Building the Evidence Based Intensive OP Service

MACMHB June 5 2015

A Two Moons Production
Addiction Medicine Essentials

Clinical Institute Withdrawal Assessment of Alcohol Scale, Revised (CIWA-Ar)

Many quantification instruments have been developed for monitoring alcohol withdrawal (Guthrie, 1989; Sullivan et al, 1989; Sellers and Naranjo, 1983). No single instrument is significantly superior to the others. What is clear is that there are significant clinical advantages to quantifying the alcohol withdrawal syndrome. Quantification is key to preventing excess morbidity and mortality in a group of patients who are at risk for alcohol withdrawal. Such instruments help clinical personnel recognize the process of withdrawal before it progresses to more advanced stages, such as delirium tremens. By intervening with appropriate pharmacotherapy in those patients who require it, while sparing the majority of patients whose syndromes do not progress to that point, the clinician can prevent over- and undertreatment of the alcohol withdrawal syndrome. Finally, by quantifying and monitoring the withdrawal process, the treatment regimen can be modified as needed.

The best known and most extensively studied scale is the Clinical Institute Withdrawal Assessment - Alcohol (CIWA-A) and a shortened version, the CIWA-A revised (CIWA-Ar). This scale has well-documented reliability, reproducibility and validity, based on comparison to ratings by expert clinicians (Knott, et al, 1981; Wiehl, et al 1994; Sullivan, et al, 1989). From 30 signs and symptoms, the scale has been carefully refined to a list of 10 signs and symptoms in the CIWA-Ar (Wiehl, et al, 1994). It is thus easy to use and has been shown to be feasible to use in a variety of clinical settings, including detoxification units (Naranjo, et al, 1983; Hoey, et al, 1994), psychiatry units (Heinala, et al, 1990), and general medical/surgical wards (Young, et al, 1987; Katta, 1991). The CIWA-Ar has added usefulnes because high scores, in addition to indicating severe withdrawal, are also predictive of the development of seizures and delirium (Naranjo, et al, 1983; Young, et al, 1987).

The CIWA-Ar scale can measure 10 symptoms. Scores of less than 8 to 10 indicate minimal to mild withdrawal. Scores of 8 to 15 indicate moderate withdrawal (marked autonomic arousal); and scores of 15 or more indicate severe withdrawal (impending delirium tremens). The assessment requires 2 minutes to perform (Sullivan, et al, 1989).

CIWA-Ar categories, with the range of scores in each category, are as follows:

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Score 0-7</th>
<th>Score 8-15</th>
<th>Score 16+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agitation</td>
<td>0-7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td>0-7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Auditory disturbances</td>
<td>0-7</td>
<td></td>
<td></td>
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<tr>
<td>Clouding of Sensorium</td>
<td>0-4</td>
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<td></td>
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<tr>
<td>Headache</td>
<td>0-7</td>
<td></td>
<td></td>
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<tr>
<td>Nausea/Vomiting</td>
<td>0-7</td>
<td></td>
<td></td>
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<tr>
<td>Paroxysmal Sweats</td>
<td>0-7</td>
<td></td>
<td></td>
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<tr>
<td>Tactile disturbances</td>
<td>0-7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tremor</td>
<td>0-7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visual disturbances</td>
<td>0-7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The instrument also has been adapted for benzodiazepine withdrawal assessment (Clinical Institute Withdrawal Assessment-Benzodiazepine).

A study of the revised version of the CIWA predicted that those with a score of >15 were at increased risk for severe alcohol withdrawal (RR 3.72;95% confidence interval 2.85-4.85); the higher the score, the greater the risk. Some patients (6.4%) still suffered complications, despite low scores, if left untreated (Foy, et al, 1988).

References


Clinical Insititue Withdrawal Assessment of Alcohol Scale, Revised (CIWA-Ar)

Patient: ________________________ Date: ________________ Time: ________________ (24 hour clock, midnight = 00:00)

Pulse or heart rate, taken for one minute: __________________________________________ Blood pressure: ____________________

NAUSEA AND VOMITING — Ask “Do you feel sick to your stomach? Have you vomited?” Observation.
0 no nausea and no vomiting
1 mild nausea with no vomiting
2 intermittent nausea with dry heaves
3 constant nausea, frequent dry heaves and vomiting

TREMOR — Arms extended and fingers spread apart. Observation.
0 no tremor
1 not visible, but can be felt fingertip to fingertip
2 moderate, with patient’s arms extended
3 severe, even with arms not extended

PAROXYSMAL SWEATS — Observation.
0 no sweat visible
1 barely perceptible sweating, palms moist
2 beads of sweat obvious on forehead
3 drenching sweats

ANXIETY — Ask “Do you feel nervous?” Observation.
0 no anxiety, at ease
1 mild anxious
2 moderately anxious, or guarded, so anxiety is inferred
3 equivalent to acute panic states as seen in severe delirium or acute schizophrenic reactions

AGITATION — Observation.
0 normal activity
1 somewhat more than normal activity
2 moderately fidgety and restless
3 paces back and forth during most of the interview, or constantly thrashes about

TACTILE DISTURBANCES — Ask “Have you any itching, pins and needles sensations, any burning, any numbness, or do you feel bugs crawling on or under your skin?” Observation.
0 none
1 very mild itching, pins and needles, burning or numbness
2 mild itching, pins and needles, burning or numbness
3 moderate itching, pins and needles, burning or numbness
4 moderately severe hallucinations
5 severe hallucinations
6 extremely severe hallucinations
7 continuous hallucinations

AUDITORY DISTURBANCES — Ask “Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing to you? Are you hearing things you know are not there?” Observation.
0 not present
1 very mild harshness or ability to frighten
2 mild harshness or ability to frighten
3 moderate harshness or ability to frighten
4 moderately severe hallucinations
5 severe hallucinations
6 extremely severe hallucinations
7 continuous hallucinations

VISUAL DISTURBANCES — Ask “Does the light appear to be too bright? Is its color different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?” Observation.
0 not present
1 very mild sensitivity
2 mild sensitivity
3 moderate sensitivity
4 moderately severe hallucinations
5 severe hallucinations
6 extremely severe hallucinations
7 continuous hallucinations

HEADACHE, FULLNESS IN HEAD — Ask “Does your head feel different? Does it feel like there is a band around your head?” Do not rate for dizziness or lightheadedness. Otherwise, rate severity.
0 no present
1 very mild
2 mild
3 moderate
4 moderately severe
5 severe
6 very severe
7 extremely severe

ORIENTATION AND CLOUDING OF SENSORIUM — Ask “What day is this? Where are you? Who am I?”
0 oriented and can do serial additions
1 cannot do serial additions or is uncertain about date
2 disoriented for date by no more than 2 calendar days
3 disoriented for date by more than 2 calendar days
4 disoriented for place/or person

The CIWA-Ar is not copyrighted and may be reproduced freely.

