The ASAM Criteria – A
Webinar – Part 1 and 2

An Introduction to the Application of ASAM Criteria for Substance-Related and Co-Occurring Disorders

Course Description: This training is designed for Substance Abuse Program Analyst and Administrative Staff interested in understanding and learning the skills to use the ASAM criteria for establishing medical necessity, assessing treatment needs, and determining appropriate level of care placements for consumers with substance abuse issues. The training format will include lecture with a focus on transfer of knowledge to immediate workplace application.

Learning Objectives:

1) Understand the clinical and cost-effective benefits of utilizing the ASAM Criteria
2) Know the six dimensions utilized to assess medical necessity and patient need profiles
3) Identify and recognize distinguishing characteristics of the recognized ASAM levels of care
4) Demonstrate an ability to apply dimensional criteria information to determine treatment decisions, including level of care placement

Training Agenda

Day 1

I. Introduction:

- A. Development of and Rationale for Patient Placement Criteria
- B. ASAM criteria as a model for Patient-Centered care and chronic addiction disease management

II. The ASAM Six Dimensions:

- A. Dimensional Assessment Criteria; relationship to treatment decisions
- B. Risk Rating and Imminent Danger
- C. ASAM guided treatment decisions

III. Levels of Care—Aligning Levels of Care with Treatment

- A. Level 0.5, Early Intervention
- B. Level 1, Outpatient
- C. Level 2, Intensive Outpatient and Partial Hospitalization
- D. Level 3, Residential
  - a. Clinically Managed Residential
  - b. Medically Monitored and Medically Managed Inpatient Services
- E. Level 1, OTP
- F. Detoxification Services

Day 2

IV. ASAM in Action

- A. Review of the Six Dimensions
- B. Application- Case Study with Mr. U

Understanding the American Society of Addiction Medicine (ASAM) Criteria in the Context of the California Treatment System

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Disclosures

- The following planners and faculty disclosed no relevant financial relationships with commercial interests:
  - Gary Tsai, MD, Larissa Mooney, MD, Thomas E. Freese, PhD, Christine Oh, PhD, Richard Rawson, PhD, Darren Urada, PhD, Beth Rutkowski, MPH, Holly McCravey, MA, Lydia Becerra, and Donna K. Lee-Liu
- There was no commercial support for this activity.

The Mission of the ASAM Criteria

1. To help clinicians, counselors, and care managers develop patient-centered service plans and make objective decisions about patient admission, and transfer/discharge for individuals with substance-use disorders and co-occurring conditions,
2. To implement and apply the criteria effectively to a variety of patient populations in a wide range of care settings,
3. To encourage the development of comprehensive continuum of care,
4. To help improve patient outcomes through their multidimensional assessment and the continuum of care.

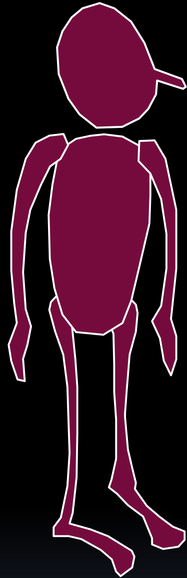
The ASAM criteria offer a system for improving the "modality match" through the use of multidimensional assessment and treatment planning that permits more objective evaluation of patient outcomes.

Guiding Principles of the ASAM Criteria

- Moving from one-dimensional to multidimensional assessment
- Clarifying the goals of treatment, and “Medical Necessity”
- Focusing on treatment outcomes
- Emphasizing an interdisciplinary, team approach to care
- Engaging with “informed consent”
- Incorporating ASAM’s definition of addiction
- Identifying population specific needs

Assessment and Treatment Planning

Program-Driven



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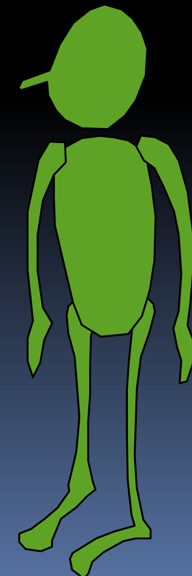
Individualized



Program-Driven Plans

- Services received and length of stay are determined primarily by the **philosophy**, **design,** and **model** of treatment . . . Patient's **graduate** from the program and are said to have **completed treatment**.

"One size fits all"

Program-driven plans

- Client needs are important and will be addressed through the standard treatment program elements
- Plan often includes only services that the program offers (e.g., group, individual sessions)
- Frequently there is little difference among clients' treatment plans

Client Will:

"Attend 3 A.A. Meetings"

"Complete 28-Day Program"

"Complete Steps 1-3"

"Attend group 3x's per week"

A paradigm shift

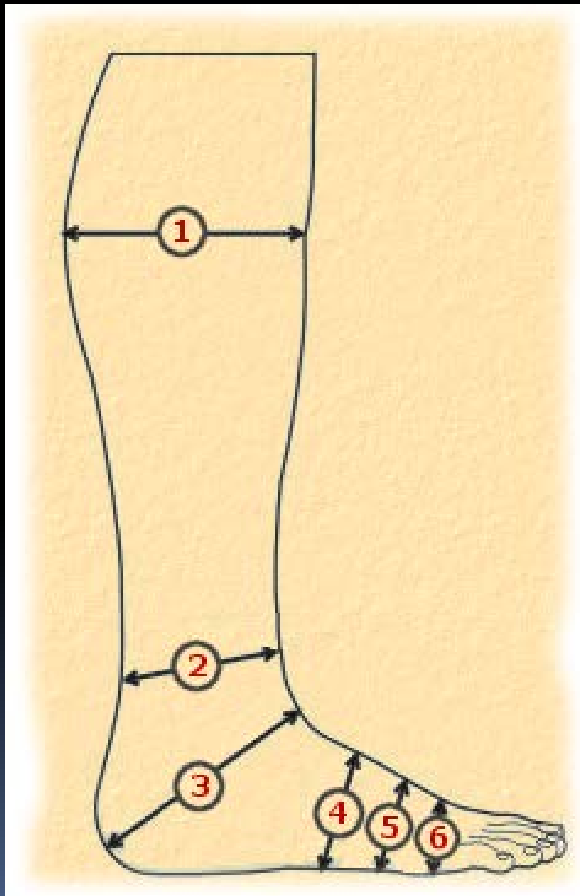
Truly Individualized Treatment

- Client needs are important and are met through an appropriate variety of services (not just those from the agency; e.g., parenting classes, vocational support, etc.)

- Many colors/styles available -

- Custom style & fit -

Individualized Treatment



- Treatment is **person-centered** and **collaborative**
- Services that are directly related to **specific**, **unique** multidimensional assessment
- Services are designed to meet a patent's **specific needs** and **preferences**

Individualized Treatment and the ASAM Assessment

- What are the patient's immediate needs and is there imminent danger?
- How are they functioning across multiple dimensions?
- Where are their greatest risks, and what does this indicate about treatment needs?

