of things you would hear or see a client do and what treatment intervention they could use.

Stages of Change

Transtheoretical Model of Change

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

Handout 13 The Transtheoretical Model

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Handout 13: The Transtheoretical Model

The URICA will assist them to evaluate this.

Transtheoretical Model

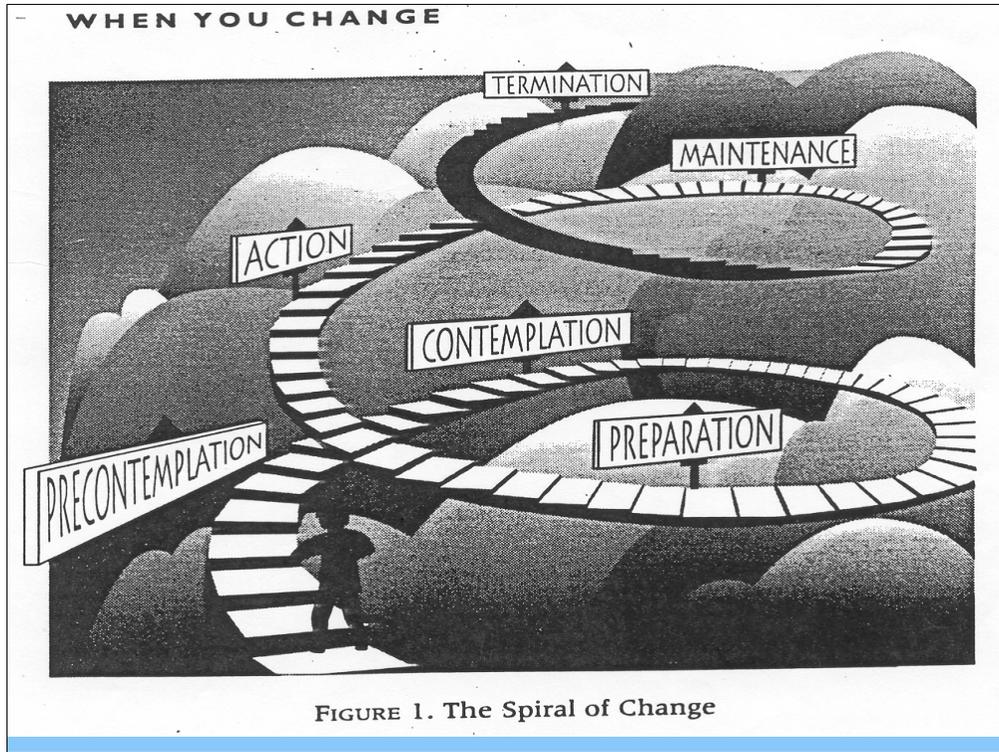
Pre-contemplation: not yet considering the possibility of change although others are aware of a problem; active resistance to change; seldom appear for treatment without coercion; could benefit from non-threatening information and information to raise awareness of a possible “problem” and possibilities for change.

Contemplation: ambivalent, undecided, vacillating between whether he/she really has a “problem” or needs to change; wants to change, but this desire exists simultaneously with resistance to it; may seek professional advice to get an objective assessment; motivational strategies useful at this stage, but aggressive or premature confrontation provokes strong resistance and defensive behaviors; many Contemplators have indefinite plans to take action in the next six months or so.

Preparation: takes person from decisions made in Contemplation stage to the specific steps to be taken to solve the problem in the Action stage; increasing confidence in the decision to change; certain tasks that make up the first steps on the road to Action; most people planning to take action within the very next month; making final adjustments before they begin to change their behavior.

Action: specific actions intended to bring about change; overt modification of behavior and surroundings; most busy stage of change requiring the greatest commitment of time and energy; care not to equate action with actual change; support and encouragement still very important to prevent drop out and regression in readiness to change.

Maintenance: sustain the changes accomplished by previous action and prevent relapse; requires different set of skills than were needed to initiate change; consolidation of gains attained; not a static stage and lasts as little as six months or up to a lifetime; learn alternative coping and problem-solving strategies; replace problem behaviors with new, healthy life-style; work through emotional triggers of relapse.



Reference Handout 13: The Transtheoretical Model

Additional Stages of Change and Motivational Interviewing information can be found through the Addiction Technology Transfer Center (ATTC) at www.nattc.org and TIP #35: Enhancing Motivation for Change in Substance Abuse Treatment

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?

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Answers to these questions will be found in responses on the URICA and the assessment.

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 74

Handout 14: Crosswalk for DSM Criteria Embedded within the Placement Assessment.

- **Do you have any behaviors that you need to change:** Indicate by a check the client's response. Have the client to explain why they responded in that way and indicate their response.
 - **Do you think you have a problem with AOD and/or mental/emotional disorders:** Indicate by a check the client's response. Have the client to explain why they responded in that way and indicate their response.
 - **Have you tried to hide your AOD use:** Indicate by a check the client's response.
 - **Has anyone ever complained about your AOD use:** Indicate by a check the client's response.
- The criterion that is indicated in parenthesis behind the following statements corresponds to the criteria for substance abuse and / or dependence as specified by the DSM.
- **Has your AOD use caused you to feel depressed, nervous, suspicious, decreased sexual desire, diminished interest in normal activities or cause other psychological problems:** Indicate by a check the client's response. (Criterion 2)
 - **Has your AOD use affected your health by causing numbness, blackouts, shakes, tingling, TB, STDs, or any other health problems:** Indicate by a check the client's response. (Criterion 2)
 - **Have you continued to use despite the negative consequences (at work, school, or home) of your use:** Indicate by a check the client's response. (Criterion A1)
 - **Have you continued to use despite placing yourself and others in dangerous or unsafe situations:** Indicate by a check the client's response. (Criterion A2)
 - **Have you had problems with the law because of your use:** Indicate by a check the client's response. (Criterion A3)
 - **Has your AOD use affected you socially (fights, problem relationship, etc.):** Indicate by a check the client's response. (Criterion A4)