Total CIWA-Ar Score ______ Rater’s Initials ______
Maximum Possible Score 67

Patients scoring less than 10 do not usually need additional medication for withdrawal.
## Appendix 9: Clinical Institute Withdrawal Assessment Scale - Benzodiazepines

Guide to the Use of the Clinical Withdrawal Assessment Scale for Benzodiazepines

**Person Report:**

For each of the following items, circle the number that best describes how you feel.

<table>
<thead>
<tr>
<th>Question</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you feel irritable?</td>
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<td></td>
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</tr>
<tr>
<td>Not at all</td>
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<tr>
<td>Very much so</td>
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<tr>
<td>Do you feel fatigued?</td>
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<tr>
<td>Not at all</td>
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<tr>
<td>Unable to function</td>
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<tr>
<td>Do you feel tense?</td>
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<tr>
<td>Not at all</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Very much so</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have difficulties concentrating?</td>
<td></td>
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<td></td>
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<td></td>
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<tr>
<td>Not at all</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Unable to concentrate</td>
<td></td>
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<tr>
<td>Do you have any loss of appetite?</td>
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<td></td>
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<tr>
<td>Not at all</td>
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<tr>
<td>No appetite, unable to eat</td>
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<tr>
<td>Have you any numbness or burning on your face, hands or feet?</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>No numbness</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Intense burning/numbness</td>
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<tr>
<td>Do you feel your heart racing? (palpitations)</td>
<td></td>
<td></td>
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<tr>
<td>No disturbance</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Constant racing</td>
<td></td>
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<tr>
<td>Does your head feel full or aching?</td>
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<td></td>
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<tr>
<td>Not at all</td>
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<tr>
<td>Severe headache</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
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<td>------------------------</td>
</tr>
<tr>
<td>Do you feel muscle aches or stiffness?</td>
<td>Not at all</td>
<td></td>
<td></td>
<td></td>
<td>Severe stiffness or pain</td>
</tr>
<tr>
<td>Do you feel anxious, nervous or jittery?</td>
<td>Not at all</td>
<td></td>
<td></td>
<td></td>
<td>Very much so</td>
</tr>
<tr>
<td>Do you feel upset?</td>
<td>Not at all</td>
<td></td>
<td></td>
<td></td>
<td>Very much so</td>
</tr>
<tr>
<td>How restful was your sleep last night?</td>
<td>Very restful</td>
<td></td>
<td></td>
<td></td>
<td>Not at all</td>
</tr>
<tr>
<td>Do you feel weak?</td>
<td>Not at all</td>
<td></td>
<td></td>
<td></td>
<td>Very much so</td>
</tr>
<tr>
<td>Do you think you didn't have enough sleep last night?</td>
<td>Very much so</td>
<td></td>
<td></td>
<td></td>
<td>Not at all</td>
</tr>
<tr>
<td>Do you have any visual disturbances? (sensitivity to light, blurred vision)</td>
<td>Not at all</td>
<td></td>
<td></td>
<td></td>
<td>Very sensitive to light, blurred vision</td>
</tr>
<tr>
<td>Are you fearful?</td>
<td>Not at all</td>
<td></td>
<td></td>
<td></td>
<td>Very much so</td>
</tr>
<tr>
<td>Have you been worrying about possible misfortunes lately?</td>
<td>Not at all</td>
<td></td>
<td></td>
<td></td>
<td>Very much so</td>
</tr>
</tbody>
</table>
**Clinician Observations**

<table>
<thead>
<tr>
<th>Observe behaviour for sweating, restlessness and agitation</th>
<th>Observe tremor</th>
<th>Observe feel palms</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 None, normal activity</td>
<td>0 No tremor</td>
<td>0 No sweating visible</td>
</tr>
<tr>
<td>1 Restless</td>
<td>1 Not visible, can be felt in fingers</td>
<td>1 Barely perceptible sweating, palms moist</td>
</tr>
<tr>
<td>2 Restless</td>
<td>2 Visible but mild</td>
<td>2 Palms and forehead moist, reports armpit sweating</td>
</tr>
<tr>
<td>3 Paces back and forth, unable to sit still</td>
<td>3 Moderate with arms extended</td>
<td>3 Beads of sweat on forehead</td>
</tr>
<tr>
<td>4 Paces back and forth, unable to sit still</td>
<td>4 Severe, with arms not extended</td>
<td>4 Severe drenching sweats</td>
</tr>
</tbody>
</table>

