

**Appendix Table A-1. Interpretation of ASAM Placement Profile Indices in Exhibit 5-1 ASAM Worksheet**

<b>ASAM Criteria/ Gain Scale</b>	<b>GAIN Initial 1098 Page</b>	<b>Question Items</b>	<b>Low/ Clinical / Acute Ranges</b>	<b>Comment</b>	<b>Interpretation</b>
<b>A. Diagnosis</b>					
Substance Problem Index (SPI) <i>(Based on DSM-IV)</i>	I - 21-22	S9c-u	0/1-9/ 10-16	Number of symptoms reported (can also calculate subscales using h-m for abuse, n-u for dependence, f-g for substance induced disorders, c-e for under reporting; p23 of gain has h-u by specific substance for detailed diagnosis).	Higher scores on this scale represent greater severity of drug problems. The scale includes physiological, psychological and social criteria, as well as an item on comorbid use with drugs that is likely to exacerbate the other problems. General score of 0 suggests no reported drug problems, 1 or more generally suggests abuse, 4 or more generally suggests dependence. However to make a dependence diagnosis per se requires meeting criteria (from self report or other sources) on S9n-u and abuse requires meeting criteria S9h-m.
<b>B1. Intoxication and Withdrawal</b>					
Substance Frequency Index (SFI6p)	I-14	S2d1-3, S2e1, S2f1, S2g4, S2g5	0.00/ 0.01- 0.13/ 0.14- 1.00	Average of percent of days reported	Higher scores represent increasing frequencies of substance use in terms of days, days staying high most of the day (I.e., high risk of problems) and days actually causing problems. People with scores over .14 may have considerable difficulty stopping without significant assistance and/or a controlled environment.
Recency of Use	I-13	S2a_1-99, S2b, S2c	0-2/ 3-5/6	Most Recent Use	Use in the past two days (6) suggest the need to evaluate risk of intoxication and/or withdrawal.

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Days of Opioid Use	I-14	S2g5	0/1-12/ 13-90	Days of use	Higher scores represent increasing frequencies of opioid use. Those with weekly (~13+ days of 90) should be evaluated carefully for withdrawal management and/or considered for methadone treatment.
Current (past week) Withdrawal Index (CWI) <i>(Based on DSM-IV)</i>	I-14	S3c1-99	0/1-11/ 12-22	Number of symptoms reported	Higher scores represent broader symptoms of withdrawal. Scores over 12 indicate the presence of increasingly more physiological symptoms and suggest the increasing need for medical evaluation and monitoring.
<b>B2. Biomedical</b>					
Health Distress Index (HDI8)\a <i>(Based on NHSDA, NHIS and CHS HHQ)</i>	I-25	P3, P3a-g	0-2/3-6/ 7-11	Rating + number of problems reported	Higher scores indicate increasingly more complaints about health, limited mobility and/or pain and the need for medical review. They should be reviewed in conjunction with the amount of current problems and/or treatment. For scores of four or more it is advisable to review the nature of the problem even if there are no current medical problems as there is a greater potential for reoccurrence of medical problems.
Health Problem Index (HPI3p)	I-28	P9, P9a-b	0.00/ 0.01- 0.13/ 0.14- 1.00	Average of P9/6, P9a/90, and P9b/90	Higher score indicate more recent problems, problems on more days and problems increasingly interfering with the individual's responsibilities. If there are current problems but no current treatment or specific diagnosis, then this suggests a potentially undiagnosed medical condition that may confound treatment and/or harm the individual if left untreated (i.e., a further medical work up is indicated).
<b>B3. Psychological</b>					