Individualized, Patient-Centered Care has been shown to…

- Empower the patient, strengthening the clinical relationship and facilitating patient involvement in their own care
- Increase retention, leading to improved outcomes

1. Acute Intoxication and/or Withdrawal Potential
2. Biomedical Conditions and Complications
3. Emotional, Behavioral, or Cognitive Conditions and Complications
4. Readiness to Change
5. Relapse, Continued Use, or Continued Problems Potential
6. Recovery and Living Environment

ASAM Dimensions	ASI* Domains Biopsychosocial
Acute Intoxication and/or Withdrawal Potential	Alcohol, Drugs
Biomedical Conditions and Complications	Medical
Emotional, Behavioral, or Cognitive Conditions and Complications	Psychiatric
Readiness to Change	
Relapse, Continued Use, or Continued Problems Potential	Alcohol, Drugs
Recovery and Living Environment	Employment support, Legal, Family social

*ASI: Addiction Severity Index

Dimension 1
Assessment Considerations

1. Acute Intoxication and/or Withdrawal Potential

Exploring an individual's past and current experiences of substance use and withdrawal

- ❖ What risk is associated with current level of intoxication?
- ❖ Are intoxication management services needed?
- ❖ What is the risk of severe withdrawal symptoms, seizures or other medical complications?
- ❖ Are there current signs of withdrawal?
- ❖ What are the scores of the standardized withdrawal rating scales?
- ❖ What are the patient's vital signs?
- ❖ Does the patient have support to complete an ambulatory withdrawal, if medically safe to consider?

Dimension 2
Assessment Considerations

2. Biomedical Conditions and Complications

Exploring an individual's health history and current physical condition

- Other than withdrawal, what are the current physical illnesses that should be addressed?
- What are the chronic conditions that need to be stabilized?
- Is there a communicable disease present that could impact the well-being the client, other patients, or staff?
- Is the patient pregnant? What is her pregnancy history?

Dimension 3
Assessment Considerations

3. Emotional, Behavioral, or Cognitive Conditions and Complications

   Exploring an individual's thoughts, emotions, and mental health issues

- Are there psychiatric, psychological, behavioral, emotional or cognitive conditions needing to be addressed?
- What if any chronic conditions need to be stabilized (eg, bipolar disorder or chronic anxiety)
- Are the behavioral or cognitive symptoms part of the addictive disorder?
- If related to the substance use, do the emotional, cognitive, or behavioral conditions require mental health care (eg, suicidal ideation and depression)
- Is the patient able to participate in daily activities?
- Can she/he cope with the emotional, behavioral, or cognitive conditions?

Dimension 4
Assessment Considerations

4. Readiness to Change

Exploring an individual's readiness and interest in changing

- How aware is the patient of the relationship between her/his substance use and behaviors involved in the pursuit of reward or relief of negative life consequences?
- How ready, willing or able does the patient feel to make changes to her/his behaviors?
- How much does the patient feel in control of his or her treatment service?

Dimension 5
Assessment Consideration

5. Relapse, Continued Use, or Continued Problems Potential

Exploring an individual's relapse experiences/history of continued use

- ❖ Is the patient in immediate danger of continued mental health distress or substance use?
- ❖ Does the patient have any understanding of how to manage his mental health condition, in order to prevent continued use?
- ❖ What is her/his experience with addiction and/or psychotropic meds?
- ❖ How well can she/he cope with protracted withdrawal, craving, or impulses?
- ❖ How well can the patient cope with negative affects, peer pressure, and stress?
- ❖ How severe are the problems that may continue or reappear if the patient isn't successfully engaged in treatment for substance use or mental health treatment?
- ❖ Is the patient familiar with relapse trigger and does she/he possess the skills to control her/his impulses to use or harm her/himself?

Dimension 6
Assessment Considerations

6. Recovery and Living Environment

Evaluating the individual's living situation, environmental resources and challenges, including family and friends

- ❖ What in the individual's environment poses a threat to the person's safety or ability to engage in treatment?
- ❖ What are the environment resources the individual can draw upon, including family, friends, education, or vocational that can support her/his recovery?
- ❖ Are there any legal, vocational or social mandates that may enhance treatment engagement?
- ❖ What are environmental barriers that need to be addressed, including transportation, child care, housing, employment, etc.?

Assessing Risk for Each Dimension

4	Utmost severity. Critical impairments/symptoms indicating imminent danger
3	Serious issue or difficulty coping. High risk or near imminent danger
2	Moderate difficulty in functioning with some persistent chronic Issues
1	Mild difficulty, signs, or symptoms. Any chronic issue likely to resolve soon
0	Non-issue, or very low-risk issue. No current risk and any chronic issues likely to be mostly or entirely resolved

Interactions Across Dimensions

There is considerable interaction across the six dimensions. Being aware of cross-dimensional interactions and the potential to increase or decrease in overall risk they pose can have a great effect on service planning.

For Example: Sam has a higher Dimension 2 (biomedical) risk because of liver problems; this risk may be elevated because his Dimension 5 (Continued Use) risk is elevated due to his continued use of alcohol and other hepatoxic substances.

Assessing “Immediate Needs” and “Imminent Danger “

- IMMEDIATE NEEDS may be determined by using the “Immediate Needs Profile” (p. 66). This can be done in person or by phone. Should address each of the six dimensions
- IMMINENT DANGER describes a problem that can lead to grave consequences to the individual. It Includes three components:
  - The strong probability that certain behaviors will occur (i.e., continued alcohol or drug use, etc.),
  - That such behaviors will present a significant risk of serious adverse consequences to individual and/or others (i.e., driving while intoxicated, neglect of child, etc.),
  - The likelihood these events will occur in the very near future (within hours or days, **not** weeks or months).

So, what do we do with all of this information?

Dimension 1

Dimension 2

Dimension 3

Dimension 4

Dimension 5

Dimension 6

Risk 0

Risk 1

Risk 2

Risk 3

Risk 4

What guides placement?

- "… the highest severity problem, with specific attention to Dimensions 1, 2, and 3 should determine the patient's entry point into the treatment continuum."
- Resolution of any acute problem(s) provides an opportunity to shift the patient down to a less intensive level of care.

Engage the person in their own care!

What?

Why?

How?

Where?

When?