Total Score Items 1 – 20

1–20 = mild withdrawal

41–60 = severe withdrawal

21–40 = moderate withdrawal

61–80 = very severe withdrawal

<table>
<thead>
<tr>
<th>DIM</th>
<th><strong>Level 1</strong></th>
<th><strong>Level 2.1</strong></th>
<th><strong>Level 3.1</strong></th>
<th><strong>Level 3.5</strong></th>
<th><strong>Level 3.7</strong></th>
<th><strong>Level 4.0</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Not experiencing significant withdrawal, or at minimal risk of severe withdrawal. Manageable at level 1-WM.</td>
<td>Minimal risk of severe withdrawal manageable at level 2-WM</td>
<td>No withdrawal risk, or minimal or stable withdrawal. Concurrently receiving level 1-WM or level 2-WM</td>
<td>At minimal risk of severe withdrawal, if withdrawal is present, manageable at level 3.2-WM</td>
<td>At slight risk of withdrawal, but manageable at level 3.7-WM and does not require the full services of the local hospital.</td>
<td>At high risk of withdrawal and requires level 4-WM in the full resources of licensed hospital.</td>
</tr>
<tr>
<td>2</td>
<td>None or manageable with outpatient medical monitoring</td>
<td>None or not a distraction from treatment. Such problems are manageable at level 2.1</td>
<td>None or stable, or receiving concurrent medical monitoring</td>
<td>None or stable, or receiving concurrent medical monitoring</td>
<td>Requires 24 hour medical monitoring but not intensive treatment</td>
<td>Requires 24 hour medical and nursing care in the full resources of a licensed hospital</td>
</tr>
<tr>
<td>3</td>
<td>None or very stable, or is receiving concurrent mental health monitoring</td>
<td>Mild severity, with potential to distract from recovery; needs monitoring</td>
<td>None or minimal, not distracting to recovery. Depending on stability, COD capable or enhanced indicated</td>
<td>Demonstrates repeated ability to control impulses, or unstable and dangerous signs/symptoms require stabilization. Functional deficits require stabilization and 24 hour setting to prepare for community integration and continuing care</td>
<td>Moderate severity, need to 24 hour structured setting. If the person has a co-occurring medical disorder, requires concurrent mental health services in a medically monitored setting</td>
<td>Because of severe and unstable problems, requires 24 hour psychiatric care with concurrent addiction treatment (COD enhanced)</td>
</tr>
<tr>
<td>4</td>
<td>Ready for recovery but needs monitoring and monitoring structure to strengthen readiness. Or needs ongoing monitoring and disease management. Or high severity in this dimension but not in other dimensions. Needs Level 1 motivational enhancement strategies.</td>
<td>Has variable engagement in treatment, ambivalence, or a lack of awareness of the substance use or mental health problem, and requires a structured program several times a week to provide progress through the stages of change</td>
<td>Open to recovery but needs a structured program to maintain therapeutic gains</td>
<td>Has marked difficulty with, or opposition to, treatment, with dangerous consequences. If there is high severity in Dimension 4 but not in any other dimension, motivational enhancement strategies should be provided in level 1.</td>
<td>Low interest in treatment and impulse control is poor, despite negative consequences; needs motivating strategies only available in 24 hour structured setting. If there is high severity in Dimension 4 but not in any other dimension, motivational enhancement strategies should be provided in level 1.</td>
<td>Problems in this dimension do not qualify the patient for level 4. If the patients only severity is in Dimensions 4, 5 and/or 6 without high severity in Dimensions 1, 2 and/or 3, then the patient does not qualify for level 4</td>
</tr>
<tr>
<td>DIM</td>
<td>Level 1</td>
<td>Level 2.1</td>
<td>Level 3.1</td>
<td>Level 3.5</td>
<td>Level 3.7</td>
<td>Level 4</td>
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<tr>
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</tr>
<tr>
<td>5</td>
<td>Able to maintain abstinence or control use and/or addictive behaviors and pursue recovery or motivational goals with minimal support</td>
<td>Intensification of addiction or mental health symptoms indicate a high likelihood of relapse or continued use or continued problems without close monitoring and support several times a week</td>
<td>Understands relapse but needs structure to maintain therapeutic gains</td>
<td>Has no recognition of the skills needed to prevent continued use, with imminently dangerous consequences</td>
<td>Unable to control use, with imminently dangerous consequences, despite active participation in less intensive levels care</td>
<td>Problems in this dimension cannot qualify the patient for level 4 services</td>
</tr>
<tr>
<td>6</td>
<td>Recovery environment is supportive and/or the patient has skills to cope</td>
<td>Recovery environment is not supportive, but with structure and support, the patient can cope</td>
<td>Environment is dangerous, but recovery is achievable if level 3.1 24 hour structure is available</td>
<td>Environment is dangerous and the patient lacks skills to cope outside of a highly structured 24-hour setting</td>
<td>Environment is dangerous in the patient lacks skills to cope outside of a highly structured 24-hour setting</td>
<td>Problems in this dimension do not qualify the patient for level 4 services</td>
</tr>
</tbody>
</table>

The ASAM Criteria, pp. 175-176
## ADOLESCENT LEVELS OF CARE

<table>
<thead>
<tr>
<th>DIM</th>
<th>Level 1</th>
<th>Level 2.1</th>
<th>Level 3.1</th>
<th>Level 3.5</th>
<th>Level 3.7</th>
<th>Level 4.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Not withdrawal risk.</td>
<td>Experiencing minimal withdrawal, or is at risk of withdrawal</td>
<td>The adolescent’s state of withdrawal (or risk of withdrawal) is being managed concurrently at another level of care</td>
<td>Adolescent is experiencing mild to moderate withdrawal (or is at risk of withdrawal), but does not need pharmacological management frequent medical or nursing monitoring</td>
<td>Adolescent is experiencing moderate to severe withdrawal (or is at risk of withdrawal), but this is manageable at Level 3.7</td>
<td>Adolescent is experiencing severe withdrawal (or is at risk of withdrawal) and requires intensive active medical management</td>
</tr>
<tr>
<td>2</td>
<td>None or very stable, or is receiving concurrent medical monitoring.</td>
<td>None or stable, or distracting from treatment at a less intensive level of care. Such problems are manageable at level 2.1</td>
<td>None or stable, or receiving concurrent medical monitoring as needed</td>
<td>None or stable, or receiving concurrent medical monitoring as needed</td>
<td>Requires 24 hour medical monitoring but not intensive treatment</td>
<td>Requires 24 hour medical and nursing care in the full resources of a licensed hospital</td>
</tr>
<tr>
<td>3</td>
<td>Characterized by all of the following: A) not at risk of harm; B) minimal interference; C) minimal to mild impairment; D) adolescent is experiencing minimal difficulties with activities of daily living, but there is significant risk of deterioration; E) adolescent at minimal imminent risk, which predicts the need for some monitoring or interventions</td>
<td>One or more of the following: A) the adolescent is at low risk of harm and safe overnight; B) Moderate interference requires the intensity of this level of care to support engagement; C) Mild to moderate impairment but can sustain responsibilities; D) Experiencing moderate difficulties with activities of daily living and requires frequent monitoring or interventions; E) Moderate</td>
<td>Adolescent status in this dimension is characterized by one or more of the following: A) Adolescent needs a stable living environment for safety; B) Moderate interference requiring limited 24-hour supervision to support engagement; C) Moderate impairment needing 24-hour supervision to sustain responsibilities; D) Moderate</td>
<td>Adolescent status features one or more of the following: A) Moderate but stable risk of harm, thus needing medium intensity 24 hour monitoring or treatment for safety; B) Moderate to severe interference requiring medium intensity residential treatment to support engagement; C) Moderate to severe impairment that cannot be managed at a less intensive level of care; D) Moderate to severe difficulties with activities of daily living requiring 24-hour supervision to support engagement; E) Moderate in this dimension features one or more of the following: A) At severe risk of harm; B) Very severe, almost overwhelming interference; incapable of participating in treatment at a less intensive level of care; C) Very severe, dangerous impairment requiring frequent medical and nursing interventions E) History combined with the present situation predicts destabilization without high-intensity residential treatment</td>
<td>Adolescent’s status in this dimension features one or more of the following: A) Moderate risk of harm needing high intensity 24 hour monitoring or treatment, or secure placement for safety; B) Severe interference requiring high-intensity residential treatment to support engagement; C) Severe impairment that cannot be managed a less intensive level of care; D) Severe difficulties with activities of daily living requiring high-intensity residential treatment; E) The adolescent’s history combined with the present situation predicts destabilization without high-intensity residential treatment</td>
<td>Adolescent’s status in this dimension features one or more of the following: A) Very severe, almost overwhelming interference; incapable of participating in treatment at a less intensive level of care; C) Very severe, dangerous impairment requiring frequent medical and nursing interventions E) History combined with the present situation predicts destabilization without high-intensity residential treatment</td>
</tr>
<tr>
<td>Level</td>
<td>Description</td>
<td>Needs</td>
<td>Problems</td>
<td>Predicts Destabilization Without Inpatient Medical Management</td>
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<tr>
<td>4</td>
<td>Willing to engage in treatment, and is at least contemplating change, but needs motivating and monitoring strategies</td>
<td>Requires close monitoring and support several times a week to promote progress through the stages of change because of variable treatment engagement, or no interest in getting assistance</td>
<td>Requires monitoring strategies in the 24 hour medically monitored program due to no treatment engagement associated with a biomedical, emotional, or behavioral condition; or because actively opposes treatment, requiring secure placement to remain safe; or because needs high-intensity case management to create linkages that would support outpatient care</td>
<td>Predicts destabilization without inpatient medical management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Able to maintain abstinence or control use and pursue recovery or motivating goals with minimal support</td>
<td>Understands potential for continued use and/or has emerging recovery skills, but needs supervision to reinforce recovery and relapse prevention skills, limit exposure to substances and/or triggers, or maintain therapeutic gains</td>
<td>Unable to interrupt high severity or high-frequency pattern of use and/or behaviors and avoid dangerous consequences without high-intensity 24-hour interventions (because of an emotional, behavioral, or cognitive condition; severe impulse control problems; withdrawal symptoms; etc.)</td>
<td>Problems in this dimension do not qualify for Level 4 services. If only severity is in Dimensions 4, 5, and/or 6 without high severity in Dimensions 1, 2, and/or 3, then patient does not qualify for this level of care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Family and environment can support recovery with limited assistance</td>
<td>Environment poses a risk to recovery. Requires alternative</td>
<td>Environment is dangerous to recovery, requires residential treatment to promote recovery goals or for protection, and to</td>
<td>Problems in this dimension do not qualify the patient for Level 4 services. If only severity is in dimension 4, 5, and/or 6 without high severity in Dimensions 1, 2, and/or 3, then patient does not qualify for Level 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>monitoring and support to overcome that barrier</td>
<td>residential secure placement or support.</td>
<td>recovery goals, or for protection.</td>
<td>help establish successful transition to a less intensive level of care.</td>
<td>severity is in Dimension 4, 5, and/or 6 without high severity in Dimensions 1, 2, and/or 3, then does not qualify for Level 4.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