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

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- **Do you need more AOD to get the same high:** Indicate by a check the client's response. (Criterion 1)
- **Do you spend a great deal of time in activities to obtain AOD and / or feeling it's affects:** Indicate by a check the client's response. (Criterion 5)
- **Has your AOD use caused you to give up or not participate in social, occupational or recreational activities that you once enjoyed:** Indicate by a check the client's response. (Criterion 6)
- **Have you continued to use after knowing it caused or contributed to physical and psychological problems:** Indicate by a check the client's response. (Criterion 7)
- **Have you used larger amounts of AOD than you intended:** Indicate by a check the client's response. (Criterion 3)
- **URICA Scores:** Indicate the URICA score for the appropriate use type and indicate a check by the corresponding stage of change.

URICA

The University of Rhode Island Change Assessment (URICA)



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The University of Rhode Island Change Assessment (URICA) is a 32-item self-report measure that includes 4 subscales measuring the stages of change. The URICA assesses motivation for change by providing scores on four stages of change: precontemplation, contemplation, action and maintenance. The subscales can be combined arithmetically ($C + A + M - PC$) to yield a second-order continuous Readiness to Change score that can be used to assess readiness to change at entrance to treatment. Clinicians may use the URICA to evaluate an individual's level of motivation for change and use this information to help guide treatment approaches.

This instrument is in the public domain. We only have paper version but there is no reason why you can not put it in an electronic form.

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.

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Clinicians may use the URICA to evaluate an individual's level of motivation for change and use this information to help guide treatment approaches.

Can be filled out by the client. Can be given to the client while they are waiting or given to the case management to go over with the client.

Don't round up

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"/>				
2. I think I might be ready for some self-improvement.	<input type="checkbox"/>				
3. I am doing something about the problems that had been bothering me.	<input type="checkbox"/>				
4. It might be worthwhile to work on my problem.	<input type="checkbox"/>				
5. I'm not the problem one. It doesn't make much sense for me to be here.	<input type="checkbox"/>				
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"/>				
7. I am finally doing some work on my problem.	<input type="checkbox"/>				
8. I've been thinking that I might want to change something about myself.	<input type="checkbox"/>				
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"/>				
10. At times my problem is difficult, but I'm working on it.	<input type="checkbox"/>				
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"/>				
12. I'm hoping this place will help me to better understand myself.	<input type="checkbox"/>				
13. I guess I have faults, but there's nothing that I really need to change.	<input type="checkbox"/>				
14. I am really working hard to change.	<input type="checkbox"/>				
15. I have a problem and I really think I should work at it.	<input type="checkbox"/>				
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"/>				
17. Even though I'm not always successful in changing, I am at least working on my problem.	<input type="checkbox"/>				
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"/>				
19. I wish I had more ideas on how to solve the problem.	<input type="checkbox"/>				
20. I have started working on my problems but I would like help.	<input type="checkbox"/>				
21. Maybe this place will be able to help me.	<input type="checkbox"/>				
22. I may need a boost right now to help me maintain the changes I've already made.	<input type="checkbox"/>				
23. I may be part of the problem, but I don't really think I am.	<input type="checkbox"/>				
24. I hope that someone here will have some good advice for me.	<input type="checkbox"/>				
25. Anyone can talk about changing; I'm actually doing something about it.	<input type="checkbox"/>				
26. All this talk about psychology is boring. Why can't people just forget about their problems?	<input type="checkbox"/>				
27. I'm here to prevent myself from having a relapse of my problem.	<input type="checkbox"/>				
28. It is frustrating, but I feel I might be having a recurrence of a problem I thought I had resolved.	<input type="checkbox"/>				
29. I have worries but so does the next guy. Why spend time thinking about them?	<input type="checkbox"/>				
30. I am actively working on my problem.	<input type="checkbox"/>				
31. I would rather cope with my faults than try to change them.	<input type="checkbox"/>				
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"/>				

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Handout 15: URICA – Cindy (alcohol)

Handout 16: URICA – Cindy (drug)

The URICA can be pulled out of the assessment and the client can self-administer with the assistance of an administrative support staff member prior to the client meeting with the assessor. The administrative staff would score it based on the client's responses and the scoring key. It is suggested that a URICA be done for alcohol and a separate URICA be done for drug use. The scale and scoring information must be provided to the clinician upon completion (prior to completion of the assessment). The score and the readiness stage is required within the assessment and necessary for placement.

Idea: go over some of the question and ask them to tell you which stage of change it represents.

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:

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Allow the participants to score Cindy's URICA for her alcohol use and her URICA for her drug use.

To score: (C + A + M – PC)

TOTS Only, refer to ***Handout 23: Answer Key for Cindy's URICA Scoring***

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

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Where does Cindy fall in regard to her URICA score for her Stage of Change?

Alcohol – she’s in Preparation (Action)

Drug – she’s in Precontemplation

TOTS Only, refer to ***Handout 23: Answer Key for Cindy’s URICA Scoring***

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?