ASAM Criteria/ Gain Scale	GAIN Initial 1098 Page	Question Items	Low/ Clinical / Acute Ranges	Comment	Interpretation
General Mental Distress Index (GMDI) <i>(Based on HSCL90)</i>	I-37- 38	M1a1-4, M1b1- 6,M1c2, M1d1-10	0-3/ 4-6/ 7-21	Number of symptoms reported	Higher scores indicate greater breadth and severity of internal (e.g., somatic, depression, anxiety) mental distress. Scores over 4 may indicate a risk of self m education (in which case symptoms may worsen with detoxification). For scores of 7 or more it is also advisable to review the nature of the problem even if there are no current psychiatric problems as there is a greater potential for reoccurrence of medical problems. Regardless of total score, if M1c has any yes marks, the presence of homicidal/suicidal tendencies should also be evaluated.
Behavior Complexity Index (BCI) <i>(Based on DSM-IV)</i>	I-40- 41	M3a1-19, M3b1-16	0-5/ 6-18/ 19-32	Number of symptoms reported	Higher scores represent increasingly more problems controlling external behavior (e.g., ADHD, CD). Higher scores indicate increasing need for structure and problems if it is not provided (particularly in group situations). If 6+, review whether diagnostic criteria are met (from self report or other sources) for ADHD inattentive type (M3a1-8,19), hyperactive type (M3a9-18, 19), and/or conduct disorder (M3b1-16).

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Emotional Problem Index (EPI7p)	I-38-- 40	M1e-g, M2, M2q, M3, M3c	0.00/ 0.01- 0.13/ 0.14- 1.00	Average of M1e/6, M1f/90, M1g/90, M2/6, M2q/90, M3/6 & M3c/90	Higher scores indicate more recent problems, problems on more days and problems increasingly interfering with the individual's responsibilities. If there are current problems but no current treatment or specific diagnosis, then this suggests a potentially undiagnosed psychiatric condition that may confound treatment and/or harm the individual if left untreated (i.e., a further psychiatric workup is indicated).
<b>B4. Treatment Acceptance and Resistance</b>					
Treatment Resistance Index (TRI) <i>(Based on CMRS and DATAR)</i>	I-21	S8a-d	0/1-2/ 3-4	Number of yes answers	Higher scores indicated more factors working against people coming to or staying in treatment. Careful review should be made of other activities and people in the clients life to avoid potential subversion by the client's environment. [See environment indices.]

ASAM Criteria/ Gain Scale	GAIN Initial 1098 Page	Question Items	Low/ Clinical / Acute Ranges	Comment	Interpretation
Treatment Motivation Index (TMI) <i>(Based on CMRS and DATAR)</i>	I-21	S8e-j	5-4/ 3-1/ 0	Number of yes answers	Higher scores on this scale suggest more internal and/or external motivators for the individual to be in and continue treatment. This scale interacts with TRI. If there is a moderate amount of motivation but no resistance, things may still work out. But when there is resistance and low or even moderate motivation there are likely to be problems. If there is moderate to high motivation but a lack of problem orientation, the client may also "back lash" against the pressure or may be unable to meet the program's regular expectations. In such cases there may be a need for motivational interviewing to convince the individual of the need for treatment.
<b>B5. Relapse Potential</b>					
Self Efficacy Index (SEI) <i>(Based on ISAC, DATAR and SE Literature)</i>	I-21	s8k-q	5-4/ 3-1/ 0	Number of yes answers	Higher scores on this scale indicate the individual levels of confidence about resisting relapse in different situations. Lower scores suggest the need for assistance in daily living and/or a controlled environment.

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Problem Orientation Index (POI) <i>(Based on ISAC Manual)</i>	I-21	s8r- reversed, S8s-w	5-4/ 3-1/ 0	Not recognizing a problem (0) plus the number of yes answers to the rest.	Lower problem orientation may be related to learned helplessness, severe depression, or weak decision making skills. In each case it suggests that while the client may be capable of following rules, they will have difficulty with full recovery because of an inability to move forward and start a new life. Failure to even recognize the existence of a substance problem (0) is common and indicates "concrete" vs. "abstract" thinking and should alert therapist to avoid labels and loose terms.
<b>B6. Environment</b>					
Environmental Risk Index (ERI6)c <i>(Based on ISAC Manual)</i>	I-51	E5a-f, E6a-f, E7a-f	0-12/ 13-39/ 40-60	Sum of answers (note, 2 per set are reversed already)	Higher scores indicate more time with people in living, vocational, or social environment with people using alcohol/drugs, involved in illegal activity, who argue, who are not in school or work and who have never been in treatment. Availability of someone who has been in treatment and understands what the individual is going through can be an important source of social support but needs to be reviewed to verify that they are currently in recovery (i.e., a positive influence). Very low score should be reviewed for potential isolation (i.e., no risk because of no contact with others). Moderate scores should be reviewed to see whether one type of environment is positive while another is not. High scores (or when moderate scores are high on living situation) suggest increasing needs for a controlled environment or change in living situation.