THE ASAM CRITERIA, pp. 177-178
<table>
<thead>
<tr>
<th>DIM</th>
<th>Assessment Considerations</th>
</tr>
</thead>
</table>
| 1   | • What risk associated with patient’s current level of acute intoxication?  
     • Are intoxication management services needed to address to acute intoxication (e.g. preventing drunk driving by holding a person’s car keys until he or she is abstinent or and safe with family members; managing acute alcohol poisoning in an adolescent experimenting with rapid intake)?  
     • Is there significant risk of severe withdrawal symptoms, seizures, or other medical complications based on the patient’s previous withdrawal history, as well as the amount, frequency, chronicity and recency of discontinuation of (or significant reduction in) alcohol, tobacco, or other drug use?  
     • Are there significant signs of withdrawal?  
     • What scores are derived from use of standard withdrawal rating scales?  
     • What are the patient’s vital signs?  
     • Does the patient have sufficient supports to assist in ambulatory withdrawal management, if medically safe to consider? |
| 2   | • Are there current physical illnesses, other than withdrawal, it need to be addressed due to their risk or potential for treatment complications?  
     • Are there chronic conditions that need stabilization or ongoing disease management (e.g. chronic pain meeting pain management)?  
     • Is there a communicable disease present that could impact the well-being of other patients or staff?  
     • For female patients, is the patient pregnant? What is her pregnancy history, especially if she has opioid use disorder? |
| 3   | • Are there current psychiatric illnesses or psychological, behavioral, emotional, or cognitive conditions that need to be addressed because they create risk or complicate treatment?  
     • Are there chronic conditions that need stabilization or ongoing treatment (e.g. bipolar disorder or chronic anxiety)?  
     • Do any emotional, behavioral, or cognitive signs or symptoms appear to be an expected part of the addictive disorder, or do they appear to be autonomous?  
     • Even if connected to the addiction and sub diagnostic, are there any emotional, behavioral, or cognitive signs or symptoms severe enough to warrant specific mental health treatment (e.g. suicidal ideation and depression from “cocaïne crash”)?  
     • Is the patient able to manage the activities of daily living?  
     • Can he or she cope with any emotional, behavioral, or cognitive condition? |
| 4   | • How where is the patient of the relationship between his or her alcohol, tobacco, or other drug use or behaviors involved in the pathological pursuit of reward or relief and his or her negative life consequences?  
     • How ready, willing, or able does the patient feel to make changes to his or her substance using or addictive behaviors?  
     • How much does the patient feel in control of his or her treatment service? |
| 5   | • Is the patient in immediate danger of continued severe mental health distress and/or alcohol, tobacco, and/or other drug use?  
     • Does the patient have any recognition or understanding of, or skills in coping with, his or her addictive or co-occurring mental health disorder in order to prevent relapse, continued use, or continued problems such as suicidal behavior?  
     • Have addiction and/or psychotropic medications assisted in recovery before?  
     • What are the person’s skills and coping with protracted withdrawal, cravings, or impulses?  
     • How well can the patient cope with negative affect, peer-pressure, and stress without recurrence of addictive thinking and behavior?  
     • How severe are the problems and further distress that may continue or reappear if the patient is not successfully engaged in treatment and continues to use, gamble, or have mental health difficulties?  
     • How where is the patient of relapse triggers and skills to control addiction impulses or impulses to harm self or others? |
| 6   | • Do any family members, significant others, living situations, or school or work situations pose a threat to the person’s safety or engagement in treatment?  
     • Does the individual have supportive friendships, financial resources, or educational or vocational resources that can increase the likelihood of successful recovery?  
     • Are there legal, vocational, regulatory (e.g. professional licensure), social service agency, or criminal justice mandates that may enhance the person’s motivation for engagement in treatment if indicated?  
     • Are there transportation, child care, housing, or employment issues that need to be clarified and addressed? |
<table>
<thead>
<tr>
<th>RISK RATING</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>This rating would include issues of utmost severity. The patient would present with critical impairments in coping in functioning, signs and symptoms, indicating “imminent danger” concern.</td>
</tr>
<tr>
<td>3</td>
<td>This rating would indicate a serious issue or difficulty coping with a given dimension. A patient presenting at this level of risk may be considered to be in or near “imminent danger.”</td>
</tr>
<tr>
<td>2</td>
<td>This rating would indicate moderate difficulty in functioning. However, even with moderate impairment, or somewhat persistent chronic issues, relevant skills or support systems may be present.</td>
</tr>
<tr>
<td>1</td>
<td>This rating would indicate a mildly difficult issue, or present minor signs and symptoms. Any existing chronic issues and problems would be able to be resolved in a short period of time.</td>
</tr>
<tr>
<td>0</td>
<td>This rating would indicate a non-issue or very low risk issue. The patient would present no current risk in any chronic issues would be mostly or entirely stabilized.</td>
</tr>
</tbody>
</table>
THE ASAM CRITERIA

