

DIMENSION 5 – Relapse, Continued Use, or Continued Problem Potential

<p>1. What is the longest period of time that you have gone without using alcohol and/or other drugs?</p> <p>a. How long ago did that end?</p> <p>► Interviewer instruction: <i>it is not a relapse if patient is not in/has never been in recovery.</i></p>	<p><input type="radio"/> Days <input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Years</p> <p><input type="radio"/> Days <input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Years</p>	<p><input type="radio"/> N/A, never</p>	<p>Notes:</p>
<p>2. What helped you go that long without using alcohol and/or other drugs? <i>(Probe for personal strengths, peer support, medication, treatment, etc.)</i></p> <p>► Interviewer notes:</p>		<p><input type="radio"/> N/A, never</p>	
<p>3. If you relapsed in the past, what kinds of things do you think led to your relapse?</p> <p>► Interviewer notes:</p>		<p><input type="radio"/> N/A, never</p>	
<p>4. If you plan to quit or cut back, how will you manage this goal? <i>(e.g., stop on my own; go to treatment; take medications as prescribed; attend self-help groups; change relationships, job, habits, or circumstances; etc.)?</i> Please describe:</p>		<p><input type="radio"/> N/A</p>	
<p>5. What problems could happen or get worse if you do not get help for alcohol or other drug use and/or mental health issues? <i>(Probe how soon could these things happen, short-term risk? Long-term risks?)</i></p>			
<p>6. Interviewer observations: How severe/dangerous/IMMINENT* are consequences of the current situation? Please describe:</p> <p>► Interviewer instruction: <i>To help identify possible emergencies, consider the likelihood that behaviors presenting a significant risk of serious adverse consequences to the individual and/or others (as in reckless driving while intoxicated, suicide, or neglect of a child) will occur in the very near future, within hours and days, rather than weeks or months. (See ASAM Criteria, 3rd ed. p. 65 and graphic on p. 67).</i></p>	<p><input type="radio"/> Few/Mild/No consequences/ Not imminent</p> <p><input type="radio"/> Some/Not severe consequences/ in weeks or month</p> <p><input type="radio"/> Many/Severe consequences/ Imminent within hours or days</p>		

Self-Report Scales

I am going to read you a list of questions about ongoing pressures that you might be facing right now. These might be the kinds of stressors that make you use or want to use alcohol or other drugs. The response options are, "Not at all," "A Little," "Somewhat," "Very," or "Extremely."

How much have you been bothered or triggered by the following?

	Not at all	A Little	Somewhat	Very	Extremely
7. Cravings, withdrawal symptoms, and/or negative effects of alcohol or other drug use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Social pressure (friends, at work, at school, at home)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Difficulty dealing with feelings/emotions (<i>Probe for anxiety, depression, boredom, anger, etc.</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Financial stressors (<i>e.g., paying bills, worry about losing work</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Physical health problems including issues such as chronic pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. How likely is it that you will either relapse or continue to use alcohol or other drugs without treatment or additional support?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Which trigger(s) or problem(s) have been the worst for you in the past month or so? Please describe:

14. Generally, how do you handle these issues or triggers (*e.g., how do you cope*)?

15. Do you feel like you have a good plan and ability to deal with these issues or triggers (*probe items listed above*)? Why or why not?

16. **Interviewer observations:** Does the patient show good insight into their triggers, MH symptoms, coping mechanisms, and other risks?

☐ Yes, good insight ☐ Some insight ☐ Very limited insight ☐ Dangerously low insight

Please describe:

Problem Statements and Goals (Optional, for treatment planning purposes)

17. What are the current, most pressing issues that might cause you problems or cause you to use alcohol or other drugs or use more than you planned to?	Problem(s):	Notes:
18. What would it look like if those issues were resolved? What would it take to resolve them?	Goal(s):	

Please circle the intensity and urgency of the patient's CURRENT needs for services based on the information collected in Dimension 5:

Severity Rating – Dimension 5 (Relapse, Continued Use, or Continued Problem Potential)

0 None	1 Mild	2 Moderate	3 Severe	4 Very Severe
<ul style="list-style-type: none"> Low/no potential for relapse 	<ul style="list-style-type: none"> Some minimal risk for use Fair coping and relapse prevention skills 	<ul style="list-style-type: none"> Some or inconsistent use of coping skills Able to self-manage with prompting 	<ul style="list-style-type: none"> Little recognition of risk for use Poor skills to cope with relapse 	<ul style="list-style-type: none"> No coping skills for relapse/addiction problems Substance use/behavior places self/others in imminent danger
	Low-intensity relapse prevention services are needed or self-help/peer support group	Relapse prevention services and education are needed. Possible need for: <ul style="list-style-type: none"> intensive case management medication management assertive community treatment 	Relapse prevention services including: <ul style="list-style-type: none"> structured coping skills training motivational strategies assertive case management and assertive community treatment possible need for structured living environment 	Likely needs all services listed in "Severe" <ul style="list-style-type: none"> For acute cases, need for 24-hour clinically managed living environment. OR For chronic cases, not imminently dangerous situations, need 24-hour supportive living environment

► **Interviewer instruction:** To help identify possible emergencies, consider the likelihood that behaviors presenting a significant risk of serious adverse consequences to the individual and/or others (as in reckless driving while intoxicated, suicide, or neglect of a child) will occur in the very near future, within hours and days, rather than weeks or months. **Follow emergency protocols** for your agency and county in situations involving imminent danger and reportable events.

Additional Comment(s):

Interviewer Instructions:

For assistance in assessing Dimension 5, see ASAM Criteria, 3rd ed. Pages 51-52, and pages 85-87.