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With Cindy's URICA information and the Dimension 4 assessment responses in mind, answer these 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?

Appears to need AOD treatment/recovery, but is ambivalent or feels it is unnecessary?



End of Day One.

Dimension 5

Relapse/Continued Use, Continued Problem Potential

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Dimension 5 – If currently under the influence, you may need to arrange safe transportation by a relative or friend; or take car keys until safe to drive. Many may continue to use or relapse, but those needing immediate needs are only those whose continued use or problems places the client and others in imminent danger within the next 24-48 hours.

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?

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Note: Clinicians must take a comprehensive assessment to answer some questions. For instance the first question will depend on response to questions in Dimension 5 as well as questions in Dimension 3 and the MINI/MINI Kid screening.

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: _____

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•Have you ever been treated for and AOD problem?

List here previous treatment episodes for alcohol treatment and drug treatment.

Indicate if the treatment was for alcohol or drugs or both, when the treatment was received, where, the level of care (i.e. outpatient, residential, etc.), and the type of discharge. If there is a long treatment history you must use a separate sheet to list them out.

•Comments: This is where the assessment specialist can make any additional 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? _____

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• **Have you had any periods of abstinence from an AOD:** Cross reference the previous noted periods of abstinence from the substance use background chart. Indicate by a check the client's response. If yes, indicate the periods of abstinence and from what substances and / or the periods where no problems were experienced and respond to the next 3 questions. If the answer is no, skip the next 3 questions.

The next 3 questions are only applicable if the client answered yes to any periods of abstinence.

• **How was that abstinence / maintenance achieved:** If there have been periods of abstinence list how the client was able to achieve that e.g., attending AA meetings; changing friends or activities; attending church; using a sponsor or therapist. (Criterion A4)

• **What would you consider your relapse triggers:** Indicate the client's response.

• **Are you aware of what caused you to relapse:** Indicate the client's response.

• **Are you participating in any support groups:** Indicate by a check the client's response. List any support groups the client is involved in.

• **Do you have a sponsor:** Indicate by a check the client's response. List the name of the sponsor and contact information.

• **Have you ever participated in:** Indicate by a check the client's response.

• **In the past year, have you tried to reduce the effect of your AOD/problems:** Indicate the client's response and what they've done to reduce their problems. (Criterion 4)

• **Have you had any periods without mental/emotional problems:** Indicate by a check the client's response. If yes, indicate the periods the client had mental/emotional problems and / or the periods where no mental health problems were experienced and respond to the next 2 questions. If the answer is no, skip the next 2 questions.

• **How was maintenance achieved:** Indicate the client's response.

• **What causes the symptoms to get worse:** Indicate the client's response.

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.

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Refer to Cindy's Dimension 5 responses and seek to answer the following (see next slide):

Is the client in immediate danger of continued severe mental health distress and/or AOD use?

Does the client have any recognition or understanding or, 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?

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?

What is the client's level of current craving and how successfully can they resist using?

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?

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Refer to Cindy's Dimension 5 responses and seek to answer the following:

Is the client in immediate danger of continued severe mental health distress and/or AOD use?

Does the client have any recognition or understanding or, 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?

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 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?

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Refer to Cindy's Dimension 5 responses and seek to answer the following:

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

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Dimension 6 – similarly, many have poor recovery supports, but at this point, we are only concerned for those who are likely to be abused or mistreated tonight; or who needs a safe shelter today to avoid freezing to death or a domestic violence victimization etc.

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?

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Are there any dangerous family members, significant others, living/work/school situations threatening client's safety, immediate well-being, and/or sobriety?

ADULT Dimension 6

DIMENSION 6. RECOVERY / LIVING ENVIRONMENT

Head of Household? Yes No Number in Household: _____

Living Arrangement: _____ years _____ months

Alabama Housing Finance Authority Jail / Correctional Facility
 Center Operated / Contracted Residential Program Reside with Family
 Center Subsidized Housing Other Institutional Setting (nursing home, etc.)
 Homeless / Shelter Other: _____
 Independent Living

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

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- **Head of Household:** Indicate the client’s response.
- **Number in Household:** Indicate the number of individuals (adult and children ; permanent and transitional) to include yourself that currently live in your household.
- **Living Arrangement:** Indicate the number of years and months that the client has resided at current residence. Indicate by a check what best describes the current living arrangement. The categories are:
 Alabama Housing Finance Authority Housing
 Center Operated / Contracted Residential Program
 Center Subsidized Housing
 Homeless / Shelter
 Independent Living
 Jail / Correctional Facility
 Resides with Family
 Other Institutional Setting
 Other
- **Current Employment Status:** Indicate by a check what best describes current employment situation. The categories are defined below:

Confined to Institution / Correctional Facility This indicates the client is currently incarcerated in a correctional setting or confined to an inpatient mental illness or mental retardation facility.

Disabled This refers to client’s functioning, including physical impairment.

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 (NWN1)	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	_____				_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explanation of the above to include outcome: _____							

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- **Arrest History:** Indicate the number of times the client has been arrested for any of the listed offenses. For each offense that an arrest is indicated, indicate by check mark if the client has ever been convicted of any of the listed offenses.
- **Explanation of the above to include outcome:** Based on the client's response indicate the circumstances involving the offense and the outcome of the offense i.e. case dismissed, youthful offender, expunged, placed on supervised probation and term, fine paid, pending court date, etc.