Read the following. Determine (1) Additional concerns or questions, (2) Placement, (3) Criteria impacting length of stay, (4) Rationale for continued length of stay or transfer to another level of care

Carl

Carl is a 15 year old young man who you suspect meets DSM criteria for Alcohol SUD and Marijuana SUD, with occasional cocaine (crack) use on weekends. He reports no withdrawal symptoms, but then he really doesn't think he has a problem and you are basing your tentative diagnosis on reports from the school, probation officer, and older sister.

Carl has been arrested three times in the past eighteen months for petty theft/shoplifting offenses. Each time he has been acting intoxicated but denies use. The school reports acting up behavior, declining grades and erratic attendance, but no evidence of alcohol/drug use directly. They know he is part of a crowd that uses drugs frequently.

Yolanda, Carl's 24 year old sister, has custody of Carl following his mother's death from a car accident eighteen months ago. She is single, employed by the telephone company as a secretary, and has a three year old daughter she cares for. She reports that Carl stays out all night on weekends and refuses to obey her or follow her rules. On two occasions she has observed Carl drunk. On both occasions he has been verbally aggressive and has broken furniture. A search of his room produced evidence of marijuana and crack which Carl claims he is holding for a friend.

Ann

Ann, a 32-year-old white, divorced female, came in for assessment for the first time ever. She has been abstinent for 48 hours from alcohol and reports that she has remained so far up to 72 hours during the past three months. When she has done this she states she has experienced sweats, internal tremors and nausea, but has never hallucinated, experienced D.T.’s or seizures. She states she is in good health except for alcoholic hepatitis for which she was just released from the hospital one week ago. Her doctor referred her for assessment. She smokes up to 3 or 4 joints a day, but stopped yesterday. In addition to the above, Ann describes two past suicide attempts using sleeping pills, but the most recent attempt was three years ago and she sees a psychiatrist once a month for review of her medication. She takes Prozac for the depression and doesn't report abuse of her medication.

Ann reported that she lives in a rented apartment and has very few friends since moving away after her divorce a year ago. She is currently unemployed after being laid off when the supermarket she worked at closed. She has worked as a waitress, check-out person and sales person before and says she has never lost a job due to addiction.

Ann appears slightly anxious, but is not flushed. She speaks calmly and is cooperative. Ann shows awareness of her consequences from substance use/misuse, but tends to minimize it
and blame others including her ex-husband who left her without warning. She doesn’t know much about substance use disorders, but wants to learn more. She has one son, age 11, who doesn’t see any problems with her drinking and doesn’t know about her cannabis use.

**Cindy**

A 45 year old, divorced, female, Hispanic 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 SAP assessment was triggered by the client’s alleged refusal for a random urine drug screen at work. Since she had shown a positive cocaine result in a random drug screen eight months earlier, this refusal constituted an automatic second positive, as refusal is interpreted as a positive. The client disputes that she was instructed to take a random test before leaving work sick on the same day.

Cindy admits to an alcohol problem, but feels it is no longer a problem as she claims to have ceased drinking December 31st. She states she never had a cocaine problem and simply used with a boyfriend one time, the night before the first random urine test at work. She complains of depression over the past 5-6 months, but has not experienced suicidal thoughts, or impulses of self-harm.

She faces a loss of a job of 17 years if she does not comply with treatment.

**Stephen**

Stephen is 51 years old and is accompanied by his wife. He wants help, but is depressed. During his intake interview for this, his second DUI arrest, he looks disconsolate and he speaks in a monotone as he wonders if his wife will leave him. His alcohol use has resulted in alienation from his children, guilt feelings and his job may now be threatened, as he has been warned by his supervisor about his poor attendance and performance Most of his friends drink, but none of them think he is an alcoholic.

He has not had any previous addiction treatment other than DUI classes after his first DUI four years ago. He attended AA for six months on and off and did have a sponsor, but felt more and more that he wasn't as bad as others at AA and gradually stopped going.

Stephen has been alcohol-free for three weeks. He has used cocaine (snorting) about three times per month over the past four years, but stopped two months ago. He has had no legal or financial problems related to cocaine. Stephen has continued on diazepam (Valium) 5 mg qid which he has taken for five years to relax him because of mild hypertension. He has no other chronic physical problems but has lost 10 pounds of weight over the past month and has been sleeping poorly. He wishes he could sleep and get away from all his problems but denies any organized suicidal plans and says he wants help.
SASSI-3 Substance Abuse Subtle Screening Inventory

This sheet reflects updated wording to accommodate DSM-5 language in the probability statements.

For free consultation on this profile: 1-888-297-2774  To reorder: 1-800-726-0526

Name: Amy A.  Gender F  Age

Case Number  Test date

Adult Female Profile

Scores:

T Score

90  80  70  60  50  40

Rule

1. Any rule answered “yes”?  

2. All rules answered “no”?  

Check every rule, yes or no.

