

## Ramsey County ACT - Chemical Health Assessment

Date: \_\_\_\_\_

Completed By (Print and Sign): \_\_\_\_\_

### Alcohol and Drug Use

How frequently do you drink alcohol?

- What do you drink?
- How much do you drink at a time?

In what situations do you drink?

<i>Substance</i>	<i>Ever</i>	<i>Recently (past 6 months)</i>	<i>Typical amount at a time</i>	<i>When did you last use? How much?</i>	<i>Route of administration</i>
Cocaine / Crack					
Hallucinogens (LSD, PCP, etc)					
Sedatives (not prescribed or misused) (Klonopin, Valium)					
Marijuana					
Stimulants (amphetamines)					
Opiates (heroin, Darvon)					
Over the Counter (specify):					
Other (specify)					

What is your drug of choice?

What do you like about using drugs?

*Comments about use:*

**Which of the following is true about drinking and drug use for you?**    *N= Not True    S=Sometimes True    O=Often True*

	Drinking			Drug Use			Comments
Is important for socializing with friends	N	S	O	N	S	O	
Helps me meet and get to know people	N	S	O	N	S	O	
Lowers my anxiety when I'm with people	N	S	O	N	S	O	
Makes me feel less depressed	N	S	O	N	S	O	
Makes me feel less anxious	N	S	O	N	S	O	
Quiets my voices	N	S	O	N	S	O	
Helps me forget my problems	N	S	O	N	S	O	
Helps me sleep better	N	S	O	N	S	O	
Helps reduce boredom	N	S	O	N	S	O	
Is an important source of pleasure to me	N	S	O	N	S	O	
Gives me something to look forward to	N	S	O	N	S	O	
Is one of the only things that makes me feel good	N	S	O	N	S	O	
Is chiefly a habit	N	S	O	N	S	O	
Other (specify):	N	S	O	N	S	O	

**Treatment History**

Type of Treatment (Inpatient, Outpatient, etc)	Approximate Dates	Provider	How did it work?

Have you ever been admitted to Detox?  Yes  No      If yes, number of times?

Have you ever attended AA or NA?  Currently attending  Historical involvement  No  
 Comments:

Have you ever tried to quite on your own?  Yes  No  
 Comments:

## Problems and Desire to Change

What problems have you had because of drinking/drug use?  
 (prompt client to think about arrest, familial problems, relationship problems, employment, etc)

Have any of the following things happened to you while you've been using?      Comments:

Blackouts:  Yes  No  
 Shakes/Tremors:  Yes  No  
 Loss of balance / Falling:  Yes  No  
 Hurt yourself:  Yes  No  
 Found yourself someplace & didn't know where you were:  Yes  No

How do you see your drinking or drug use causing problems for you?

Do other people tell you that your drinking or drug use is out of control?  
 Who?  
 Describe

What would happen if you stopped using alcohol or drugs now?

If you wanted to stop using, what would get in your way?

# Payoff Matrix

Instructions: Complete each quadrant. For all quadrants, please be as specific as possible about the consequences.

<p><b>Advantages to Using Substances</b> Consider possible motives for using substances, such as socializing; coping with symptoms or other problems; pleasure and recreation; or something to do.</p>	<p><b>Advantages of Not Using Substances</b> Consider potential advantages of not using, such as less conflict with others; fewer symptoms and relapses; fewer money or legal problems; more stable housing; and improved ability to work, go to school or parent.</p>
<p><b>Disadvantage of Using Substances</b> Consider common negative consequences of using substance, such as more sever symptoms; more frequent relapses; conflict with others; money or legal problems; loss of housing; and problems with working, going to school or parenting.</p>	<p><b>Disadvantages of Not Using Substance</b> Consider the potential costs of becoming sober, such as more problems socializing; difficulty coping with symptoms or negative moods; lack of recreation and fun; or having nothing interesting to do.</p>

## Goals

If you see your drug or alcohol use as a problem, what would you like to see changed in your life?

What have you learned from past efforts to cut down on your use that we need to remember?

How might we best use your strengths and abilities to help achieve your goals?

## Treatment Readiness

Based on the client's perception of the advantages/disadvantages of using substance, what factors seem to be most critical to address (if the client is not using, what factors pose a risk of relapse)?

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What strategies might be used to reduce some of the negative consequences (costs)?

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What strategies might be used to increase the advantages of not using substances?

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**What is the client's stage of readiness to change?**

- Pre-contemplation     Contemplation     Preparation     Action     Maintenance

**Based on your assessment, what stage of treatment is the client engaged in?**

- Engagement: Irregular contact with an assigned case manager/counselor. Appears to meet criteria for substance abuse or dependence.
- Early Persuasion: Regular contact with case manager / counselor. Uses some amount of substances, or has reduced use for less than two weeks. Appears to meet criteria for substance abuse or dependence.
- Late Persuasion: Regular contact with case manager / counselor. Shows evidence in reduction of use for 2-4 weeks (smaller amounts, fewer substances, etc). Appears to meet criteria for substance abuse or dependence.
- Early Active Treatment: Engaged in treatment. Reduced substance use for more than one month. Appears to meet criteria for substance abuse of dependence
- Late Active Treatment Engaged in treatment. Does not appear to meet criteria for substance abuse or dependence for 1-5 months.
- Relapse Prevention: Engaged in treatment. Does not appear to meet criteria for substance abuse or dependence for 6-12 months.

**Assessment Summary**

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**Recommendations for ACT Treatment**

- Refer for Rule 25

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