<b>ASAM Criteria/ Gain Scale</b>	<b>GAIN Initial 1098 Page</b>	<b>Question Items</b>	<b>Low/ Clinical / Acute Ranges</b>	<b>Comment</b>	<b>Interpretation</b>
General Social Support (GSSI) <i>(Based on White's Incest in the Organization)</i>	I-53	E12a-j	9-5/ 4-2/ 1-0	Number of sources of support reported	Higher scores on this indicate higher levels of social support. Social support is important for dissipating stress. Lower scores suggest the need to review the amount of other sources of traumatic stress (E9), interpersonal stress (E10) and environmental stress (E11). If these scores are low and/or the more other sources of stress, the greater the need to get the individual involved in some kind of support group.
Recovery Environment Risk Index (RERI7p) <i>(Based on ISAC manual)</i>	I-17- 54	S6a, E1b, E2c-e, E8p, E9u	0.00/ 0.01- 0.13/ 0.14- 1.00	Average of rev. S6a/90 ,rev E1b/6, E2c/90, E2d/90, E2e/90, E8p/90 & E9u/90	Higher scores indicate less involvement in support groups (e.g., AA, CA, NA) and more environmental risk from alcohol/drug use in the home, fighting and/or victimization. Scores over .14 should be reviewed very closely for the potential need to change living situation and/or refer to a controlled environment.
<b>Other</b>					
Illegal Activities Index (IAI3p) <i>(Based on NHSDA and UCR)</i>	I-59- 60	L3, L3v- w	0.00/0.0 1- 0.13/0.1 4-1.00	Average of L3/6, L3v/90, & L3w/90	Higher scores indicate more recent illegal activity, more days of illegal activity and increasingly more dependence on illegal activities for financial support. Note that this is common and often required to support substance use. However it may also indicate potential problems with the law and should be dealt with in treatment.

<b>ASAM Criteria/ Gain Scale</b>	<b>GAIN Initial 1098 Page</b>	<b>Question Items</b>	<b>Low/ Clinical / Acute Ranges</b>	<b>Comment</b>	<b>Interpretation</b>
Employment Activity Index (VI4p) <i>(Based on NHSDA)</i>	I-66	V6, V6k, V6m, V6npr	0.00/ 0.01- 0.13/ 0.14- 1.00	Average of V6/6, V6k/90, V6m/90 and V6npr - where V6pnr=1- (v6n/(v6k+v6n))	Higher scores indicate more recent employment, days working, and less days of missing scheduled work. This is important for policy makers, but all jobs are not necessarily good. It is important to review vocational environment scale to see if the particular work environment is healthy or if it is a source of illegal drugs or violence.
Training Activity Index (TI3p)	I-69	V3k, V3m, V3npr	0.00/ 0.01- 0.13/ 0.14- 1.00	Average of V3k/90, V3m/90, and V3npr - where V3pnr=1- (v3n/(v3k+v3n))	Higher scores indicate more recent time in school/training, days in school/training, and less days of missing scheduled class time. This is important for policy makers, but all training situations are not necessarily good. It is important to review vocational environment scale to see if the particular school/training environment is healthy or if it is a source of illegal drugs or violence.
<b>Other scales in Change table</b>					
Substance Abuse Treatment Index <i>(Based on NHSDA)</i>	I-18	S7a1-99	0.00/ 0.01- 0.13/0.1 4-1.00	Average of answers (maxed at 90)/90	Higher scores indicate increasing more involvement in substance abuse treatment in the past 90 days.
Physical Health Treatment Index <i>(Based on NHSDA)</i>	I-30	P11f-j	0.00/ 0.01- 0.13/0.1 4-1.00	Average of answers (maxed at 90)/90	Higher scores indicate increasing more involvement in physical health treatment in the past 90 days.

