

ASAM Assessment Sample Questions

Dimension 1 Sample Questions

- Are there current signs of withdrawal?
- Does the patient have supports to assist in ambulatory detoxification if medically safe?
- Has the patient been using multiple substances in the same drug class?
- If the withdrawal concern is about alcohol, what is the patient's CIWA-Ar score?

Three Counseling Goals for Dimension 1

1. Avoidance of potentially hazardous consequences of discontinuation of drugs of dependence
2. Facilitation of the patient's completion of detoxification and timely entry into continued treatment
3. Promotion of patient dignity and easing discomfort during the withdrawal process

Dimension 2 Sample Questions

- Are there current physical illnesses other than withdrawal, that need to be addressed or which complicate treatment?
- Are there chronic illnesses which might be exacerbated by withdrawal, e.g., diabetes, hypertension?
- Is there a need for medical services which might interfere with treatment (e.g., chemotherapy or kidney dialysis)?
- Are there chronic conditions which might interfere with treatment (e.g., chronic pain with narcotic analgesics)?

Two Types of Medical Conditions and Complications

1. Conditions which place the patient at Risk (e.g., esophageal varices, chronic pain)
2. Conditions which interfere with treatment (e.g., the need for kidney dialysis, chronic pain)

Dimension 3 Sample Questions

- Are there current psychiatric illness or psychological, behavioral or emotional problems that need to be addressed or which complicate treatment?
- Are there chronic conditions that affect treatment?
- Do any emotional/behavioral problems appear to be an expected part of addiction illness or do they appear to be separate?
- Even if connected to addiction, are they severe enough to warrant specific mental health treatment?
- Is the patient suicidal, and if so, what is the lethality?
- If the patient has been prescribed psychiatric medications is he/she compliant?

Dimension 4 Sample Questions

- Does the patient feel coerced into treatment or actively object to receiving treatment?
- How ready is the patient to change (stage of "readiness to change")?
- If willing to accept treatment, how strongly does the patient disagree with others' perception that s/he has an addiction problem?
- Is the patient compliant to avoid a negative consequence (externally motivated) or internally distressed in a self-motivated way about his/her alcohol or other drug use problems?
- Is there leverage available?

3 points about readiness to change:

1. *Resistance* is *ambivalence* in disguise
2. Every client who presents for assessment or treatment is motivated
3. Resistance and non-compliance are characteristic of all chronic illnesses/disorders, not just substance use disorders

Dimension 5 Sample Questions

- How aware is the patient of relapse triggers, ways to cope with cravings and skills to control impulses to use?
- What is the patient's ability to remain abstinent or psychiatrically stable based on history?
- What is the patient's level of current craving and how successfully can they resist using?
- If on psychiatric medications, is the patient compliant?
- If the patient had another chronic disorder (e.g., diabetes), what is the history of compliance with treatment for that disorder?
- Is the patient in immediate danger of continued severe distress and drinking/drugging or other high risk behavior due to co-occurring mental health problems?

Description of a Relapse

- A return to the use of psychoactive substances after a period of at least _____(?) months of abstinence/recovery,
- in an individual who has completed a course of inpatient or outpatient treatment or has had extensive recovery group experience,
- as a result of which that patient/client has made and internalized certain changes in functioning, which had allowed the patient to cope without resorting to the use of psychoactive substances in the interim period

Notes to Relapse

- It is assumed that the relapse process begins long before that actual substance use
- *RELAPSE* implies that the patient acquired and internalized certain coping skills and strategies and then something happened which brought about a return to the active addiction
- *CONTINUED USE* is just that ("You can't fall off the wagon if you never got on it!")

Dimension 6 Sample Questions

- Are there any dangerous family, significant others, living or school working situations threatening treatment engagement and success?
- Does the patient have supportive friendship, financial or educational/vocational resources to improve the likelihood of successful treatment?
- Are there barriers to access to treatment such as transportation or child care responsibilities?
- Are there legal, vocational, social service agency or criminal justice mandates that may enhance motivation for engagement into treatment?
- Is the patient able to see value in recovery?

Dimension 6 Issues As or More Important Than Treatment

- ✓ Housing
- ✓ Education
- ✓ Literacy
- ✓ Employment
- ✓ Ex-Felons
- ✓ Child Care
- ✓ Re-entry from prison