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

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- **Dependent Children:** Indicate by a check if client has dependent children. This is a **specialized women's** question that is relevant to specialized women's services.
- **Custody Question:** (Who has custody of these children) Indicate the name and relationship of the individual who has custody of any dependent children the client has. This is a **specialized women's** question that is relevant to specialized women's services.
- **Childcare Question:** (Is there childcare available for these children) Indicate by a check if childcare is available. For all no responses, the client must indicate why and / or explain the specifics to the situation. This is a **specialized women's** question that is relevant to specialized women's services.
- **Parenting Skills:** (Do you feel you have adequate parenting skills) Indicate by a check the client's perception of their parenting skills. This is a **specialized women's** question that is relevant to specialized women's services.
- **Parenting Skills 2:** (Would you be interested in receiving more skills) Indicate by a check the client's response to the need for additional parenting skills. This is a **specialized women's** question that is relevant to specialized women's services.
- **Quality of Interaction with family:** Indicate by a check the client's rating of interaction with his family.
- **Level of Satisfaction with support system:** Indicate by a check the client's rating of satisfaction with his current support system.

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

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- **Describe your relationship with:** Indicate the client's response to his relationship with his mother, father, siblings, caretakers, children, and others.
- **Is your current living environment drug free:** Indicate by a check if the client response to their living environment to include their surroundings, conditions, and influences. If no, describe the living environment of the client.
- **Who would you ask to take you to the hospital if you were to suddenly become ill:** Indicate the client response.
- **Would you call the same person to tell some really good news:** Indicate the client response.
- **Do you have reliable transportation:** Indicate by a check if the client has reliable transportation. Allow the client to describe the transportation they have access to.

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 | |

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Again there are additional questions we want to ask the adol regarding their home life.

- **List name of parent or guardian:** Indicate the client's response.
- **Do you live with this person:** Indicate the client's response.
- **Number in household:** Indicate the client's response.
- **What is the marital & life status of your natural/biological parent:** Indicate by a check the client's response.
- **Living Arrangement:** Indicate the number of years and months that the client has resided at current residence. Indicate by a check the answer that best describes the current living arrangement. The categories are:

Alabama Housing Finance Authority Housing

Center Operated / Contracted Residential Program

Center Subsidized Housing

Homeless / Shelter

Independent Living

Jail / Correctional Facility

Resides with Family

Other Institutional Setting

Other

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 | |

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Which of the following best describes your current living situation: Indicate by a check the client's response.

• **Who is the head of your current household:** Indicate by a check the client's response.

• **How many times have you moved in your lifetime either with or without family:** Indicate the client's response.

• **How many times have you run away from home(s):** Indicate the client's response

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:

- | | | |
|--|------------------------------------|--|
| <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 | | |

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: _____

Are you currently in school, enrolled in a GED program, or a vocational program: Indicate by a check if client is currently in school and his or her grade level.

- **What is the highest grade you've completed:** Indicate the client's response.
- **Have you repeated a grade:** Indicate the client's response.
- **How many times were you:** Indicate the client's response.
- **Are you or have you received special education services:** Indicate the client's response.
- **How many days (in the past 30) have you been absent from school:** Indicate the client's response.

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 (NWN1)	<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? _____

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- **How often do/did you engage in any of the following activities in the past month:** Indicate by a check the client's response.
- **Are you currently or have you ever been bullied:** Indicate the client's response.
- **What type of social activities did you participate in prior to your alcohol/drug use:** Indicate the client's response.
- **List and describe any support groups, organizations, clubs that will help you in your recovery efforts:** Indicate the client's response.
- **How often do you participate in these activities:** Indicate the client's response.
- **Do you have any hobbies or leisure activities you'd like to learn:** Indicate the client's response.

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

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- **What do others consider to be your strengths:** Indicate the client's response.
- **Did you have a boy/girlfriend during the past three months:** Indicate the client's response.
- **How often do/did you engage in any of the following activities in the past month? If yes, does your boy/girlfriend drink or use drugs:** Indicate the client's response.
- **Are you sexually active:** Indicate the client's response.
- **Do you use birth control or protection (condoms) to prevent pregnancy or sexually transmitted disease:** Indicate the client's response.
- **Who would you ask to take you to the hospital if you were to suddenly become ill:** Indicate the client's response.
- **Would you call the same person to tell some really good news? If not, why and who would you call:** Indicate the client's response.
- **Do you have reliable transportation:** Indicate by a check if the client has reliable transportation. Allow the client to describe the transportation they have access to.

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

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If detox is a concern answer this question from Dimension 1 (see next slide): Does the client have supports to assist in ambulatory detoxification if medically safe?

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?

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?

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If detox is a concern answer this question from Dimension 1: Does the client have supports to assist in ambulatory detoxification if medically safe?

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).

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You've collected the assessment information from all the dimensions. Now what do you do with all of this information? You assign risk ratings to each dimension which will help you to determine the client's placement.

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

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Handout 17: ASAM PPC2R Risk Rating Cross Walk

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

TOTs - Refer to pages 281-340 in the ASAM book to study about risk rating

Emphasize that for all risk ratings (including co-occurring):

Risk is seen as multidimensional and bio-psychosocial.

Risk relates to the client's history

Risk is expressed in the current status

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.

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Be prepared to answer question around why only assess MH risk rating in dimension 3

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.*

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111

Risk Rating

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

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Adolescents who use alcohol and other drugs, differ from adults in significant ways. Biopsychosocial elements of etiology are common in both but they are expressed differently. Treatment approaches are different because adolescents are different from adults in their stages of emotional, cognitive, physical, social and moral development. The time of adolescence affords a unique opportunity to modify risk factors before the person's development is complete.