ASAM Levels of Care

0.5 Early Intervention

1. Outpatient Treatment- <9 hrs/week, low-intensity SUD Tx
2. Intensive Outpatient – 9-19 hrs/week, high-intensity Tx of multi-dimensional SUD
3. Residential (at least one)-
   a. 3.1- Clinically managed, 24 hr low-intensity residential services
   b. 3.3- Clinically managed, population specific, high-intensity services
   c. 3.5- Clinically managed, high-intensity residential

   Inpatient Treatment (3.7; 4.0)- Medically monitored or managed high-intensity residential care

1. Level I Opioid Treatment Program- Organized ambulatory tx for individuals with opioid use disorder.

Levels of Withdrawal Management

Withdrawal Management	Level	Description
Ambulatory Withdrawal Management without Extended On-Site Monitoring	1-WM	Mild withdrawal with daily or less than daily outpatient supervision; likely to complete withdrawal management and to continue treatment or recovery
Ambulatory Withdrawal Management with Extended On-Site Monitoring	2-WM	Moderate withdrawal with all day withdrawal management support and supervision; at night, has supportive family or living situation; likely to complete withdrawal management
Clinically Managed Residential Withdrawal Management	3-WM	Moderate-severe withdrawal, but needs 24-hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery
Medically Managed Intensive Inpatient Withdrawal Management	4-WM	Severe, unstable withdrawal and needs 24-hour nursing care and daily physician visits to modify withdrawal management regimen and manage medical instability

Six Dimensions of Multidimensional Assessment

1. Acute Intoxication and/or Withdrawal Potential
2. Biomedical Conditions and Complications
3. Emotional, Behavioral, or Cognitive Conditions and Complications
4. Readiness to Change
5. Relapse, Continued Use, or Continued Problems Potential
6. Recovery and Living Environment

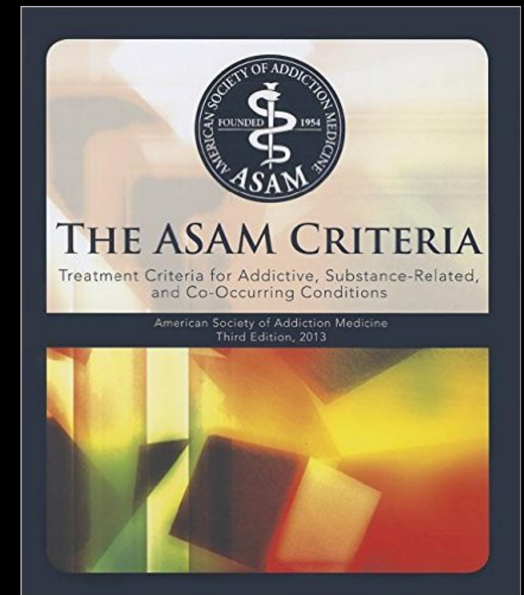
ASAM Levels of Care

0.5 Early Intervention

1. Outpatient Treatment
2. Intensive Outpatient and Partial Hospitalization
3. Residential/Inpatient Treatment
4. Medically-Managed Intensive Inpatient Treatment

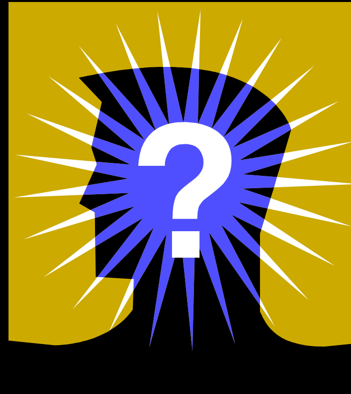
Let's meet Mr. U.

References and Resources



- Mee-Lee, David. (Eds.) (2013) *The ASAM criteria :treatment for addictive, substance-related, and co-occurring conditions* Chevy Chase, Md. : American Society of Addiction Medicine

- ASAM www.asamcriteria.org
- The Change Companies: www.changecompanies.net
- Center for Integrated Behavioral Health Solutions www.cibhs.org
- UCLA Integrated Substance Abuse Programs (ISAP) Pacific Southwest Addiction Technology Transfer Center www.psattc.org



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Six Dimensions of Multidimensional Assessment

1. Acute Intoxication and/or Withdrawal Potential
2. Biomedical Conditions and Complications
3. Emotional, Behavioral, or Cognitive Conditions and Complications
4. Readiness to Change
5. Relapse, Continued Use, or Continued Problems Potential
6. Recovery and Living Environment

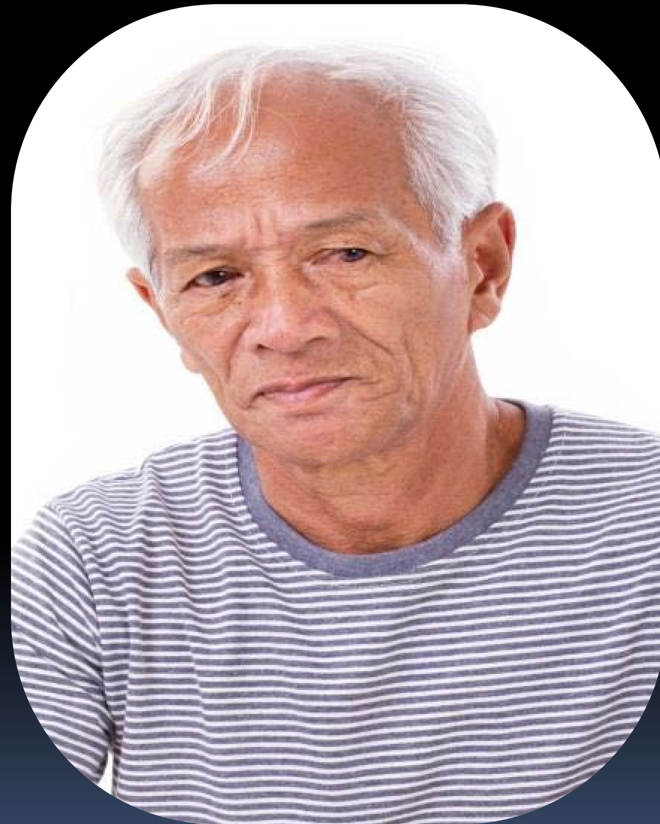
Align the "profile" from the RISK RATINGS for the SIX DIMENSIONS with

The ASAM Level of Care appropriate to meet client needs

0.5 Early Intervention

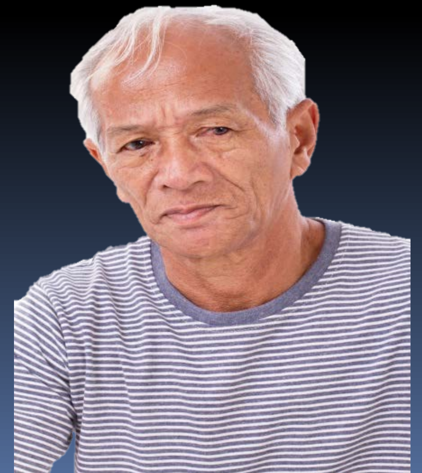
1. Outpatient Treatment
2. Intensive Outpatient Residential Treatment
3. Intensive Inpatient Treatment
4. Withdrawal Management
   *Ambulatory
   *Residential
5. Opioid Treatment

Let’s meet Mr. U.