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Mental Health Treatment Index <i>(Based on NHSDA)</i>	I-44	M5f-g	0.00/0.0 1-0.13/ 0.14- 1.00	Average of answers (maxed at 90)/90	Higher scores indicate increasing more involvement in mental health treatment in the past 90 days.
Criminal Justice System Index	I-62	L6a-d	0.00/0.0 1-0.13/ 0.14- 1.00	Average of answers (maxed at 90)/90	Higher scores indicate increasing more involvement in the criminal justice system in the past 90 days.
Controlled Environment Index <i>(Based on DSM-IV)</i>	I-18- 62	S7a1, S7a2, P11g, M5g, E2f, L6c	0.00/ 0.01- 0.13/ 0.14- 1.00	Average of answers (maxed at 90)/90	Higher scores indicate increasing more time in a controlled environment, including jails and/or inpatient units for substance use, health or mental health problems in the past 90 days.

**Appendix Table A-2. ASAM Placement Profile for Adolescents/a**

<b>ASAM Criteria/Gain Scale</b>	<b>n</b>	<b>K</b>	<b>Alpha</b>	<b>Mean</b>	<b>Std. Dev.</b>	<b>% Clinical</b>	<b>% Acute</b>
<b>A. Diagnosis</b>							
Substance Problem Index (SPI)	269	16	0.88	7.61	4.78	57.4	34.1
<b>B1. Intoxication and Withdrawal</b>							
Substance Frequency Index (SFI6p)	268	6	0.87	0.10	0.14	59.2	25.7
Recency of Use\b	270	1	N/A	3.81	1.07	81.2	7.5
Days of Opioid Use\b	270	1	N/A	0.87	5.97	4.3	0.3
Current (past week) Withdrawal Index (CWI)	270	22	0.94	1.57	3.36	27.1	2.6
<b>B2. Biomedical</b>							
Health Distress Index (HDI8)\c	267	8	0.71	3.02	2.22	39.1	10.4
Health Problem Index (HPI3p)	259	3	0.56	0.13	0.13	43.7	32.0
<b>B3. Psychological</b>							
General Mental Distress Index (GMDI)	260	21	0.95	3.04	5.08	7.6	20.7
Behavior Complexity Index (BCI)	216	32	0.94	9.76	8.70	40.1	24.4
Emotional Problem Index (EPI7p)	265	7	0.80	0.23	0.22	15.2	62.3
<b>B4. Treatment Acceptance and Resistance</b>							
Treatment Resistance Index (TRI)\d	266	4	N/A	0.85	0.96	48.3	2.7
Treatment Motivation Index (TMI)\d	267	5	N/A	1.29	1.35	51.5	42.4
<b>B5. Relapse Potential</b>							
Self Efficacy Index (SEI)	266	5	0.76	3.67	1.65	29.0	1.0
Problem Orientation Index (POI)	267	5	0.73	2.72	1.74	24.9	25.1
<b>B6. Environment</b>							
Environmental Risk Index (ERI6)\e	263	18	0.79	26.30	10.13	81.3	13.0
General Social Support (GSSI)	216	9	0.81	6.35	2.54	17.4	7.1
Recovery Environment Risk Index (RERI7p)	270	7	0.44	0.18	0.08	26.0	72.3
<b>Other</b>							
Illegal Activities Index (IAI3p)	254	3	0.73	0.28	0.20	22.9	71.5
Employment Activity Index (VI4p)	242	4	0.79	0.27	0.26	25.0	49.5
Training Activity Index (TI3p)	198	3	0.87	0.42	0.37	0.1	64.8

<sup>a</sup> The differing N sizes are due to clients receiving different versions of the assessment. There was the full assessment and two shorten assessments. In the two shorter assessments, some of the above scales were never given to the clients. Clinical and acute score ranges vary by scale, see definition table.

<sup>b</sup> Single Item, Alpha not applicable or calculable.

