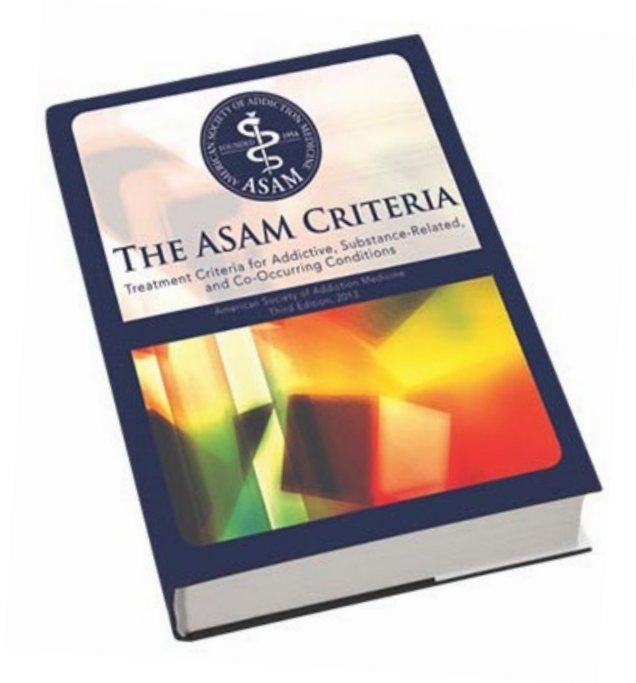

An Introduction to the Application of The ASAM Criteria for Substance-Related and Co-Occurring Disorders

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The ASAM Criteria

Multidimensional Assessment

Assessment Dimensions	Assessment and Treatment Planning Focus
1. Acute Intoxication and/or Withdrawal Potential	Assessment for intoxication and/or withdrawal management. Withdrawal management in a variety of levels of care and preparation for continued addiction services
2. Biomedical Conditions and Complications	Assess and treat co-occurring physical health conditions or complications. Treatment provided within the level of care or through coordination of physical health services
3. Emotional, Behavioral or Cognitive Conditions and Complications	Assess and treat co-occurring diagnostic or sub-diagnostic mental health conditions or complications. Treatment provided within the level of care or through coordination of mental health services
4. Readiness to Change	Assess stage of readiness to change. If not ready to commit to full recovery, engage into treatment using motivational enhancement strategies. If ready for recovery, consolidate and expand action for change
5. Relapse, Continued Use or Continued Problem Potential	Assess readiness for relapse prevention services and teach where appropriate. If still at early stages of change, focus on raising consciousness of consequences of continued use or problems with motivational strategies.
6. Recovery Environment	Assess need for specific individualized family or significant other, housing, financial, vocational, educational, legal, transportation, childcare services

Severity and Risk Ratings

More Information on Pages 75 - 89

RISK RATING			
	4	This rating would indicate issues of **utmost severity**. The patient would present with critical impairments in coping and functioning, with signs and symptoms indicating an **"imminent danger"** concern.	HIGH
	3	This rating would indicate a **serious issue** or difficulty coping within a given dimension. A patient presenting at this level of risk may be considered in or near "imminent danger."	MODERATE
	2	This rating would indicate **moderate difficulty** in functioning. However, even with moderate impairment, or somewhat persistent chronic issues, relevant skills, or support system may be present.	
	1	This rating would indicate a **mildly difficult issue**, or present minor signs and symptoms. Any existing chronic issues or problems would be able to be resolved in a short period of time.	LOW
	0	This rating would indicate a **non-issue or very low risk issue**. The patient would present no current risk and any chronic issues would be mostly or entirely stable.	

Withdrawal Management

WITHDRAWAL MANAGEMENT		
LEVEL	**Withdrawal Management-Adults**	**Description**
1-WM	***Ambulatory Withdrawal Management W/O Extended On-Site Monitoring***	Mild withdrawal with daily or less than daily OP supervision; likely to complete withdrawal management and to continue treatment or recovery
2-WM	***Ambulatory Withdrawal Management with Extended On-Site Monitoring***	Moderate withdrawal with all day withdrawal management support and supervision; at night, has supportive family or living situation; likely to complete withdrawal management
3.2-WM	***Clinically Managed Residential Withdrawal Management***	Moderate withdrawal, but each 24 hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery
3.7-WM	***Medically Monitored Inpatient Withdrawal Management***	Severe withdrawal and needs 24 hour nursing care and physician visits as necessary; unlikely to complete withdrawal management without medical, nursing monitoring
4-WM	***Medically Managed Intensive Inpatient Withdrawal Management***	Severe, unstable withdrawal and needs 24 hour nursing care and daily physician visits to modify withdrawal management regimen and manage medical stability