Adolescents do not develop classic physical dependence or well-defined withdrawal symptoms because of their shorter time exposure to alcohol or drugs but they are more susceptible to dependence on alcohol and drugs because the progression from casual use to dependence is more rapid.

Also, adolescents typically demonstrate a higher degree of co-occurring psychopathology, which may not remit with abstinence. Their use of substances impairs their intellectual and emotional growth. Younger adolescents tend to have a narrower view of the world, with little capacity to think of future implications of their present actions.

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:					
Risk Rating:	0	1	2	3	4
Dimension 2: Biomedical conditions and complications:					
Risk Rating:	0	1	2	3	4
Dimension 3: Emotional / Behavioral / Cognitive Conditions and Complications:					
Risk Rating:	0	1	2	3	4

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Each risk description provides both a numerical rating of risk (on a scale of 0 to 4) and a narrative description of risk in terms of signs and symptoms that indicate the individual's severity and level of function in a particular assessment dimension. The risk rating and description help determine the immediacy and scope of service needs and types. This also indicates the intensity or level of service at which the client can be treated safely and efficaciously.

Assess all six dimensions to determine whether the client has immediate needs related to imminent danger, as indicated by a Risk Rating of "4" in any of the six dimensions. The Risk Ratings range from 0 – 4. 0 = Indicates full functioning; no severity; no risk in this Dimension. Risk Rating: 1-4 = Indicates various levels of functioning and severity and the level of risk in this Dimension. (NOTE: A higher number indicates a greater level of severity) **The dimension with the highest risk rating determines the immediate service needs and placement decision.**

Assess the clients MH Risk rating beginning with Dimension 3.

Dimension 3: Emotional, Behavioral, and Cognitive

0= SA only clients

1= COD clients who are stable

2= COD clients with moderate concerns

3= COD clients with severe symptoms but do not require involuntary confinement

4= COD clients with severe symptoms and require involuntary confinement

Co-Occurring Disorders Risk Domains

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

Handout 19 Mental Health Risk Ratings for Co-occurring Disorders

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Handout 19: Mental Health Risk Ratings for Co-occurring Disorders

The handout is the same as the slides.

As noted before:

Risk is seen as multidimensional and bio-psychosocial.

Risk relates to the client's history

Risk is expressed in the current status

Reference for TOT: The Clinical Innovators Series: Applying ASAM Placement Criteria – Clinician's Manual, by Dr. David Mee-Lee and Kathyleen M. Tomlin (pg.44) and ASAM PPC-2R pgs. 283-284

A Risk Domain is an assessment subcategory begins with Dimension 3.

1. Dangerousness/Lethality: How severe is the client's impulsivity related to suicidal and/or homicidal behaviors, including other forms of harm to self or others?
2. Interference with recovery efforts: To what degree is the client able to focus on recovery without distraction?
3. Social functioning: To what degree does the client's substance use or other mental health problems interfere with important relationships in his or her life?
4. Self-care ability: To what degree can the client perform the daily tasks of caring for self without interference of mental illness or substance use symptoms?
5. Course of illness: How does the client's MH/SA history affect his or her current issues, and what services may the client based on the history? For example, if a client has a history of severe suicidal impulsivity or any current depression with suicidal ideation, this would be of great concern. In contrast, if a client has never acted impulsively on suicidal ideation but is currently depressed, there would be less risk.

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?

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Continue to reference ***Handout 19: Mental Health Risk Ratings for Co-occurring Disorders***

The handout is the same as the slides.

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

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Continue to reference ***Handout 19: Mental Health Risk Ratings for Co-occurring Disorders***

The handout is the same as the slides.

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?

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Continue to reference ***Handout 19: Mental Health Risk Ratings for Co-occurring Disorders***

The handout is the same as the slides.

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?

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Continue to reference ***Handout 19: Mental Health Risk Ratings for Co-occurring Disorders***

The handout is the same as the slides.

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?

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Continue to reference ***Handout 19: Mental Health Risk Ratings for Co-occurring Disorders***

The handout is the same as the slides.

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

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Your summary should seek to address the following areas as they relate to SA and MH issues and level of risk. For clients who have a co-occurring diagnosis, history, or problems, you must also assess Dimensions 4, 5, and 6 separately for the mental and substance related disorders. This assists in identifying differential mental health and addiction treatment service needs and helps determine the kind of co-occurring program most likely to meet the client's needs. If a client does not have a co-occurring issues, history, or problem they'd have a MH Risk Rating of 0 on Dimensions 4,5, and 6. If a client has co-occurring issues the minimal risk rating that can be assessed in Dimensions 4,5, and 6 is rating 1. Additionally, a client must have at least a risk rating of 2 in Dimension 3 for any of the MH Risk Ratings to be completed in 4,5, and 6.

Note only complete the MH Risk Rating on **any** dimension for clients who have mental health issues. Everyone else would be 0. Assess for risk in the five areas: Dangerousness/Lethality, Interference with Recovery Efforts, Social Functioning, Ability to Care for Self, and Course of Illness. Meanings are as follows:

Dimension 4: Readiness to Change

- 0= Client fully engaged and willing to change MH functioning and or behavior
- 1= COD client willing to enter treatment but ambivalent does enough not to decompensate
- 2=COD client is passively involved in treatment, low commitment
- 3= COD client is inconsistent with treatment; they may or may not take meds or come to sessions.
- 4= COD client is unable to follow through and has no awareness of their illness.