What does it look like with clients/patients?

- Mr. U is a 68 year-old male who was brought to the clinic by Ms. M his 40 y/o daughter because he did not pick up his 10 y/o grandson from school last Friday as he does on a daily basis. Ms. M was called away from work to pick her son up. Upon arriving at home, Ms. M found Mr. U slumped over the workbench in the garage with and empty bottle of vodka nearby. Mr. U reports drinking to intoxication, complains of always feeling tired, has little or no appetite, and is not motivated to do anything.
- Mr. U retired three years ago, after a lengthy career working as a design engineer in the automotive industry. His wife of 43 years passed away five years ago after a relatively brief battle with cancer.



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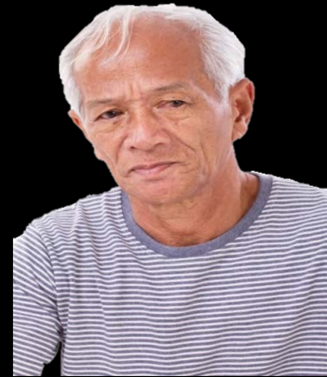
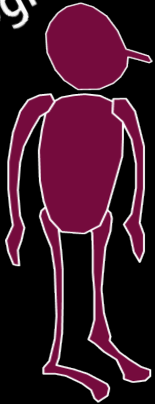


- Mr. U reports no health related issues other than heartburn on a daily regular basis, but believes it is due to his liking spicy foods.
- He reports drinking to intoxication, complains of always feeling tired, has little or no appetite, and is not motivated to do anything. Mr. U acknowledges that he has little or no interest in most activities that used to bring him pleasure and is bothered by his recurrent thoughts of death.
- Mr. U was embarrassed and apologetic, as he appreciates living with his family and adores his daughter and grandchildren.
- Mr. U lives with his daughter, her husband who Mr. U likes, and their three children, ages 18, 16, and 10. They are supportive and concerned about his wellbeing.

Engage the person in their own care!

Program-Driven



What?

Why?

How?

Where?

When?

Individualized

Patient Demographic Information

Name: Mr. U Date: Today Phone Number: 332-222-4444

Address: Anytown USA

DOB: xx/xx/1949 Age: 68 Gender: Male

Race/Ethnicity: Caucasian Preferred Language: English

Pay Source(s) ☐ Self X Medicare (Plan) ☐ Medi-Cal (Plan) X Private Ins (Plan) ☐ County ☐ Other _______________

Any Medi-Cal or Insurance Plan ID# (identify):

Living Arrangement: ☐ Undomiciled ☐ Independent Living X Other (specify)

- Lives with his daughter and her family, husband and two grand-children

Referred by:

- Self; Daughter called and scheduled an evaluation

Explanation of why client is currently seeking treatment: 4 days ago Mr. U did not pick up his grand children from school. He was found inebriated and passed out in the family’s garage. He agreed to come to a treatment facility for an evaluation and possible treatment

Dimension 1

Acute Intoxication and/or Withdrawal Potential- *Exploring an individual's past and current substance use and withdrawal*

- Substance Use History

Alcohol or Other Drug	Used past 6 months ?	Prior use? (lifetime)	Route of Administration	Frequency	Duration (of use)	Date of last use
Alcohol	X	☐	ORAL	3-5 days/wk	48 yrs	3 days ago
Sedative-Hypnotics	X	☐	ORAL	1-2 times/mo	5 yrs	3 weeks ago

Additional Substance Use Info: Mr. U does not claim any drug use other than alcohol and an occasional valium to calm his "nerves." He has a long history of alcohol use which he describes as "normal" and without problems. He has been hiding the extent of his drinking for the past 3-4 years because he "did not want his daughter and the kids" to know. He drinks 1 pint to 1 fifth of distilled spirits when he drinks; he says he had a "good tolerance" and rarely "feels drunk" but has passed out several times in the past 6 months.

Dimension 1

Acute Intoxication/Withdrawal Potential (Continued)

a. Do you get physically ill when you stop using alcohol and/or other drugs? Yes

Describe: I get a little shaky and have trouble sleeping. I don't feel like eating, but my appetite's not that good anyway

b. Are you currently having any withdrawal symptoms? Some

Describe: I guess I'm sweating a little more than usual and I haven't slept well since last Friday (3 days ago) and I'm a little shaky

c. Do you have a history of serious withdrawal, seizures, or life-threatening symptoms? No

Describe: I've never had a seizure and I haven't had to be hospitalized for withdrawal

A CIWA was administered and Mr. U had a composite score of 10

SEVERITY RATING DIMENSION 1				
0 None	1 Mild	2 Moderate	3 Severe	4 Very Severe
Rationale:				

4 Utmost severity. Critical impairments/symptoms indicating imminent danger

3 Serious issue or difficulty coping. High risk or near imminent danger

2 Moderate difficulty in functioning with some persistent chronic Issues

1 Mild difficulty, signs, or symptoms. Any chronic issue likely to resolve soon

0 Non-issue, or very low-risk issue. No current risk and any chronic issues likely to be mostly or entirely resolved

Poll #1

What risk rating would you give Mr. U on Dimension 1 (Acute Intoxication and/or Withdrawal Potential)?

- Risk Rating of 4
- Risk Rating of 3
- Risk Rating of 2
- Risk Rating of 1
- Risk Rating of 0

Mr. U- Dimension 1 Rating

- A risk rating of 1 is most correct

Rationale: While Mr. U shows signs of withdrawal, his symptoms are mild and he seems to be tolerating them well. Alcohol withdrawal usually peaks within a 24-72 hour time frame; additionally, he does not have a history of severe withdrawal and/or seizures. Sedative hypnotic use is of some concern but may only warrant monitoring at this point.

1

Mild difficulty- Able to tolerate withdrawal, mild signs/ symptoms do not pose an imminent danger

Dimension 2

Biomedical Conditions and Complications - *Exploring health history and current physical condition*

Mr U has a primary care physician but has not seen her for 3 years. Given a list of Medical Conditions, Mr. U responded that he had:

a. High cholesterol (takes Lipitor)   b. Sleep Problems (no tx)

c. Vision Problems (corrected with glasses) d. Frequent fatigue

He denied having "stomach/intestine problems although he also stated he gets indigestion frequently and takes OTC medications daily.

He was hospitalized 4 years ago for injuries sustained in a fall from a ladder—concussion sustained, no follow up treatment.

