Dimension 1: Detoxification/Withdrawal Potential Assessment

**SEVERITY / INTENSITY RATING**

(0=no problem or stable / 1=mild / 2=moderate / 3=substantial / 4=severe)

0 ___ Individual fully functioning w/ good ability to tolerate, cope with withdrawal discomfort  
___ No signs or symptoms of withdrawal present or are resolving and if alcohol, a CIWA-Ar score of less than 3  
___ No signs or symptoms of intoxication

1 ___ Adequate ability to tolerate or cope with withdrawal discomfort.  
___ Mild to moderate intoxication, or signs, symptoms interfere w/daily functioning, but not a danger to self or others  
___ Minimal risk of severe withdrawal resolving and if alcohol, a CIWA-Ar score of 3-7  
___ Sub intoxication level

2 ___ Some difficulty tolerating and coping w/withdrawal discomfort  
___ Intoxication may be severe, but responds to treatment so individual does not pose imminent danger to self or others  
___ Moderate signs and symptoms with moderate risk of severe withdrawal  
___ Somewhat intoxicated  
___ If alcohol, a CIWA-Ar score if 8-11

3 ___ Demonstrates poor ability to tolerate and cope with withdrawal discomfort.  
___ Severe signs and symptoms of intoxication indicating possible imminent danger to self & others  
___ Severe signs and symptoms or risk of severe but manageable withdrawal; or withdrawal is worsening despite detoxification at less intensive level of care  
___ Very intoxicated  
___ If alcohol, a CIWA-Ar score if 12-15

4 ___ Incapacitated, with severe signs and symptoms of withdrawal  
___ Severe withdrawal presents danger (e.g. seizures)  
___ Continued use poses an imminent threat to life  
___ Stuporous  
___ If alcohol, a CIWA-Ar score over 15

Dimension 2: Biomedical Conditions and Complications

0 ___ Fully functioning with good ability to tolerate or cope w/ physical discomfort  
___ No biomedical signs or symptoms are present, or biomedical problems stable  
___ No biomedical conditions that will interfere with treatment or create risk

1 ___ Demonstrates adequate ability to tolerate and cope with physical discomfort  
___ Mild to moderate signs or symptoms interfere with daily functioning, but would likely not interfere with recovery treatment nor create risk

2 ___ Some difficulty tolerating and coping with physical problems and/or has other biomedical problems  
___ Has a biomedical problem, which may interfere with recovery treatment  
___ Has a need for medical services which might interfere with recovery treatment (e.g., kidney dialysis)  
___ Neglects to care for serious biomedical problems  
___ Acute, non-life threatening medical signs and symptoms are present
3 ___ Demonstrates poor ability to tolerate and cope with physical problems and/or general health is poor
___ Has serious medical problems he/she neglects during outpatient treatment that require frequent medical attention
___ Severe medical problems are present but stable.
___ Medical problem(s) present that would be severely exacerbated by a relapse
___ Medical problem(s) present that would be severely exacerbated by withdrawal (e.g., diabetes, hypertension)
___ Medical problems that require medical or nursing services

4 ___ Incapacitated, with severe medical problems
___ Severe medical problems that are life threatening risk

Dimension 3: Emotional/Behavioral/Cognitive Conditions and Complications

0 ___ No or stable mental health problems

1 ___ Sub-clinical mental disorder
___ Emotional concerns relate to negative consequences and effects of addiction.
___ Suicidal ideation without plan
___ Social role functioning impaired, but not endangered by substance use; mild symptoms that do not impair role functioning (e.g. social, school, or work)
___ Mild to moderate signs and symptoms with good response to treatment in the past.
___ Or past serious problems have long period of stability or are chronic, but do not pose high risk of harm

2 ___ Suicidal ideation or violent impulses require more than routine monitoring
___ Emotional, behavioral, or cognitive problems distract from recovery efforts.
___ Symptoms are causing moderate difficulty in role functioning (e.g. school, work)
___ Frequent and/or intense symptoms with a history of significant problems that are not well stabilized, but not imminently dangerous
___ Emotional/behavioral/cognitive problems/symptoms distract from recovery efforts
___ Problems with attention or distractibility interfere with recovery efforts
___ History of non-adherence with required psychiatric medications