Dimension 5: Relapse/Continued Use

- 0= Good coping skills
- 1= COD client has minimal relapse potential
- 2= COD client has impaired ability to recognize relapse possibilities but self manages with prompting
- 3= COD client has little recognition of MH relapse issues and poor coping skills and ability to limit relapse.
- 4= Repeated treatment episodes with no change.

Dimension 6: Recovery Environment

- 0=Client has a supportive environment
- 1= Support is not really there but it does not affect the client
- 2= Environment not supportive but clinical structure allows client to cope ex: supportive living
- 3= No supports and coping is difficult even with clinical support
- 4= No supports and chronically hostile

Cindy

Determine the Risk Rating

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Let's take Cindy's assessment, case study information, and the dialogue we've had thus far and determine her Risk Rating and narrative on each Dimension. (Allow participants to break up into groups and complete a sample ASAM PPC-2R Diagnostic Summary then discuss results) You may choose to utilize the risk rating grid to assist you in making determinations. (Pause and allow them to determine Cindy's risk rating)

Remember there will be discrepancies in risk ratings based on clinical interpretations.

Example of narrative responses:

Dimension 1: Last use – alcohol 5 months ago; cocaine 8 months ago. No previous detox or severe withdrawal. In no distress; alert, oriented, with no tremors; skin warm and dry; nothing to suggest any severe withdrawal danger. Risk Rating: 0

Dimension 2: No physical complaints; not on any medications and is healthy. Risk Rating: 0

Dimension 3: Depressed for past 5-6 months; oriented, mood appropriate; slightly depressed, and no evidence of psychosis or sociality; some anxiety about job. No previous psychiatric history. Risk Rating: 1 or 2

Dimension 4: Admits alcohol was her drug of choice, but feels she has it under control and that cocaine never was a problem. Mainly wanting to keep her job, but does complain of some problems with depression and her alcohol use in the past; willing to be involved in treatment but feels she only needs urine monitoring and low intensity outpatient support and counseling for her depression. Risk Rating: 2 NOTE SCALE IS REVERSED ON DIMENSION 4. Reference the scale.

Dimension 5: Poor skills to consistently avoid further drinking problems, but sufficiently concerned about job to control immediate drinking/drugging behavior; not imminently dangerous to self or others; not in AA /other self help program. Risk Rating: 2

Dimension 6: Lives alone in an apartment; job issues a stress, but also an asset to provide leverage to help engage patient into examining her drinking and drugging behavior; supervisors supportive and report good job performance except for the drug screens; has hobbies of making and selling souvenirs to tourists. Risk Rating: 0 or 1

Possible questions for you to ask the group:

How difficult was it to come to a consensus?

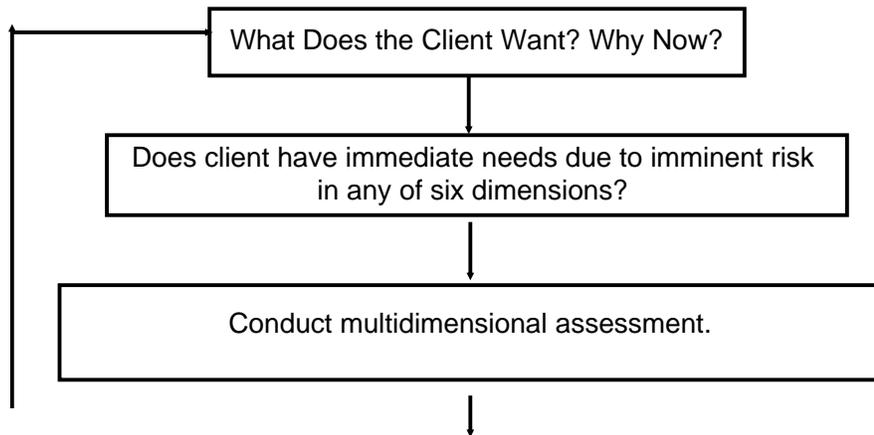
What would be required for her to be a 4 rather than a 3? Scaling questions to get them thinking.

Suggest that you have newsprint on the wall to make a grid of the risk ratings by group for comparison.

Ask participants to look at what kind of issues would be placed on Cindy service plan.

BREAK

Focus Assessment & Treatment



Handout 20 How to Target and Focus Service Priorities (Decision Tree)

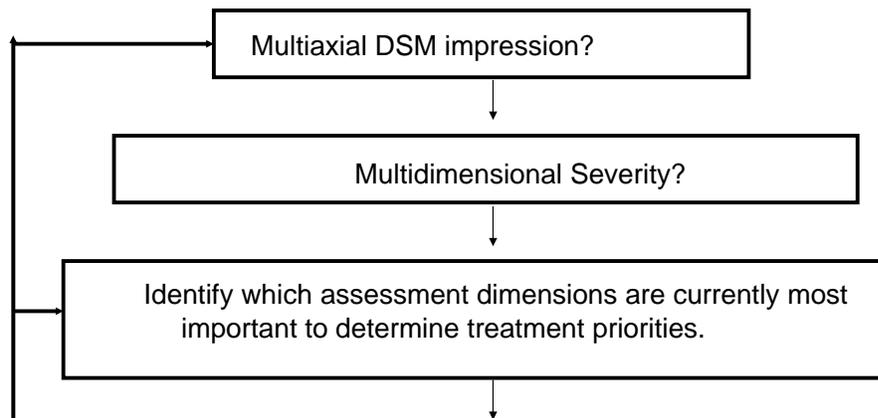
123

The next series of slides provides a decision tree to match assessment and treatment/placement assignment. This will allow you to determine how to target and focus service priorities.

