## 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)

<ul> <li>Individual fully functioning w/ good ability to tolerate, cope with withdrawal discomfort</li> <li>No signs or symptoms of withdrawal present or are resolving and if alcohol, a CIWA-Ar</li> </ul>	
score of less than 3 No signs or symptoms of intoxication	
<ul> <li>Adequate ability to tolerate or cope with withdrawal discomfort.</li> <li>Mild to moderate intoxication, or signs, symptoms interfere w/daily functioning, but not a danger to self or others</li> </ul>	)
Minimal risk of severe withdrawal resolving and if alcohol, a CIWA-Ar score of 3-7 Sub intoxication level	
<ul> <li>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     </li> </ul>	
<ul> <li>Demonstrates poor ability to tolerate and cope with withdrawal discomfort.</li> <li>Severe signs and symptoms of intoxication indicating possible imminent danger to self &amp; others</li> <li>Severe signs and symptoms or risk of severe but manageable withdrawal; or withdrawal is worsening despite detoxification at less intensive level of care</li> <li>Very intoxicated</li> <li>If alcohol, a CIWA-Ar score if 12-15</li> </ul>	
<ul> <li>Incapacitated, with severe signs and symptoms of withdrawal</li> <li>Severe withdrawal presents danger (e.g. seizures)</li> <li>Continued use poses an imminent threat to life</li> <li>Stuporous</li> <li>If alcohol, a CIWA-Ar score over 15</li> </ul>	
Dimension 2: Biomedical Conditions and Complications	
<ul> <li>Fully functioning with good ability to tolerate or cope w/ physical discomfort</li> <li>No biomedical signs or symptoms are present, or biomedical problems stable</li> <li>No biomedical conditions that will interfere with treatment or create risk</li> </ul>	
<ul> <li>Demonstrates adequate ability to tolerate and cope with physical discomfort</li> <li>Mild to moderate signs or symptoms interfere with daily functioning, but would likely not interfere with recovery treatment nor create risk</li> </ul>	h
<ul> <li>Some difficulty tolerating and coping with physical problems and/or has other biomedical problem</li> <li>Has a biomedical problem, which may interfere with recovery treatment</li> <li>Has a need for medical services which might interfere with recovery treatment (e.g., kidney dialysis)</li> </ul>	S
Neglects to care for serious biomedical problems  Acute, non-life threatening medical signs and symptoms are present	

<b>3</b> 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
<b>0</b> No or stable mental health problems
1 Sub-clinical mental disorder
<ul><li>Emotional concerns relate to negative consequences and effects of addiction.</li><li>Suicidal ideation without plan</li></ul>
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
<ul><li>Emotional, behavioral, or cognitive problems distract from recovery efforts.</li><li>Symptoms are causing moderate difficulty in role functioning (e.g. school, work)</li></ul>
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
<b>0</b> 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 payabilities and institute.
with psychiatric medications

<ul><li>Can articulate personal recovery goals</li><li>Willing to cut negative influences</li></ul>	
Is in <i>Preparation</i> or <i>Action</i> Transtheoretical Stage of Change	
<ul> <li>1 Willing to enter treatment and explore strategies for changing AODA use or dealing with ment health disorder but is ambivalent about need for change ( is in <i>Contemplation</i> Stage of Change)</li> <li> Willing to explore the need for treatment and strategies to reduce or stop substance use</li> <li> 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</li> </ul>	:al
<ul> <li>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</li> <li>Able to articulate negative consequences of AODA use but has low commitment to change use substances</li> </ul>	
<ul><li>Low readiness to change and is only passively involved in treatment</li><li>Variably compliant with outpatient treatment, self help or other support groups</li></ul>	
<b>3</b> 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	
<ul> <li>4 Unable to follow through, has little or no awareness of substance use or mental health problems and associated negative consequences</li> <li> Not willing to explore change and is in denial regarding illness and its implications</li> <li> Is not in imminent danger or unable to care for self – no immediate action required</li> <li> Unable to follow through with treatment recommendations resulting in imminent danger of hat to self/others or inability to care for self</li> </ul>	rm
Dimension 5: Relapse/Continued Use/ Continued Problem Potential	
<ul> <li>No potential for further AODA or MH problems         <ul> <li>Low relapse or continued use potential and good coping skills</li> <li>Is engaged with ongoing recovery/support groups</li> <li>Has positive expectancies about treatment</li> <li>No use of illicit drugs</li> <li>Has no demographic risk factor (under 25 years of age, never married or having lived as married unemployed, no high school diploma or GED)</li> <li>No current craving</li> <li>No impulsivity noted</li> <li>Appropriately self-confident</li> <li>Not risk-taking or thrill-seeking</li> <li>No psychiatric medication required or adherent with psychiatric medications</li> </ul> </li> </ul>	l,
<ul> <li>Minimal relapse potential with some vulnerability</li> <li>Some craving with ability to resist</li> <li>One or two changeable demographic risk factors</li> <li>Marginally affected by external influences</li> <li>Mostly non-impulsive</li> </ul>	

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 Impoired recognition and understanding of authorones use releases incure
<ul> <li>Impaired recognition and understanding of substance use relapse issues</li> <li>Difficulty maintaining abstinence despite engagement in treatment</li> </ul>
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
<ul><li>Frequent use of alcohol (3 or more times a week)</li><li>Frequent use of drugs (more than 3X/week) and/or smoking drugs</li></ul>
Frequent use of drugs (more than 5x/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
<ul> <li>Dangerous level of risk-taking or thrill-seeking</li> <li>Not at all adherent with prescribed psychiatric medications with failure likely to result in severe</li> </ul>
Not at all adherent with prescribed psychiatric medications with failure likely to result in severe problems
Daily intoxication
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**

<ul> <li>0 Has a supportive environment or is able to cope with poor supports</li> <li> Living in a dry, drug-free home</li> <li> Few liquor outlets/no overt drug dealing</li> </ul>
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
<ul><li>Safe supportive living situation in a non-dry or non drug-free home</li><li>Alcohol &amp; drugs readily obtainable</li></ul>
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
<b>2</b> Environment is not supportive of addiction recovery, but with clinical structure, individual is able 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 poise 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 heatile to recovery posing an
Environment is not supportive of addiction recovery, and is actively hostile to recovery, posing an immediate threat to safety and well-being - <b>immediate action required</b>
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