Do any physical conditions concern you or significantly interfere with you life? No!

Describe: Mr. U states he does not like going to the doctor and avoids it at all costs

SEVERITY RATING DIMENSION 2

0 **None**	1 Mild	2 Moderate	3 Severe	4 Very Severe
Rationale:				

4 — Utmost severity. **Critical impairments/symptoms indicating imminent danger.** Pt. is incapacitated with severe medical problems

3 — Serious issue or difficulty coping; High risk or near imminent danger. Poor ability to cope; neglects serious biomed problems but they are stable

2 — Moderate difficulty in functioning, some chronic Issues. Some difficulty tolerating problems; neglects care for acute, non-life threatening biomed problems

1 — Mild difficulty, signs, or symptoms. Adequate ability to cope with biomed problems; mild interference with daily functioning

0 — Non-issue, or very low-risk issue. Patient fully functioning; good ability to cope with any biomedical problems

Poll #2

What risk rating would you give Mr. U on Dimension 2 (Biomedical Conditions and Complications)?

- Risk Rating of 4
- Risk Rating of 3
- Risk Rating of 2
- Risk Rating of 1
- Risk Rating of 0

Mr. U- Dimension 2 Rating

- A risk rating of is 1 most correct (2 could be supported)

Rationale: Mr. U denies having any current health problems but he has difficulty sleeping and reports stomach (heartburn) problems. Problems are persistent and while it seems he tolerates these, he has not sought medical attention. Mr. U tends to ignore or self-care what “could be” serious medical problems, including any potential neurological injuries from his fall. His neglect pattern and age factors could earn him a Risk Rating of 2, but more evaluation or stronger history is really needed.

1

Mild difficulty, signs, or symptoms. Adequate ability to cope with biomed problems; mild interference with daily functioning

Dimension 3

Emotional, Behavioral, or Cognitive (EBC) Conditions and Complications

a. Mr. U did mark the following areas as "problematic" for him:

1. Mood: Loss of Pleasure/Sadness; Hopelessness; and Irritability
2. Anxiety: Anxiety/worry
3. Other: Sleep Problems; Memory/concentration

b. Do you have any thoughts of self harm or harm to others? No

Describe: Mr. U says he does think about death at lot, especially since the loss of his spouse and some friends. No suicide ideation or plan.

b. Have you ever been diagnosed with a mental illness? If yes, did you receive treatment? No

c. Do you see or hear things that other people say they do not see or hear? No

d. Question for interviewer: Based on the responses above, is further assessment needed? Yes

Describe: Mr. U presents with a very depressed, flat affect; he is well dressed but poorly groomed; he speaks with a detached manner about his mixed mood and hopelessness yet this has never been evaluated at depth.

SEVERITY RATING DIMENSION 3

0 None	1 Mild	2 Moderate	3 Severe	4 Very Severe
Rationale:				

4 — Utmost severity. Critical impairments/symptoms indicating imminent danger. Severe psychiatric symptomology and disability, requires involuntary hold

3 — Serious issue or difficulty coping. High risk or near imminent danger Insufficient IC, SC, and SF. Acute course of MI dominates recovery efforts

2 — Moderate difficulty in functioning. Suicide ideation or violent behavior; impaired SC and SF. Instability of symptoms impairs recovery efforts

1 — Mild difficulty, signs, or symptoms. Adequate IC/coping skills and SC; some impairment to SF and recovery effort. Mild MI or stable problems

0 — Non-issue, or very low-risk issue. Good impulse control (IC), self-care (SC), Social functioning (SF);no interference with recovery efforts; no history of mental illness (MI)

Poll #3

What risk rating would you give Mr. U on Dimension 3 (Emotional, Behavioral, or

Cognitive Conditions and Complications)?

- Risk Rating of 4
- Risk Rating of 3
- Risk Rating of 2
- Risk Rating of 1
- Risk Rating of 0

Mr. U- Dimension 3 Rating

- A risk rating of is 1 most correct

Rationale: Mr. U discusses and demonstrates a number of emotional, behavioral issues of concern—depressed mood mixed with anxiety. His recent losses and use of depressant category drugs almost certainly contribute to this, however he has not been evaluated or helped with any of this. While not admitting to any suicidal or violent behavior, his coping skills and use of social resources is minimal. Level of cognitive impairment does not seem severe but also needs further assessment. Without further assessment and intervention Mr. U could easily become more impaired in this domain.

1

Mild difficulty, signs, or symptoms. Adequate coping skills and self-care; some impairment to Social Functioning and recovery effort. Mild Mental Illness or stable problems

Dimension 4

Readiness to Change- *Exploring an individual's readiness and interest in changing*

a. To the questions, "Is your alcohol/other drug (AOD) use affecting any of the following (given a list of choices)" , Mr. U responded: "my relationships (family) and handling every day tasks.
b. Have you ever received help for AOD problems? No
c. On a scale of 1-10, how important is it for you to get support for your recovery? What would support you; what are the barriers?

Describe: Mr. U was not sure what was meant by "recovery." When stated as AOD use recovery he was uncertain that he "needed that", he gave that a 2; if recovery meant helping him "feel alive and contributing to the family" he said it was an 8. He could not clearly identify what would "support" his efforts other than his own self-determination. He said a barrier was that he was maybe just "too old to change."

SEVERITY RATING DIMENSION 4

0 None	1 Mild	2 Moderate	3 Severe	4 Very Severe
Rationale:				

4 Utmost severity; imminent danger. Unaware of SU problems and need for tx. Not willing to engage or explore change

3 Serious issue or difficulty- Minimal awareness of substance use (SU) problems and need for tx. Unwilling or only partially willing to comply with tx.

2 Moderate difficulty- Reluctant to go into tx; can describe problems from use but has low commitment to change. Only passive involvement with minimal compliance

1 Mild difficulty- Willing to enter tx but is ambivalent about need for change or believes it will be very easy to do

0 Non-issue, or very low-risk. Willing to engage in treatment (tx), active participation with commitment to change

Poll #4

What risk rating would you give Mr. U on Dimension 4 (Readiness to Change)?

- Risk Rating of 4
- Risk Rating of 3
- Risk Rating of 2
- Risk Rating of 1
- Risk Rating of 0

Mr. U- Dimension 4 Rating

- A risk rating of is 2 most correct

Rationale: Mr. U realizes there are some problems but he seems to believe his drinking has a minimal impact and is limited to a few isolated events. While he believes he can “adjust” things on his own, he is willing to explore treatment. His willingness to engage in change is somewhat higher for his mental health issues (depression and anxiety).