<sup>c</sup> Due to version difference, 153 got all eight items. For the others in the sample, the eighth item was imputed from the average response to the other seven items. The alpha for the 153 was .71.

<sup>d</sup> Formative index of risk factors where alpha is not applicable because intercorrelation not expected, if calculated it would have been TRI=.36 and TMI=.67.

<sup>e</sup> Due to version difference, only 150 got all 18 items. This scale contains three subscales of six items each. For those with only five items, the sixth item was imputed from the average response to the other five items. For the 150 with all 18 items, the alpha was still .79.

**Appendix Table A-3 ASAM Placement Profile for Adults<sup>a</sup>**

<b>ASAM Criteria/Gain Scale</b>	<b>n</b>	<b>K</b>	<b>Alpha</b>	<b>Mean</b>	<b>Std. Dev.</b>	<b>% Clinical</b>	<b>% Acute</b>
<b>A. Diagnosis</b>							
Substance Problem Index (SPI)	457	16	0.91	8.65	5.55	39.5	49.5
<b>B1. Intoxication and Withdrawal</b>							
Substance Frequency Index (SFI6p)	453	6	0.88	0.15	0.21	42.6	32.4
Recency of Use <sup>b</sup>	465	1	N/A	4.10	1.48	59.8	22.2
Days of Opioid Use <sup>b</sup>	465	1	N/A	12.60	29.41	5.6	14.0
Current (past week) Withdrawal Index (CWI)	449	22	0.94	4.74	5.97	43.1	16.1
<b>B2. Biomedical</b>							
Health Distress Index (HDI8) <sup>c</sup>	460	8	0.76	3.56	2.94	34.0	19.7
Health Problem Index (HPI3p)	410	3	0.75	0.12	0.17	25.7	30.2
<b>B3. Psychological</b>							
General Mental Distress Index (GMDI)	436	21	0.96	3.48	5.73	6.9	24.0
Behavior Complexity Index (BCI)	227	32	0.97	3.17	6.36	18.1	3.0
Emotional Problem Index (EPI7p)	457	7	0.80	0.17	0.20	39.0	42.1
<b>B4. Treatment Acceptance and Resistance</b>							
Treatment Resistance Index (TRI) <sup>d</sup>	458	4	N/A	0.68	0.96	34.2	7.2
Treatment Motivation Index (TMI) <sup>d</sup>	459	5	N/A	2.37	1.52	57.5	17.1
<b>B5. Relapse Potential</b>							
Self Efficacy Index (SEI)	457	5	0.71	3.20	1.80	39.4	5.2
Problem Orientation Index (POI)	457	5	0.48	3.13	1.63	26.2	17.0
<b>B6. Environment</b>							
Environmental Risk Index (ERI6) <sup>e</sup>	449	18	0.81	17.72	9.15	69.7	1.3
General Social Support (GSSI)	446	9	0.83	4.41	2.92	18.3	25.3
Recovery Environment Risk Index (RERI7p)	465	7	0.57	0.18	0.09	19.0	81.0
<b>Other</b>							
Illegal Activities Index (IAI3p)	446	3	0.82	0.15	0.20	52.0	28.1
Employment Activity Index (VI4p)	440	4	0.92	0.35	0.37	39.6	44.0
Training Activity Index (TI3p)	437	3	0.72	0.04	0.12	0.0	9.3

<sup>a</sup> The differing N sizes are due to clients receiving different versions of the assessment. There was the full assessment and two shortened assessments. In the two shorter assessments, some of the above scales were never given to the clients. Clinical and acute ranges vary by scale, see definition table.

<sup>b</sup> Single Item, Alpha not applicable or calculable.

<sup>c</sup> Due to version difference, 376 got all eight items. For the others in the sample, the eighth item was imputed from the average response to the other seven items. The alpha for the 376 was .75.

<sup>d</sup> Formative index of risk factors where alpha is not applicable because intercorrelation not expected, if calculated it would have been TRI=.43 and TMI=.46.

<sup>e</sup> Due to version difference, only 376 got all 18 items. This scale contains three subscales of six items each. For those with only five items, the sixth item was imputed from the average response to the other five items.