Levels of Care and Service

Level 0.5 – Early intervention *(not therapy/education groups, support group)*

<u>Outpatient Levels of Care</u>

Level 1 – Outpatient – weekly or bi-weekly individual sessions and/or therapeutic groups
(Wis. Admin. Code DHS § 75.13 totaling less than 12 hours of counseling per client per week)

Opioid treatment services (medication-assisted treatment: connected with any level of care)

Level 2 – Intensive outpatient/partial hospitalization
(Wis. Admin. Code DHS § 75.12: Each client receiving a minimum of 12 hours of counseling per week. One hour of the 12 hours must be individual therapy.)

Level 2.1 (Intensive outpatient program)
Level 2.5 (Partial hospitalization (day treatment)

Residential/Inpatient Levels of Care

<u>Level 3 – Residential/inpatient services</u>

- **Level 3.1-Clinically managed low-intensity residential Services** (Programs that offer at least 5 hours per week of treatment)= ***DHS 75.14 Transitional Treatment-*** *The service provides substance abuse treatment in the form of counseling for 3 to 11 hours per patient weekly.*

- **Level 3.3-Clinically managed, population- focused,** high-intensity residential services (Intellectual disabilities, TBI)

- **Level 3.5-Clinically managed high-intensity residential services**, nonmedical component (example: therapeutic community, residential treatment center [*managed by treatment staff*])=***DHS 75.11-Medically Monitored Treatment-*** *a minimum of 12 hours of counseling provided per week for each patient.*

- **Level 3.7-Medically monitored intensive inpatient treatment** (Inpatient treatment program that have nurses 24 hours and doctors on call [*monitored by doctors and managed by nursing staff or medical techs*])

- **Level 4 – Medically managed intensive inpatient treatment** (More of a hospital setting. [*Managed by doctors and nurses*])

Imminent Danger

3 Components

1. Strong probability that certain behaviors will occur (e.g., cont'd alcohol or other drug use or addictive behavior relapse).
2. Likelihood that such behaviors will present significant risk of serious adverse consequences to individual and/or others (e.g., reckless driving while intoxicated, or neglect of a child).
3. Likelihood that such adverse events will occur in very near future (hours and days, rather than weeks or months).

Things to Remember

- ASAM is to determine level of care and to help with determining treatment plan goals and objectives.
- It is not a tool to diagnosis a substance use disorder or mental health disorder.
- Remember in dimension 1, dimension 2, and dimension 3 you are listening to the client describe symptoms or observing sign and symptoms.
- Use your clinical skills to individualize treatment….. stop relying on tools that tell us the level of care based off a number.
- The here and now trumps history except when predicting severity of withdrawal.

GEORGE: 46 YEAR OLD MALE

1. Alcohol- Reports drinking a bottle of wine over the weekend (its Wed morning).
2. Heroin- Hasn't used in years; so long couldn't remember when; shot 3 to 4 times per day; dime bag each time.
3. Cocaine- Smoking regularly for past year—20 or more days per month; Smokes 6-7 rocks per day.
4. Cannabis- Last smoked 1 week ago; smoking less since starting crack; Previously smoked daily—about 4 dimes per day; began smoking daily as teen.
5. PCP- Reports hasn't smoked in years.
6. Client's lips looked a bit burned. His sister stated that when client can't get access to a lighter or match, he'll attempt to light the crack pipe using the stove. She stated that his coat caught fire recently.

At a Glance

- Looks to be a bit flushed
- Beads of sweat on his forehead but it looks like he has on many layers of cloths.
- Constant movement in his fingers and ever so often in his face.
- On a few occasions he would nod off .
- Personal hygiene seemed ok
- Lip and tip of nose looks a bit burned or blistered

GEORGE: 1- ACUTE INTOXICATION & WITHDRAWAL POTENTIAL

1. Smoked crack 20 or more days a month for at least the past year; smoked last night.

2. In addition to smoking crack, he reports drinking alcohol and smoking marijuana. He reports no withdrawal symptoms when abstinent from alcohol (that he can remember). He currently reports some anxiety and sister stated he is irritable. Observed him on a few occasions falling asleep during the assessment.