Handout 20: How to Target and Focus Service Priorities (Decision Tree)

Trainers should apply the questions to Cindy's situation.

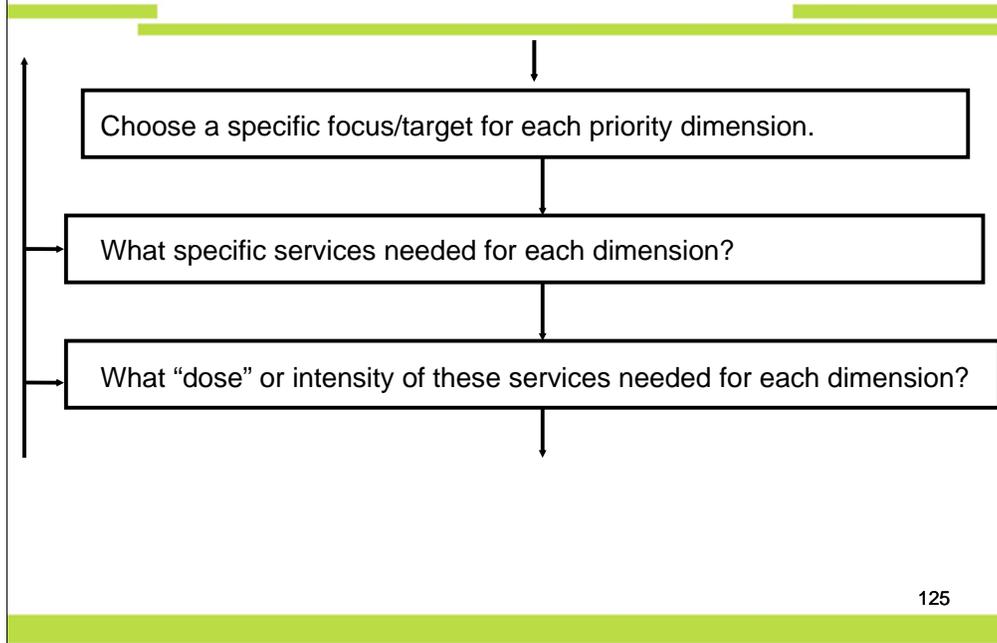
Focus Assessment & Treatment



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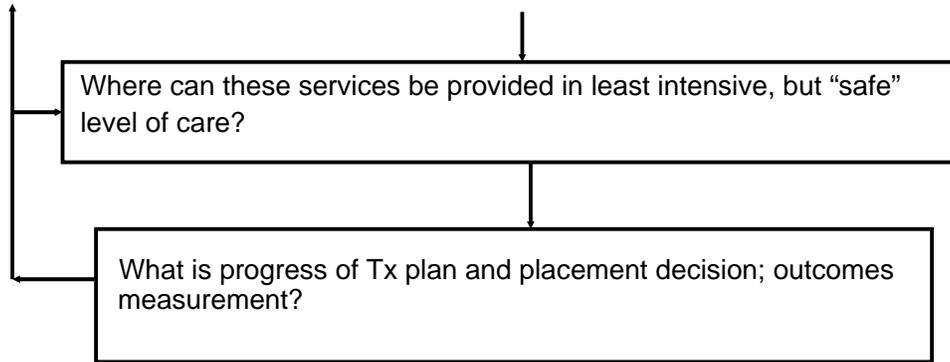
Reference *Handout 20: How to Target and Focus Service Priorities (Decision Tree)*

Focus Assessment & Treatment



Reference Handout 20: How to Target and Focus Service Priorities (Decision Tree)

Focus Assessment & Treatment



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Reference Handout 20: How to Target and Focus Service Priorities (Decision Tree)

True or False

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

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Answer: False, this is the last decision

Ask participants: So what is the first decision to make in the assessment? What the client wants.

Engage the Client as Participant

Individual Service Plan

What?

Why?

How?

Where?

When?

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Next slide explains

Identifying the Assessment and Individual Service Plan

<u>Client</u>	<u>Placement Assessment</u>	<u>Individual Service Plan</u>
<u>What?</u> What does client want?	What does client need?	What is the treatment contract?
<u>Why?</u> Why now? What's the level of commitment?	Why? What reasons are revealed by the assessment date?	Is it linked to what client wants?
<u>How?</u> How will s/he get there?	How will you get him/her to accept the plan?	Does client buy into the link?
<u>Where?</u> Where will s/he do this?	Where is the appropriate setting for treatment? What is indicated by the placement criteria?	Referral to level of care
<u>When?</u> When will this happen? How quickly? How badly does s/he want it?	When? How soon? What are realistic expectations? What are milestones in the process?	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="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Secondary	<input type="text"/>	<input type="text"/>
Axis II		
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Axis III		
<input type="text"/>		
Axis IV		
<input type="checkbox"/> None		
1 <input type="checkbox"/> Problems with primary support group	4 <input type="checkbox"/> Occupational Problems	7 <input type="checkbox"/> Problems with access to health care services
2 <input type="checkbox"/> Problems related to social environment	5 <input type="checkbox"/> Housing Problems	8 <input type="checkbox"/> Problems related to interaction with legal system / crime
3 <input type="checkbox"/> Educational Problems	6 <input type="checkbox"/> Economic Problems	9 <input type="checkbox"/> Other psychological and environmental problems
Axis V Current GAF: <input type="text"/>		

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DSM-IV Diagnosis: Indicate the client's diagnosis utilizing the information gathered and the DSM-IV TR for all five axis.