Rule 1  FVA 20 or more?  yes  no
Rule 2  FVOD 21 or more?  yes  no
Rule 3  SYM 7 or more?  yes  no
Rule 4  SAT 6 or more?  yes  no
Rule 5  OAT 10 or more?  yes  no
Rule 6  OAT 7 or more and SAT 5 or more Both?  yes  no
Rule 7  { FVA 9 or more OR FVOD 15 or more } and SAM 8 or more Both?  yes  no
Rule 8  { OAT 5 or more and DEF 8 or more and SAM 8 or more } All three?  yes  no
Rule 9  { FVA 14 or more OR FVOD 8 or more } and SAT 2 or more and DEF 4 or more and SAM 4 or more All four?  yes  no

The Decision Rule:

1. Any rule answered “yes”?  

2. All rules answered “no”?  

High Probability

of moderate to severe Substance Use Disorder

Low Probability

of moderate to severe Substance Use Disorder

Mild Substance Use Disorder Guideline

Check if any are “yes”?  FVA 9 or more  FVOD 9 or more  SYM 6 or more  

OAT 8 or more  SAT 5 or more .

Further evaluation is suggested if any are checked “yes.”

Check if DEF is 8 or more . Elevated DEF scores increase the possibility of the SASSI missing individuals with a substance use disorder. Elevated DEF may also reflect situational factors.
### SASSI-3 Substance Abuse Subtle Screening Inventory

**For free consultation on this profile 1-888 BY SASSI • 1-888-297-2774 • M-Th 8-6 • Fri 8-5 EST**

#### Name
SAMPLE

#### Gender
F

#### Age
33

#### Client ID

#### Test Date

#### Random Answering Pattern (RAP)
- Check if RAP is 2 or more.
- Results may not be meaningful. Try to resolve problem before proceeding.

### Adult Female Profile

<table>
<thead>
<tr>
<th>Face Valid Alcohol</th>
<th>Face Valid Other Drugs</th>
<th>Symptoms</th>
<th>Obvious Attributes</th>
<th>Subtle Attributes</th>
<th>Defensiveness</th>
<th>Supplemental Addiction Measure</th>
<th>Family vs. Control</th>
<th>Corrections</th>
</tr>
</thead>
<tbody>
<tr>
<td>FVA</td>
<td>FVOD</td>
<td>SYM</td>
<td>OAT</td>
<td>SAT</td>
<td>DEF</td>
<td>SAM</td>
<td>FAM</td>
<td>COR</td>
</tr>
<tr>
<td>0</td>
<td>14</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>6</td>
<td>2</td>
</tr>
</tbody>
</table>

#### Scores
- T Score
- Percentile

#### THE DECISION RULE:
- Any rule answered “yes”?
- All rules answered “no”?

#### HIGH PROBABILITY
- of having a Substance Dependence Disorder

#### LOW PROBABILITY
- of having a Substance Dependence Disorder

---

**Check every rule, yes or no.**

- **Rule 1:** FVA 20 or more?  
- **Rule 2:** FVOD 21 or more?  
- **Rule 3:** SYM 7 or more?  
- **Rule 4:** OAT 10 or more?  
- **Rule 5:** SAT 6 or more?  
- **Rule 6:** OAT 7 or more ___ and SAT 5 or more ___. Both?  
- **Rule 7:** FVA 9 or more on ___ and FVOD 15 or more ___ and SAM 8 or more ___. Both?  
- **Rule 8:** OAT 5 or more ___ and DEF 8 or more ___ and SAM 8 or more ___. All three?  
- **Rule 9:** FVA 14 or more on ___ and FVOD 8 or more ___ and SAT 2 or more ___ and DEF 4 or more ___ and SAM 4 or more ___. All four?  

---

**Check if DEF is 8 or more. Elevated DEF scores increase the possibility of the SASSI missing substance dependent individuals. Elevated DEF may also reflect situational factors.**

---

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**B-P301 F-B 7/99**
SASSI-3 Substance Abuse Subtle Screening Inventory

Name: Carl  Gender: M  Age: 15

RAP: Random Answering Pattern
- Check if RAP is 2 or more.
  Results may not be meaningful.
  Try to resolve problem before proceeding.

Scores:
- T Score: 90 90
- Percentile: 99th

Adult Male Profile:

<table>
<thead>
<tr>
<th>Face Valid Alcohol</th>
<th>Face Valid Other Drugs</th>
<th>Symptoms</th>
<th>Obvious Attributes</th>
<th>Subtle Attributes</th>
<th>Defensiveness</th>
<th>Supplemental Addiction Measure</th>
<th>Family vs. Controls</th>
<th>Family vs. Arrested</th>
<th>Correctional</th>
</tr>
</thead>
<tbody>
<tr>
<td>FVA 24</td>
<td>FVOD 25</td>
<td>SYM 22</td>
<td>OAT 11</td>
<td>SAT 11</td>
<td>DEF 11</td>
<td>SAM 11</td>
<td>FAM 11</td>
<td>COR 11</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>12</td>
<td>14</td>
<td>14</td>
<td>13</td>
<td>13</td>
<td>14</td>
<td>13</td>
<td>13</td>
<td>12</td>
</tr>
</tbody>
</table>

Check every rule, yes or no.

- Rule 1: FVA 18 or more? 
  - Yes: yes
  - No: no

- Rule 2: FVOD 16 or more?
  - Yes: yes
  - No: no

- Rule 3: SYM 7 or more?
  - Yes: yes
  - No: no

- Rule 4: OAT 10 or more?
  - Yes: yes
  - No: no

- Rule 5: SAT 6 or more?
  - Yes: yes
  - No: no

- Rule 6: OAT 7 or more ____ and SAT 5 or more ____ Both?
  - Yes: yes
  - No: no

- Rule 7: FVA 9 or more or FVOD 15 or more ___ and SAM 8 or more ____ Both?
  - Yes: yes
  - No: no

- Rule 8: OAT 5 or more ___ and DEF 8 or more ___ and SAM 8 or more ____ All three?
  - Yes: yes
  - No: no

- Rule 9: FVA 8 or more or FVOD 6 or more ___ and SAT 2 or more ___ and DEF 4 or more ___ and SAM 4 or more ____ All four?
  - Yes: yes
  - No: no

The Decision Rule:

Any rule answered "yes"? High Probability of having a Substance Dependence Disorder

All rules answered "no"? Low Probability of having a Substance Dependence Disorder

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Check if DEF is 8 or more. Elevated DEF scores increase the possibility of the SASSI missing substance dependent individuals. Elevated DEF may also reflect situational factors.
The Decision Rule:

Any rule answered "yes"?

All rules answered "no"?