GEORGE: 2-BIOMEDICAL CONDITIONS &COMPLICATIONS

1. Client states that he fell out of a truck at age 14 and was hospitalized. He states that he was in a coma for days.

2. Client also states that he was hospitalized at age18 for pneumonia.

3. He does not report any other prior or on-going medical issues other than his lip is starting to hurt. You observed a blister on his lips and the skin around his mouth and the underside of his nose had a mild red tone and looked chapped.

4. He does not report any medical issues in the past 30 days.

GEORGE: 3-EMOTIONAL, BEHAVIOR AND COGNITIVE CONDITIONS AND COMPLICATIONS

1. Client reports he has been diagnosed with schizophrenia and bi-polar disorder; monthly Haldol injections for years. Sister takes him to get his shot. “I know my drugs make me worst and I don’t like that”

2. Has received SSI for over 15 years

3. Client reports he has no issues with activates of daily living (eating, bathing, getting dressed)

4. Client reported compliance w/treatment; he denied hallucinations and delusions.

5. Sister reports client has been talking to the TV and to himself; has a fixed belief that people change bodies and that’s how his deceased father is still alive.

GEORGE: 4-READINESS TO CHANGE

1. Verbalizes desire for treatment and considers treatment to be very important. . “I know my drugs make me worst and I don’t like that”
2. Willingness to engage in treatment and ability to follow through with treatment recommendations is also in doubt.
3. Sister indicated that client has completed detox multiple times, but has refused to enter treatment, the times he has entered treatment he is not engaged and/or left treatment early.

GEORGE: 5- RELAPSE, CONTINUED USE OR CONTINUED PROBLEM POTENTIAL:

1. Began marijuana at age 14 and alcohol at 15. He could not recall when he began smoking crack.

2. Reports history of drinking daily, 4-5 bottles of wine per day; greatly reduced in last 4 months.

3. History of smoking 4-5 dime bags of marijuana per day. Indicates THC use decreased when his crack use picked up about a year ago.

4. Reports smoking crack 20 or more days a month; 6-7 rocks per episode. Reports daily cravings for crack; no recent sustained abstinence; unable to describe strategies for achieving abstinence.

GEORGE: 6-RECOVERY/LIVING ENVIRONMENT

1. Lives with his mother who is supportive and has done so all his life. No drug or alcohol users in home.
2. Client's sister accompanied him to the interview and appeared supportive and involved.
3. Reports spending most of his free time with a "friend". He stated that they used drugs together.
4. Client states that he panhandles to support his drug habit and that's how he ended up with his current charge unauthorized entry. No other criminal charges.

Six Dimensions of Multidimensional Assessment

	SUD	MH
1. Acute intoxication and/or withdrawal potential	2	
2. Biomedical conditions	1	
3. Emotional, behavioral, or cognitive	2	
4. Readiness to change	3	3
5. Relapse, continued use potential	4a	2
6. Recovery/living environment	3	3

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

- 2-WM-Amblitory Withdrawal Management with extended on-site monitoring.
- 3.2-WM- Clinically Manages Residential Withdrawal Management
- 3.7-WM-Medically Monitored Inpatient Withdrawal Management

Recommendations for WM

3.2-WM: Clinically Managed Residential Withdrawal Management

- Have protocol in place incase biomedical and/or mental health start to deteriorate but over all managed by clinical staff NOT medical
- Emphasis is on peer and social support rather than medical
- This LOC supports clients who are experiencing withdrawal and symptoms that are significant enough to require 24hr support and structure.

Recommendations for LOC

- **3.5-Clinically managed high-intensity residential services**
- **The focus is in problems in dimensions 4,5 & 6.**
- **The focus is on stabilization of dangerous addiction signs and symptoms, initiation of the recovery process and preparation for ongoing recovery.**
- **If a client is in a 3.7 LOC once dimensions 1,2 and/or 3 are stabilized client can "step down" to 3.5 if indicated.**

Why not 3.7?

Level 3.7-Medically monitored intensive inpatient tx

3.7 are designed to meet the needs of clients who have functional limitations in dimensions 1, 2 and/or 3. Once stable client can step down to appropriate LOC.