Axis I-III indicate the diagnosis code and then indicate the description of the diagnosis code by entering

the name of the diagnosis.

Axis IV indicate by a check if the client has any psychosocial stressors.

Axis V rate the client's functioning in terms of mental health/illness to include substance use disorders to indicate the current Global Assessment of Functioning.

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

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• **Assessed Level of Care:** Indicate by a check the assessed level of care the client appears to need treatment in. This level of care is based on all the information gathered in the assessment but more specifically relevant to the information from the ASAM PPC-2R Diagnostic Summary. Indicate by a check the population type for this client for the assessed level of care.

• **Placed Level of Care:** Indicate the actual level of care the client will be placed in based on the least restrictive environment for the treatment need as well as availability of services. If the assessed level is not available at the time of assessment you may begin the client in another level of care until an opening becomes available in the level of care needed i.e. crisis residential has a waiting list, however, client can begin intensive outpatient treatment until an opening is available in crisis residential.

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

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- **Reason for Difference:** Indicate by a check the reason for any difference between the assessed level of care and the place level of care. Items that may be entered the Other category could include: level of service available, but no payment source; geographic inaccessibility; family responsibility; language; waiting list etc.

N/A No Difference

Clinical/Supervisor override

Transportation or Logistical problem

Service not available

Consumer preference

Client refused services

Other

- **Disposition:** Indicate the appropriate information based on the client disposition for one of the following:

Admitted to _____ for assessed level of care: Client was admitted to the assessed level of care.

Admitted to _____ for interim level of care: Client was admitted for interim care until the assess level of care is available.

Referred to _____ assessed level of care: Client was referred to the assessed level of care.

Referred to _____ interim level of care: Client referred to interim level of care until assessed level of care becomes available

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

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Medical provider review of LOC Assessment: For Level III.7 programs and above. Indicate by a check the appropriate statement.

• **Release of Information:** Indicate by a check if release of information is on file. Also indicate if the client will be apart of any of the special programs listed.

Signatures

Client Signature	Date
Staff Signatures and Credentials	Date
Staff Signatures and Credentials	Date
Physician Signature	Date

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Signatures: Client will sign and date. Staff member facilitating the assessment will sign and date. Any necessary reviewing staff member who has reviewed the assessment will sign and date. And if a physician reviewed the assessment he or she will sign and date

Cindy

Placement Decision

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Now that we have a completed assessment and diagnostic summary with risk ratings for our case study, the last matter at hand is placement. Based on the client's preferences and risk rating, what level of care would you place this client at and why?

(allow them to practice and consider asking these questions)

Reference Handout 20: How to Target and Focus Service Priorities (Decision Tree)

Allow the participants to do this individually then get together to discuss their decisions. Have the participants use the handout to make the placement determination.

Example Response:

Level I Outpatient

Justification: Client has expressed a willingness to participate in a low intensity setting. Client risk ratings in the dimensions did not substantiate placement at a more intense level of care. And client's readiness based on her URICA and Dimension 4 responses also shows some level of denial and inability to acknowledge use is currently problematic. Placing her at a more intense level of care could further increase this lack of acknowledgment.

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.

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ASAM PPC-2R

Earlier we noted the differences that ASAM brought with generations of clinical care being based on complications and diagnosis driven. With the onset of ASAM care is client driven and clinically driven. This new way of thinking also impacts continued stay criteria. Program stays historically were guided by fixed lengths of stay based on a program and not based on what the client needed. Everyone who entered the program stayed for the same amount of days. These length of stays were also dictated by individuals who had third party payers who allowed for set amount of time before the benefit was maximized. Although, individuals with access to insurance may still be limited for what their insurance benefit may allow, providers must incorporate individualized and flexible lengths of stay and continued stay based on the client's needs. Every client is different and therefore their needs are different. Allowing a client to stay longer than what is necessary can exacerbate a system and be ineffective. ASAM has provided continuing stay criteria that provides direction in making these decisions. **Continual assessment and assessment of risk in each of the dimensions is critical to making these determinations. Movement into and through the continuum of care should be a fluid and flexible process that is driven by continuous monitoring of the patient's changing multidimensional risk profile.**

To document and communicate the patient's readiness for discharge or need for transfer to another level of care, each of the six dimensions of the ASAM criteria should be reviewed. If the criteria apply to the patient's existing or new problem(s), the patient should continue in treatment at the present level of care. If not, refer to the Discharge/Transfer criteria.

Example: If you have a person who is probation it might be a good to review continued stay criteria each month to determine if they need to be moved up to another level of care or move down to another level of care.

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

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ASAM PPC-2R

To document and communicate the patient's readiness for discharge or need for transfer to another level of care, each of the six dimensions of the ASAM criteria should be reviewed. If the criteria apply to the patient's existing or new problem(s), the patient should be discharged or transferred, as appropriate. If not, refer to the Continued Stay criteria p. 63-69 in the Clinical Innovators Series.

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

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Handout 21: Julie's case study

Handout 22: Mary's case study

Break into small groups to do the case studies on Julie (adolescent) and Mary (adult). Each group will select a spokesperson to report the group consensus.

Questions & Evaluation