

ASAM Criteria – Determining Severity Ratings

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***