**12-Month Multidimensional Assessment Update**

Rainbow Treatment Center

P.O. Box 1790

Whiteriver, Arizona 85929

White Mountain Apache Tribe

Phone: 928 338-4858 Fax: 928 338-4100

**Identifying Information**

**Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Assessment: \_\_\_\_\_\_\_\_\_\_\_\_ Begin Time: \_\_\_\_\_\_\_\_\_\_\_\_\_ End Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client’s Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Assessor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This assessment is designed to assess changes in the client’s life situation, clinical presentation, responses to treatment, and other factors that may have occurred over the past 12 months. Please document the client’s clinical presentation utilizing the ASAM 6-Dimensions of the Multidimensional Assessment. Add any other additional information as appropriate (i.e., information that was not documented in previous assessments). Please ensure to document positive changes in the client’s life.

**Dimension 1: Acute Intoxication and/or Withdrawal Potential**

**Narrative Section:**

**Please Circle the Risk/Severity Rating for Acute Intoxication and/or Withdrawal Potential**

**None** No Signs of Withdrawal/Intoxication present. No withdrawal risk.

**Mild** Mild/moderate intoxication, interferes with daily functioning. Minimal risk of severe withdrawal. No danger to self or others.

**Moderate** May have severe intoxication but responds to support. Moderate risk of severe withdrawal.

**Severe** Severe intoxication with imminent risk of danger to self/others. Risk of severe withdrawal that can be managed with medical oversight on an outpatient basis.

**Very Severe** Incapacitated. Severe signs and symptoms of withdrawal or intoxication. At high risk for seizures and/or withdrawal syndromes. Continued substance use poses an imminent threat to life.

**Dimension 2: Biomedical Conditions and Complications**

**Narrative Section**

**Please Circle the Risk/Severity Rating forBiomedical Conditions**

**None** Fully functional/able to cope with discomfort and pain. Able to seek out assistance as appropriate**.**

**Low** Mild to moderate symptoms interfering with daily functioning. Coping reasonably well with physical discomfort.

**Moderate** Some difficulty tolerating physical problems. Serious, nonlife threatening problems present; or serious medical problems are neglected.

**Severe** Serious medical problems likely to be neglected during outpatient or intensive outpatient treatment. Severe medical problems present, but stable. Poor ability to cope with physical problems.

**Very Severe** Incapacitated with severe medical problems.

**Dimension 3: Emotional, Behavioral, and Cognitive Conditions**

**(Narrative Section)**

DSM Diagnoses, if present:

* If no diagnosis, write “none.” If the assessor is not qualified to make a diagnosis but detects the presence of a mental health disorder, document the primary symptoms in the narrative section and refer the client to a professional clinician for a diagnostic assessment. The diagnostic assessment should be attached as an addendum to this form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Code Diagnosis

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Code Diagnosis

**Please Circle the Risk/Severity Rating forEmotional, Behavioral, and Cognitive Conditions**

**None** Good impulse control and coping skills. No DSM Diagnosis. Good social functioning and self-care. Emotional, cognitive and behavioral factors do not interfere with recovery.

**Mild** DSM Diagnosis is present and requires intervention but does not interfere with recovery. Some relationship impairment.

**Moderate** Persistent emotional/behavioral challenges. Symptoms distract from recovery, but no immediate threat to self/others. Symptoms do not prevent independent functioning.

**Severe** Severe emotional/behavioral symptoms are present but do not require emergency hospitalization. May have impulse to harm self or others, but not dangerous in a 24-hour residential treatment setting.

**Very Severe** Requires acute level of care. Exhibits severe and acute life-threatening symptoms that pose imminent danger to self and others. May require stabilization before admitted to residential treatment. Requires professional evaluation.

**Dimension 4: Readiness to Change**

**Narrative Section:**

**Please Circle the Risk/Severity Rating for Readiness to Change**

**None** Willing to engage in treatment

**Mild** Willing to enter treatment but goes back and forth about the need to change.

**Moderate** Reluctant to agree to treatment. Low commitment to change substance use. Low commitment to participate in treatment.

**Severe** Unaware of need to change. Unwilling or only partially able to follow through with recommendations for treatment.

**Very Severe** Not willing to change. Unwilling/unable to follow through with treatment recommendations.

**Dimension 5: Relapse or Continued Use/Problem Potential**

**Narrative:**

**Please Circle the Risk/Severity Rating for Relapse or Continued Use/Problem Potential**

**None** Willing to engage in treatment

**Mild** Minimal relapse potential. Some risk, but fair coping and relapse prevention skills.

**Moderate** Impaired recognition of risk for relapse or continued use. Able to self-manage with prompting.

**Severe** Little Recognition of risk for relapse or continued use, poor skills to cope with relapse or continued use.

**Very Severe** No coping skills for relapse/addiction problems. Substance use behaviors places self/others in imminent danger.

**Dimension 6: Recovery/Living Environment**

**Narrative:**

**Risk/Severity Rating for Recovery/Living Environment**

**None** Environment supportive of recovery process.

**Mild** Environment is mostly supportive. May require clinical interventions.

**Moderate** Environment is unsupportive to the client’s recovery process, but the client is able to participate with clinical support.

**Severe** Environment is unsupportive to the recovery process. The client experiences difficulty in participating in treatment even with clinical support.

**Very Severe** Environment is toxic/hostile to recovery. The client is unable to participate in treatment and his/her environment may pose a threat to safety.

**Level of Service Determination** (pls circle the appropriate level of care, not the names of programs)

|  |  |  |
| --- | --- | --- |
| **Level** | **ASAM Criteria Level of Care** | **Qualifying Rainbow Treatment Center Programs** |
| **0.5** | Early Intervention | MATRIX Early Intervention Group; other supportive psychoeducation programming offered at Butterfly House |
| **1.0** | Outpatient Services | Wellness Drop-in center; Family services; Sobriety Circles; Working-to-Wellness Program; Scholarship Program; Individual Counseling |
| **2.1** | Intensive Outpatient | Matrix Program; Scholarship/Working-to-Wellness Programs; Individual Counseling |
| **2.5** | Day Treatment Program | Relapse Prevention Training Program |
| **3.1-3.5** | Supportive Housing Program | Sober Living Home and New Dawn Day Treatment |

**Treatment Planning:**

Does client have a current treatment Plan? \_\_\_\_\_\_\_Yes; \_\_\_\_\_\_\_No, please complete a treatment plan based upon the client’s current treatment needs.

**Summary:**

Signatures:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinician Signature and Credential Clinicians Printed Name and Credential

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervising BHP Signature and Credential Supervising BHP Signature and Credential

(as necessary)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date