High Probability of having a Substance Dependence Disorder

Low Probability of having a Substance Dependence Disorder

Check if DEF is 8 or more. Elevated DEF scores increase the possibility of the SASSI missing substance dependent individuals. Elevated DEF may also reflect situational factors.

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SASSI-3 Substance Abuse Subtle Screening Inventory

Name: Stephen  Gender: M  Age: 53

Adult Male Profile

Scores:
- T Score: 90, 80, 70, 60, 50, 40, 30
- Percentile: 98th, 85th, 50th, 15th

Rule 1:
- FVA 18 or more? (Yes: x, No: -)

Rule 2:
- FVOD 16 or more? (Yes: x, No: -)

Rule 3:
- SYM 7 or more? (Yes: x, No: -)

Rule 4:
- OAT 10 or more? (Yes: x, No: -)

Rule 5:
- SAT 6 or more? (Yes: x, No: -)

Rule 6:
- OAT 7 or more and SAT 5 or more. Both? (Yes: x, No: -)

Rule 7:
- FVA 9 or more and FVOD 15 or more. Both? (Yes: x, No: -)

Rule 8:
- OAT 5 or more and DEF 8 or more and SAM 8 or more. All three? (Yes: x, No: -)

Rule 9:
- FVA 8 or more and FVOD 6 or more and SAT 2 or more and DEF 4 or more and SAM 4 or more. All four? (Yes: x, No: -)

The Decision Rule:
- Any rule answered "yes"?
- All rules answered "no"?

High Probability of having a Substance Dependence Disorder

Low Probability of having a Substance Dependence Disorder

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Check every rule, yes or no.
SASSI-3 Substance Abuse Subtle Screening Inventory

For free consultation on this profile 1-888 BY SASSI 1-888-297-2774 M-Th 8-6 Fri 8-5 EST

Name Cindy Gender F Age 45
Case Number Test date

Adult Female Profile

THE DECISION RULE:
Any rule answered "yes"?

HIGH PROBABILITY of having a Substance Dependence Disorder

LOW PROBABILITY of having a Substance Dependence Disorder

Check every rule, yes or no.

Rule 1: FVA 20 or more? yes no
Rule 2: FVOD 21 or more? yes no
Rule 3: SYM 7 or more? yes no
Rule 4: OAT 10 or more? yes no
Rule 5: SAT 6 or more? yes no
Rule 6: OAT 7 or more and SAT 5 or more and Both? yes no
Rule 7: FVA 9 or more and FVOD 15 or more and Both? yes no
Rule 8: OAT 5 or more and DEF 8 or more and SAM 8 or more and All three? yes no
Rule 9: FVA 14 or more and FVOD 8 or more and SAT 2 or more and DEF 4 or more and SAM 4 or more and All four? yes no

Check if RAP is 2 or more. Results may not be meaningful. Try to resolve problem before proceeding.

RAP Random Answering Pattern

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Initial Plan of Service/Assessment

Name: Rachel Connor  
Intake/IPS Date: 8/5/2005
Time In: 4:30 PM  
Time Out: 5:30 PM

1. Presenting Problem/Expectations for Counseling (use client’s own words):
   “I have been sentenced to you from the court. They state that I need counseling because of my prior drinking and driving offense. I am uncertain of what type of counseling that I actually need. I don't want to focus on past issues.”

2. Symptom Patterns

   **Symptom Cluster**  
   **Specific Symptoms**

   **Disturbances in Thinking:** Confusion, irritability, difficulty with problem solving
   
   **Date of Onset:** Age 19

   **Somatic Symptoms:** An exploratory surgery occurred in 1989 resultant to bleeding from her kidneys. Rachel also states gastrointestinal problems as well as heart disease which she calls COPD. This was diagnosed in 1999
   
   **Date of Onset:** 1989

   **Disturbances in Behavior:** There are a number of behavioral issues. Client states she obtained a drinking driving charge in 1996. In addition, Rachel noted that she was hospitalized at Pine Rest when she was approximately 19 years of age. Apparently there are behavioral problems that stem back to adolescence
   
   **Date of Onset:** 1976

   **Depressive Disturbances:** Client admits to feeling hopeless, despondent, displaying sleep disturbances. Although she would admit only to severe anxiety problems, there are depressive features to her presentation.
   
   **Date of Onset:** 1999

   **Anxiety-related Disturbances:** Rachel reports her first panic attack at age 18. She describes her symptoms as that she could not breathe and felt insecure all the time. She stated prior to been prescribed medication her panic attacks would last all day long. She also experienced agoraphobia at age 19 state that she did not want to leave the house
   
   **Date of Onset:** 1973

   **Harm to Self/Others:** Rachel denies
**Date of Onset:** Not applicable

**Substance Use (Including Caffeine and Nicotine). Use Substance Use Chart if present:**
**Date of Onset:** 1996. Defined use of alcohol, nicotine and Xanax. States abstinence for more than two years with alcohol. Last use of Xanax and nicotine were today.

3. **Current Legal or Court Involvement:**
Rachel is currently on probation with Karen Kuiper, 61st District Court as result of a prior drinking driving violation in which she fled. Client stated did not comply with probation requirements.

4. **Occupational/Educational Concerns:**
She completed general education diploma (GED) age 32. She has no history of advanced vocational training. Client is currently employed part-time in a restaurant, however is uncertain as to the stability of the company. She is significantly hampered by transportation problems.

5. **Financial Concerns:**
Rachel is significantly concerned about financial problems.

6. **Military Experience:** YES ☒ NO ☐ Not Applicable ☐

7. **Community, Social, and Spiritual Natural Supports and/or Concerns Including Cultural Diversity Concerns:**
Although she lives with her family and has a current boyfriend, this area is noticeably void. Client is Caucasian, identified WASP values. Parents were first-generation Americans from Eastern European origin. Attempts will be made to encourage her to attend support groups.

8. **Leisure Time Activities:**
Client could only identify staying in her room.

9. **Medical/Health Concerns or Allergies, Accommodations Necessary for Disabilities or Sensory Needs:**
Client reports heart problems, gastrointestinal problems

   **Physical Exam Recommended?** Yes ☒ No ☐

10. **Developmental Milestones - Prenatal/Perinatal (for children under 12)**
    Not applicable

11. **Previous Psychiatric/Psychological Treatment, Including Hospitalizations**
    Rachel was hospitalized at Pine Rest Christian hospital which he was 16 years old. She is been meeting with a physician in Battle Creek since 1994 and receives Xanax and Paxil. Her last
hospitalization was in 1997 at Marshall MI for a 24-hour period of time. She previously met with Donald Gosling, MSW in this office (2001) for five individual sessions.