2

Moderate difficulty- Reluctant to go into tx; can describe problems from use but has low commitment to change. Only passive involvement with minimal compliance

Dimension 5

Relapse, Continued Use, or Continued Problems Potential-

Exploring an individual's relapse experiences/history of continued use

a. In the past 30 days have you had cravings, withdrawal symptoms or trying to recovery from your use?

Describe: I have a drink most days, I'm not sure about craving, I just get bored and enjoy a drink. I did overdo it the other day, but usually I keep it under control

b. Do you feel you will relapse or continue to use if you don't get treatment or additional support?

Describe: I've been drinking all my adult life. This has me thinking that I may have to quit. I certainly don't want to hurt my daughter or my grandkids. I think I can quit if that's what it takes and I've always been able to do things when I make up my mind to.

c. Are you aware of your triggers to use alcohol and/or other drugs?

Describe: I get bored. My wife and I always had cocktails before dinner. I would miss that.

Dimension 5 (continued)

Relapse, Continued Use, or Continued Problems Potential- *Exploring an individual's relapse experiences/history of continued use*

d. Have you tried to control your use (stop or cut down)?

Describe: I cut down a lot when I moved in with my daughter and son-in-law. I don't think I was drinking that much, but they hardly ever drink. That's why I drink in the garage, not to bother them. I do pretty well at controlling, I just let it get out of hand a few times.

a. What is the longest period of time you have gone without using? Describe when, what substance, duration

Describe: I totally quit once for about 2 months. My wife was sick and needed me. That was maybe 8 -10 years ago. Recently I quit for a couple of weeks. I was spending more time doing things with the grandkids and didn't want to drink around them. That was about three months ago.

SEVERITY RATING DIMENSION 5

0 None	1 Mild	2 Moderate	3 Severe	4 Very Severe
Rationale:				

4 Utmost severity; imminent danger- Repeated tx episodes with little positive effect; seems to have no skills to prevent or limit relapse or manage cravings

3 Serious issue- Little recognition and understanding of SU/relapse issues and has poor skills to cope with and interrupt use

2 Moderate difficulty-Impaired understanding of SU/relapse issues but is able to self-manage with support

1 Mild difficulty-Minimal relapse/continued use potential; fair self-management and use prevention skills

0 Non-issue, or very low-risk. No potential for further SU problems. Low relapse potential, good coping skills

Poll #5

What risk rating would you give Mr. U on Dimension 5 (Relapse, Continued Use, or Continued Problems Potential)?

- Risk Rating of 4
- Risk Rating of 3
- Risk Rating of 2
- Risk Rating of 1
- Risk Rating of 0

Mr. U- Dimension 5 Rating

- A risk rating of is 2 most correct

Rationale: Again, Mr. U realizes there are some problems from his alcohol use but he seems to believe he will be able to limit or control use. He does not seem to understand the concept of craving and loss of control and so demonstrates poor recognition of risks and the dynamics of his SUD. He has an idea of when he *likes to have a drink but does not frame this experience as being triggered. Mr. U has exhibited some coping skills to manage his drinking* in his current environment. (Applies to Dim 3 also)

2 — Moderate difficulty-Impaired understanding of SU/relapse issues but is able to self-manage with support

Dimension 6

Recovery and Living Environment- *Evaluating the individual's living situation, environmental resources and challenges, including family and friends*

a. Do you have any relationships support of recovery? Yes

Describe: My daughter and her family (how about friends?) I have many friends but I don't seem to see them very often anymore.

b. What is your current living situation?

Describe: I live with my son-in-law , daughter, and grandkids. I'm very comfortable there and enjoy living with them.

c. Do you live where others drink and/or use drugs?

Describe: My son-in-law has a drink once in a while, not often

d. Are you in a relationship which poses a threat? No

e. Are you in a relationship which could negatively affect your recovery? I don't think so

Dimension 6 (Continued)

Recovery and Living Environment- *Evaluating the individual's living situation, environmental resources and challenges, including family and friends*

a. How do you spend your free time?

Describe: I spend time with my grandkids, work on projects in the garage.
Counselor: Isn't that where you do most of your drinking?
Mr. U.- Yes, and I do wood projects. I'm retired so that's what I do now.

b. When you think about what you have accomplished with your work/ education, are you: satisfied, dissatisfied, or neither?

Describe: I did well, worked my way up to lead design engineer. I'm satisfied but that's in the past.. .now I build birdhouses.

c. Are you currently involved in social services or legal system? No

SEVERITY RATING DIMENSION 6

0 None	1 Mild	2 Moderate	3 Severe	4 Very Severe
Rationale:				

4 Utmost severity; imminent danger- Environment is hostile and toxic to recovery; individual is not able to cope with these negative elements

3 Serious issue- Environment is not supportive of recovery and individual finds coping difficult even with clinical structure

2 Moderate difficulty- Environment is not supportive of recovery but with clinical structure individual can cope

1 Mild difficulty- Passive support available, individual is not too distracted from recovery and is able to cope

0 Non-issue, or very low-risk. Supportive environment or individual is able to cope well with support available

Poll #6

What risk rating would you give Mr. U on Dimension 6 (Recovery and Living Environment)?

- Risk Rating of 4
- Risk Rating of 3
- Risk Rating of 2
- Risk Rating of 1
- Risk Rating of 0

Mr. U- Dimension 6 Rating

- A risk rating of is 0-1 most correct

Rationale: Mr. U's living environment is stable, secure and while his social circle is limited, he has a lot of support from his family. A problem is, his daughter and son-in-law have busy lives and because he doesn't get out of the house, he lives a life of significant isolation. Also, while the family supports Mr. U living a healthy and happy life, they know little about the impact of addiction/mental health issues and what may be needed to fully support recovery.

1

Mild difficulty- Passive support available, individual is not too distracted from recovery and is able to cope

Six Dimensions of Multidimensional Assessment

1. Acute Intoxication and/or Withdrawal Potential 1
2. Biomedical Conditions 1
3. Emotional, Behavioral, or Cognitive 1
4. Readiness to Change 2
5. Relapse, Continued Use Potential 2
6. Recovery/Living Environment 0

ASAM Levels of Care

0.5 Early Intervention

1. Outpatient Treatment
2. Intensive Outpatient
3. Residential Treatment
4. Medically-Monitored or Managed Intensive Inpatient Treatment
5. Withdrawal Management
    1. Ambulatory
    2. Residential

Decisional Flow- Matching Patient's Focus, Assessed Needs Treatment Placement

Intake and Assessment

1. What does the patient want and why now?
2. What are the immediate needs or imminent risk in each of the dimensions?
3. What are the Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnoses?