3 ___ Frequent impulses to harm self or others which are potentially destabilizing, but not imminently dangerous
___ Adequate impulse control to deal with thoughts of harm to self or others
___ Uncontrolled behavior and cognitive deficits limit capacity for self-care, ADL’s
___ Acute symptoms dominate clinical presentation (e.g. impaired reality testing, communication, thought processes, judgment, personal hygiene, etc.) and significantly compromise community adjustment and follow through with treatment recommendations

4 ___ Individual has severe and unstable psychiatric symptoms and requires secure confinement
___ Severe and acute psychotic symptoms that pose immediate danger to self or others (e.g. imminent risk of suicide; gross neglect of self-care; psychosis with unpredictable, disorganized, or violent behavior)
___ Recent history of psychiatric instability and/or escalating symptoms requiring high intensity services to prevent dangerous consequences

Dimension 4: Readiness to Change

0 ___ Willingly engaged in treatment as a proactive participant, is aware of/admits to having an addiction problem and is committed to addiction treatment and changing substance use and adherence with psychiatric medications
___ Can articulate personal recovery goals
___ Willing to cut negative influences
___ Is in Preparation or Action Transtheoretical Stage of Change

1 ___ Willing to enter treatment and explore strategies for changing AODA use or dealing with mental health disorder but is ambivalent about need for change (is in Contemplation Stage of Change)
___ Willing to explore the need for treatment and strategies to reduce or stop substance use
___ Willing to change AODA use but believes it will not be difficult or will not accept a full recovery treatment plan or does not recognize that he/she has a substance use problem

2 ___ Reluctant to agree to treatment for substance use or mental health problems but willing to be compliant to avoid negative consequences or may be legally required to engage in treatment
___ Able to articulate negative consequences of AODA use but has low commitment to change use of substances
___ Low readiness to change and is only passively involved in treatment
___ Variably compliant with outpatient treatment, self help or other support groups

3 ___ Exhibits inconsistent follow through and shows minimal awareness of AODA or mental health disorder and need for treatment
___ Appears unaware of need to change and unwilling or only partially able to follow through with treatment recommendations

4 ___ Unable to follow through, has little or no awareness of substance use or mental health problems and associated negative consequences
___ Not willing to explore change and is in denial regarding illness and its implications
___ Is not in imminent danger or unable to care for self – no immediate action required
___ Unable to follow through with treatment recommendations resulting in imminent danger of harm to self/others or inability to care for self

Dimension 5: Relapse/Continued Use/Continued Problem Potential

0 ___ No potential for further AODA or MH problems
___ Low relapse or continued use potential and good coping skills
___ Is engaged with ongoing recovery/support groups
___ Has positive expectancies about treatment
___ No use of illicit drugs
___ Has no demographic risk factor (under 25 years of age, never married or having lived as married, unemployed, no high school diploma or GED)
___ No current craving
___ No impulsivity noted
___ Appropriately self-confident
___ Not risk-taking or thrill-seeking
___ No psychiatric medication required or adherent with psychiatric medications

1 ___ Minimal relapse potential with some vulnerability
___ Some craving with ability to resist
___ One or two changeable demographic risk factors
___ Marginally affected by external influences
___ Mostly non-impulsive
--- Mostly confident
--- Low level of risk-taking or thrill-seeking
--- Fair self-management and relapse prevention skills
--- Needs support and counseling to maintain abstinence, deal with craving, peer pressure, and lifestyle and attitude changes
--- Mostly adherent with prescribed psychiatric medications
--- Episodic use of alcohol (less than weekly)
--- Sporadic use of drugs (<1/week), not injected