12. Family and Social History
Both parents are still living and married. Rachel is actually living in their home at this time. She has four sisters and describes herself as the middle child. She perceives that she has minimal contact with her siblings, citing poor and conflict-filled relationships. Client describes mother as distant and critical. Client states that she did experience sexual abuse as a child, yet was unwilling to go into detail about this event.

13. Current Living/Social Situation
She is currently living with parents and one of her daughters is also living in this house. Client has been married on two occasions, the first time for 13 years. She does report having a cordial relationship with her second ex-husband. Client states she is concerned about her children because she feels that they take care of her rather than the other way around.

14. Client Strengths
Insightful, verbal, sober

15. MENTAL STATUS

<table>
<thead>
<tr>
<th>Dress:</th>
<th>Appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor Behavior:</td>
<td>Increased</td>
</tr>
<tr>
<td>Speech/Thought:</td>
<td>Persevering</td>
</tr>
<tr>
<td>Flow of Thought:</td>
<td>worried</td>
</tr>
<tr>
<td>Evidence of Psychosis:</td>
<td>none</td>
</tr>
<tr>
<td>Mood and Affect:</td>
<td>Flat</td>
</tr>
<tr>
<td>Orientation:</td>
<td>Time –Oriented</td>
</tr>
<tr>
<td></td>
<td>Place –Oriented</td>
</tr>
<tr>
<td></td>
<td>Person –Oriented</td>
</tr>
<tr>
<td>Intellect:</td>
<td>Average</td>
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<tr>
<td>Insight:</td>
<td>Above-average</td>
</tr>
<tr>
<td>Impulse control:</td>
<td>Poor</td>
</tr>
<tr>
<td>Judgment:</td>
<td>Impaired</td>
</tr>
<tr>
<td>Attention:</td>
<td>Tangential</td>
</tr>
<tr>
<td>Memory:</td>
<td>Recent –good</td>
</tr>
<tr>
<td></td>
<td>Remote – Good</td>
</tr>
<tr>
<td></td>
<td>Past - Good</td>
</tr>
</tbody>
</table>

16. High Risk Indicators:

<table>
<thead>
<tr>
<th>Suicidal Ideation</th>
<th>No Apparent Indicator</th>
<th>Past</th>
<th>Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim of Domestic Violence</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
17. **Safety Concerns:** Rachel states she experiences passive suicidal ideation, although states that she would not act upon it. She is quite dependent and vulnerable in her current situation.

18. **Referrals to Community Resources**
   Due to her agoraphobia, it's difficult to state what resources can be realistically accessed. Ideally, she would attend AA as a support group as well as become involved in transitional housing.

19. **In Addition to Client, Who Else May be Involved in Treatment**
   No one else will be involved at this time due to client request for privacy.

20. **Recommended Treatment Modality and Frequency**
   Individual counseling on a twice per month basis

21. **Diagnostic Formulation**
   Rachel presents with an extreme panic disorder, as well as numerous environmental issues. She has a dependent personality disorder, which renders her vulnerable to living in her parents home and continuing to use. Client struggles with transportation issues, employment issues, and financial issues. She needs an advocate in order to make necessary changes. There may be issues in regard to childhood sexual abuse, need to monitor for PTSD as well as determine whether current anxiety disturbances are related to childhood abuse. Relapse history needs to be explored in regard to correlation between anxiety, potential PTSD and trauma responses as well as lack of support system. Xanax dependence needs to be monitored.
22. Diagnostic Impression:
Axis I: 300.02 Generalized Anxiety Disorder, 300.900 Alcohol Dependence without Physiological Dependence in Sustained Full Remission; 304.10 Anxiolytic Dependence with Physiological Dependence, Moderate; RULE/OUT Panic Disorder with Agoraphobia
Axis II: 301.60 Dependent Personality Disorder; RULE OUT Borderline Personality Disorder
Axis III: Cardiac problems
Axis IV: Financial problems, transportation problems, job problems, problems with primary support group
Axis V  Current GAF: 49  Highest GAF during past year: 55
<table>
<thead>
<tr>
<th>Dimension</th>
<th>Indicator</th>
<th>Risk (decreased)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Medical conditions that complicate treatment</td>
<td></td>
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<tr>
<td>3</td>
<td>Psychiatric illness</td>
<td></td>
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<tr>
<td></td>
<td>Psychological, behavioral, emotional or cognitive problems</td>
<td></td>
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<tr>
<td></td>
<td>Chronic conditions</td>
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<tr>
<td></td>
<td>Ability to manage activities of daily living</td>
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<tr>
<td></td>
<td>Coping strategies</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Lack of readiness (per issue and per dimension)</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Current relapse prevention skills</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Severity of past relapse episodes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Past periods of abstinence or controlled use</td>
<td></td>
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<tr>
<td></td>
<td>Benefits from past treatment episodes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pharmacological Responsivity (+ or -)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reactivity to acute stimuli (triggers)</td>
<td></td>
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<tr>
<td></td>
<td>Reactivity to chronic stress</td>
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<tr>
<td></td>
<td>Cognitive/Behavioral strengths</td>
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<td></td>
<td>Locus of Control</td>
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<tr>
<td></td>
<td>Self-efficacy</td>
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<tr>
<td></td>
<td>Coping skills (stimulus control)</td>
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<tr>
<td></td>
<td>Impulsivity (risk taking, thrill seeking)</td>
<td></td>
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<tr>
<td></td>
<td>Aggressive, passive, passive-aggressive behavior</td>
<td></td>
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<tr>
<td>6</td>
<td>Threats to safety, engagement in treatment</td>
<td></td>
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<tr>
<td></td>
<td>Resources increasing likelihood of successful treatment</td>
<td></td>
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<tr>
<td></td>
<td>Legal, vocational, social service agency mandates that can enhance treatment engagement</td>
<td></td>
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<tr>
<td></td>
<td>Transportation, childcare, housing or employment issues</td>
<td></td>
</tr>
<tr>
<td>COMPETENCY (identified client skills for recovery)</td>
<td>STRATEGY (how we teach it)</td>
<td>EVIDENCE (what must be observed in client behavior)</td>
</tr>
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<td>--------------------------------------------------</td>
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<tr>
<td>Example: Client needs at least three refusal skills for being offered cocaine.</td>
<td>Role play with substances that approximate drug of choice and peers offering</td>
<td>No hesitation, ability to congruently say “no”, lack of non-verbal reaction to substance</td>
</tr>
</tbody>
</table>