NEXT

Decisional Flow- Matching Patient's Focus, Assessed Needs Treatment Placement

Service Planning

1. Identify which assessment dimensions are most important- Treatment Priorities

2. Chose a specific focus and target for each priority dimension

3. Determine what services are needed for each dimension

NEXT

Level of Care Placement

1. What "Dose" or intensity of these services are needed for each dimension?

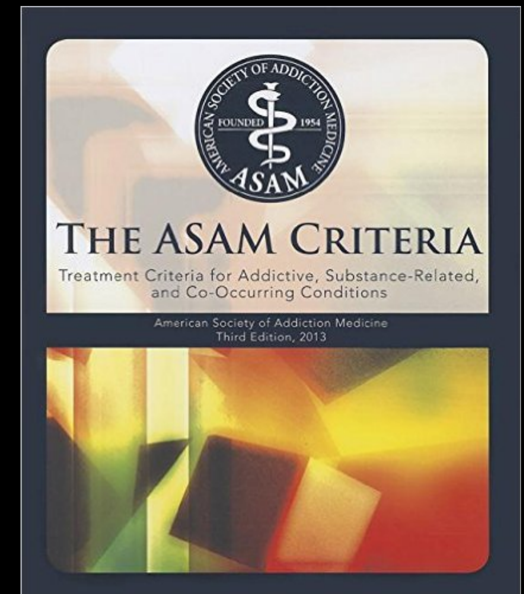
2. Where can these services be provided (Least intensive but safe level of care)?

3. Determine discharge criteria- what outcome measure will describe progress and influence placement decisions?

Why is a Continuum of Care Important?

- Levels of care provide a terminology for describing the Continuum of “recovery-oriented” addiction services;
- Designed to create a seamless continuum of flexible services;
- Improved efficiency and effectiveness of services;
- Through regular assessment, patients can be shifted to the appropriate level of care, thereby effectively extending the care they receive.

References and Resources



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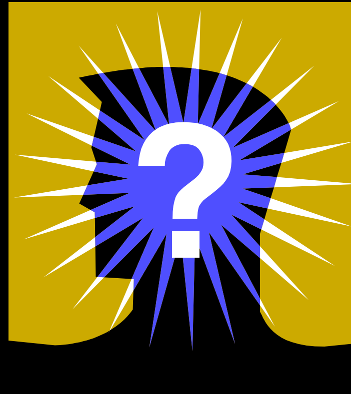
- The Change Companies: www.changecompanies.net
- Center for Integrated Behavioral Health Solutions www.cibhs.org
- UCLA Integrated Substance Abuse Programs (ISAP) Pacific Southwest Addiction Technology Transfer Center www.psattc.org



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Case Presentation
Mr. U

Mr. U is a 68 year-old male who was brought to the clinic by Ms. M his 40 year old (y/o) daughter because he did not pick up his 10y/o grandson from school last Friday as he does on a daily basis. Ms. M was called away from work to pick her son up. Upon arriving at home, Ms. M found Mr. U slumped over the workbench in the garage with and empty bottle of vodka nearby. Mr. U reports drinking to intoxication, complains of always feeling tired, has little or no appetite, and is not motivated to do anything.

Mr. U retired three years ago, after a lengthy career working as a design engineer in the automotive industry. His wife of 43 years passed away five years ago after a relatively brief battle with cancer.

Mr. U reports no health related issues other than heartburn on a daily regular basis, but believes it is due to his liking spicy foods.

Ms. M. reports that her father drinks to intoxication, complains of always feeling tired, has little or no appetite, and is not motivated to do anything. Mr. U acknowledges that he has little or no interest in most activities that use to bring him pleasure, and is bothered by his recurrent thoughts of death.

Mr. U was embarrassed and apologetic for his not picking up his grandson. He appreciates living with his family, and adores his daughter and grandchildren.

Mr. U lives with his daughter, her husband who Mr. U likes, and their three children, ages 18, 16, and 10. They are supportive and concerned about his wellbeing.

ASAM Dimension Problem List Worksheet

Review the Case, identify and list the problems in the space provided below which are related to the ASAM Dimension (1-6) that you have been assigned. It is important to note the resources and strengths of an individual, as well as the challenges she/he faces in regards to a specific dimension.

ASAM Criteria – Multidimensional Assessment

Dimension #1: **Acute Intoxication and/or Withdrawal Potential** Risk Rating: ____

Rationale: ____

Dimension #2: **Biomedical Conditions and Complications** Risk Rating: ____

Rationale: ____

Dimension #3: **Emotional, Beh. or Cog. Conditions and Complications** Risk Rating: ____

Rationale: ____

Dimension #4: **Readiness to Change** Risk Rating: ____

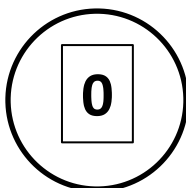
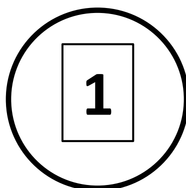
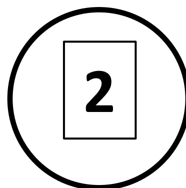
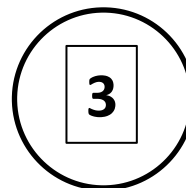
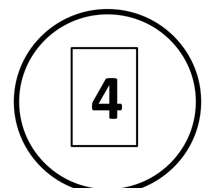
Rationale: ____

Dimension #5: **Relapse, Cont. Use, or Continued Problem Potential** Risk Rating: ____

Rationale: ____

Dimension #6: **Recovery/Living Environment** Risk Rating: ____

Rationale: ____

Non-issue Very low Risk	Mild difficulty chronic issues Likely to resolve	Moderate difficulty Persistent chronic issues	Serious Issue Near Imminent danger	Utmost severity Imminent Danger
				
0	1	2	3	4

Six Domains of Multidimensional Assessment

1. Acute Intoxication and/or Withdrawal Potential
2. Biomedical Conditions and Complications
3. Emotional, Behavioral, or Cognitive Conditions and Complications
4. Readiness to Change
5. Relapse, Continued Use, or Continued Problems Potential
6. Recovery and Living Environment

ASAM Levels of Care

1. Outpatient Treatment
2. Intensive Outpatient and Partial Hospitalization
3. Residential/Inpatient Treatment
4. Medically-Managed Intensive Inpatient Treatment

ASAM PPC-2R RISK RATING CROSSWALK

*ASAM Patient Placement Criteria'*RRE+for the Treatment of Substance-Related Disorders - Adult*