2  --- Impaired recognition and understanding of substance use relapse issues
--- Difficulty maintaining abstinence despite engagement in treatment
--- Able to self-manage with prompting
--- Some craving with minimal/sporadic ability to resist
--- One or two durable demographic risk factors
--- Moderately affected by external influences
--- Neither-impulsive nor deliberate
--- Uncertain about ability to recover or ambivalent
--- Moderate level of risk-taking or thrill-seeking
--- Mostly adherent with prescribed psychiatric medications with failure likely to result in moderate to severe problems
--- Regular use of alcohol (once or twice a week)
--- Moderate use of drugs (1-3X/week), not injected

3  --- Little recognition and understanding of substance use relapse
--- Has poor skills to cope with and interrupt addiction problems, or to avoid or limit relapse or continued use
--- Severe craving with minimal/sporadic ability to resist
--- Three demographic risk factors
--- Substantially affected by external influences
--- Somewhat impulsive
--- Dubious about ability to recover
--- High level of risk-taking or thrill-seeking
--- Mostly non-adherent with prescribed psychiatric medications with failure likely to result in moderate to severe problems
--- Frequent use of alcohol (3 or more times a week)
--- Frequent use of drugs (more than 3X/week) and/or smoking drugs

4  --- Repeated treatment episodes had little positive effect on functioning
--- No skills to cope with and interrupt addiction problems or prevent/limit relapse or continued use
--- Severe craving with no ability to resist
--- Four or more significant demographic risks
--- Totally outer-directed
--- Very impulsive
--- Very pessimistic or inappropriately confident about ability to recover but is not in imminent danger or unable to care for self – no immediate action required
--- Dangerous level of risk-taking or thrill-seeking
--- Not at all adherent with prescribed psychiatric medications with failure likely to result in severe problems
--- Daily intoxication
--- Daily use of illicit drugs and/or IV drug use
--- Is in imminent danger or unable to care for self
Dimension 6: Recovery Environment

0 ___ Has a supportive environment or is able to cope with poor supports
___ Living in a dry, drug-free home
___ Few liquor outlets/no overt drug dealing
___ Subcultural norms strongly discourage abusive use
___ Positive leisure/recreational activities not associated with use
___ No risk for emotional, physical or sexual abuse
___ No logistical barriers to treatment or recovery

1 ___ Has passive support in environment; family/significant other support system need to learn techniques to support the individual’s recovery effort (e.g. limit setting, communication skills, etc.)
___ Significant others are not interested in supporting addiction recovery, but individual is not too distracted by this situation, and is able to cope with the environment
___ Individual demonstrates motivation and willingness to obtain a positive social support system
___ Safe supportive living situation in a non-dry or non drug-free home
___ Alcohol & drugs readily obtainable
___ Subcultural norms discourage abusive use
___ Leisure/recreational activities conducive to recovery available
___ Some risk for emotional, physical or sexual abuse
___ Logistical barriers to treatment or recovery can be readily overcome

2 ___ Environment is not supportive of addiction recovery, but with clinical structure, individual is able to cope most of the time
___ Living alone
___ Ready access to alcohol & drugs near home
___ Subcultural norms inconsistent about abusive use
___ Leisure/recreational activities neutral for recovery
___ Above average risk for emotional, physical or sexual abuse
___ Logistical barriers to treatment or recovery serious but resolvable

3 ___ Environment is not supportive of addiction recovery, and coping is difficult, even with clinical structure
___ Someone in the household currently dependent or abusing
___ Bars/liquor stores/dealers prevalent
___ Subcultural norms encourage abusive use
___ Alcohol and drugs readily available at preferred leisure/recreational activities
___ Substantial risk for emotional, physical or sexual abuse in current environment
___ Substantial logistical impediments to treatment or recovery

4 ___ Environment is not supportive of addiction recovery and is hostile and toxic to recovery or treatment progress
___ Unstable residence, living in shelter or mission, homeless
___ Extensive drug dealing/solicitation
___ Subcultural norms strongly encourage abusive use
___ Leisure/recreational activities pose severe risks
___ Currently being emotionally, physically or sexually abused
___ Extreme logistical impediments to treatment or recovery
___ Unable to cope with negative effects of the living environment on recovery - **no immediate action required**

___ Environment is not supportive of addiction recovery, and is actively hostile to recovery, posing an immediate threat to safety and well-being - **immediate action required**