	0	1	2	3	4
1 *Acute Intoxication and/or Withdrawal Potential*	Fully functioning, no signs of intoxication or withdrawal present.	Mild to moderate intoxication interferes with daily functioning, but does not pose a danger to self or others. Minimal risk of severe withdrawal.	Intoxication may be severe, but responds to support; not posing a danger to self or others. Moderate risk of severe withdrawal.	Severe s/s of intoxication indicates an imminent danger to self or others. Risk of severe but manageable withdrawal; or withdrawal is worsening.	Incapacitated, with severe signs and symptoms. Severe withdrawal presents danger, as of seizures. Continued use poses an imminent threat to life (e.g., liver failure, GI bleedE, or fetal death).
2 *Biomedical Conditions and Complications*	Fully functioning and able to cope with any physical discomfort or pain.	Adequate ability to cope with physical discomfort. Mild to moderate symptoms (such as mild to moderate pain) interfere with daily functioning.	Some difficulty tolerating physical problems. Acute, non-life threatening medical symptoms are present. Serious biomedical problems are neglected.	Serious medical problems are neglected during outpatient treatment. Severe medical problems are present but stable. Poor ability to cope with physical problems.	The patient is incapacitated, with severe medical problems.
3 *Emotional, Behavioral or Cognitive (EBC) Conditions and Complications*	Good impulse control and coping skills and sub-domains (dangerousness/lethality, interference with recovery efforts, social functioning, self-care ability, course of illness).	There is a suspected or diagnosed EBC condition that requires intervention, but does not significantly interfere with tx. Relationships are being impaired but not endangered by substance use.	Persistent EBC condition, with symptoms that distract from recovery efforts, but are not an immediate threat to safety and do not prevent independent functioning.	Severe EBC symptomatology, but sufficient control that does not require involuntary confinement. Impulses to harm self or others, but not dangerous in a 24-hr setting.	Severe EBC symptomatology; requires involuntary confinement. Exhibits severe and acute life-threatening symptoms (e.g., dangerous or impulsive behavior or cognitive functioning) posing imminent danger to self and others.
4 *Readiness to Change*	Willing, engaged in treatment.	Willing to enter treatment, but is ambivalent about the need for change. Or willing to change substance use, but believes it will not be difficult to do so.	Reluctant to agree to treatment. Able to articulate negative consequences of usage but has low commitment to change use. Only passively involved in treatment.	Unaware of the need for change, minimal awareness of the need for treatment, and unwilling or only partially able to follow through with recommendations.	Not willing to explore change, knows very little about addiction, and is in denial of the illness and its implications. Unable to follow -through with recommendations.
	Mental Health	*Mental Health*	*Mental Health*	*Mental Health*	*Mental Health*
	Willingly engaged in tx* as a proactive, responsible participant; willing to change mental functioning & behavior.	Willing to enter tx and explore strategies for changing mental functioning but is ambivalent about the need for change. Willing to explore the need for strategies to deal with mental disorders. Participation in mental health tx is sufficient to avert mental decompensation. *Ex: ambivalent about taking meds but generally follows tx recommendations.*	Reluctant to agree to tx for mental disorders. Is able to articulate the negative consequences of mental health problems but has low commitment to therapy. Has low readiness to change and passively involved in tx. *Ex: variable attendance to therapy or with taking medication.*	Exhibits inconsistent follow through and shows minimal awareness of mental disorder or need for tx. Unaware of the need for change and is unwilling or partially able to follow through with recommendations.	A. No immediate Action Required: Unable to follow through has little or no awareness of a mental disorder or negative consequences. Sees no connection between suffering and mental disorder. Is not imminently dangerous or unable to care for self. Unwilling to explore change and is in denial regarding their illness and its implications. B. Immediate Action Required: Unable to follow

*GI bleed: gastrointestinal bleeding

*tx: treatment

					through with recommendations. Behavior represents an imminent danger of harm to self and others. Unable to function independently or engage in self-care.
5 *Relapse, Continued Use, or Continued Problem Potential*	Low or no potential for relapse, good coping skills.	Minimal relapse potential, with some vulnerability, and has fair self management and relapse prevention skills.	Impaired recognition and understanding of substance use relapse issues, but is able to self manage with prompting.	Little recognition and understanding of substance use relapse issues, and poor skills to interrupt addiction problems, or to avoid or limit relapse.	No skills to cope with addiction problems, or to prevent relapse. Continued addictive behavior places self and/or others in imminent danger.
	Mental Health	*Mental Health*	*Mental Health*	*Mental Health*	*Mental Health*
	No potential for further mental health problems or low potential and good coping skills.	Minimal relapse potential with some vulnerability and fair self management & relapse prevention skills.	Impaired recognition & understanding of mental illness relapse issues, but is able to self-manage.	Little recognition or understanding of mental illness relapse issues & poor skills to cope with mental health problems.	A. No immediate action required: Repeated tx episodes with little positive effect. No skills to cope with or interrupt mental health problems. Not in imminent danger and is able to care for self. B. Immediate action required: No skills to arrest the mental health disorder or relapse of mental illness. Psychiatric disorder places them in imminent danger.
6 *Recovery Environment*	Supportive environment and/or able to cope in environment.	Passive support or significant others are not interested in patient's addiction recovery, but is not too distracted by this and is able to cope	The environment is not supportive of addiction recovery but, with clinical structure, able to cope most of the time.	The environment is not supportive of addiction recovery and the patient finds coping difficult, even with clinical structure.	The environment is chronically hostile and toxic to recovery. The patient is unable to cope with the negative effects of this environment on recovery, and the environment may pose a threat to the patient's safety.
	Mental Health	*Mental Health*	*Mental Health*	*Mental Health*	*Mental Health*
	Has a supportive environment or is able to cope with poor supports.	Has passive supports or significant others not interested in improved mental health but they are able to cope.	Environment is not supportive of good mental health but, with clinical structure, they are able to cope most of the time.	Environment is not supportive of good mental health and they find coping difficult, even with clinical structure.	A. No immediate action required: Environment is not supportive and is chronically hostile and toxic to good mental health Able to cope with the negative effects of the environment on their recovery. B. Immediate Action Required: Environment is not supportive and is chronically hostile to a safe mental health environment posing an immediate threat to their safety and well being. (ex

					lives with a abusive alcoholic partner.)
	No Risk	Low	Moderate	High	Severe

- **Level III Residential Treatment** typically has a one "3" or "4" in Dimension 1, 2 or 3; and an additional "3" or "4" in Dimensions 1 through 6. For dimension 1, risk rating of "3" or "4" within past 2 weeks.

- **Level II Partial Hospitalization** typically has a risk rating of "1" or "0" in Dimension 1; a "2" or "3" in Dimension 2; a "2 or 3" in Dimension 3; and one "3 or 4" in Dimensions 4 through 6.

- **Level II Intensive Outpatient** typically has a "0" or "1" in Dimensions 1 and 2; a "1 or 2" in Dimension 3; and a "3" or "4" in Dimension 4, 5, or 6.

- **Level I Outpatient treatment** typically has a risk rating of "0" or"1" in all Dimensions.

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