

Understanding the ASAM Pre-Test

1. The six assessment dimensions of the ASAM criteria:

- a) Help assess the individual's comprehensive needs in treatment
- b) Provide structure for assessing severity of illness and level of function
- c) Requires that there be access to medical and nursing personnel when necessary
- d) Can help focus the treatment plan on the most important priorities
- e) All of the above

2. Assessment of a person's goals and motivations is important to:

- a) Match treatment to the client's readiness to change
- b) Ensure residential care is not wastefully utilized
- c) Avoid confrontation approaches that alienate the client
- d) Individualize the referral and treatment plan
- e) All of the above

3. In an era of healthcare reform:

- a) The ASAM criteria's primary goal is to keep addiction separate and safe from mental health
- b) Accountable care organizations and health care homes will pay attention to addiction even less now
- c) The ASAM criteria can help integrate addiction into general health care
- d) None of the above

4. The true spirit and content of The ASAM Criteria ensure that:

- a) All withdrawal management occurs in a medically monitored level of provide maximum safety
- b) The length of stay is variable and depending on the severity of illness and the patient's progress
- c) The patient stays and graduates from each level of care as determined by the primary counselor
- d) Long-term residential treatment is always necessary if the client lives in a toxic environment

Deanna England, LICDC-CS, LPC
deannaengland@orianahouse.org
567-220-7018 ext. 4202

Tammy Jensen, PCC-S, LICDC-CS
tammyjjensen@orianahouse.org
330-996-7730 ext. 2423

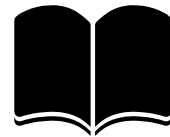
Understanding the ASAM



Deanna England, LICDC-CS, LPC, Clinical Manager of North Central Ohio, Oriana House, Inc.

Tammy Jensen, MA, PCC-S, LICDC-CS, Clinical Manager of the ADM Crisis Center, Oriana House, Inc.

Goals & Objectives



- Gain knowledge of the risk dimensions used to formulate a level of care recommendation
- Understand levels of care as defined by the American Society for Addiction Medicine (ASAM), including outpatient levels of care, residential levels of care, and withdrawal management
- Achieve an understanding of what is required for each level of care



Pre-Test

3



Okay, let's get in to it-
What is ASAM?

4

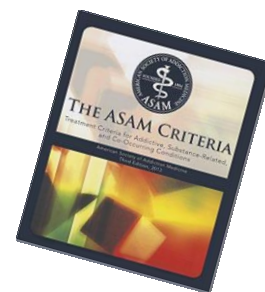
American Society of Addiction Medicine



- Founded in 1954
- Professional medical society representing over 5,500 physicians, clinicians and associated professionals
- Dedicated to increasing access and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction
- Mission is to Connect, Advocate, Educate, and Treat

5

The ASAM Criteria



- Started in 1980's to define a national set of criteria for providing outcome-oriented and results-based care in the treatment of addiction

6



Elements of a biopsychosocial assessment

- History of the present episode
- Family hx
- Developmental hx
- Alcohol, tobacco, other drug use, addictive behavior hx
- Personal/social hx
- Legal hx
- Psychiatric hx
- Medical hx
- Spiritual hx
- Review of symptoms
- Mental status exam
- Physical exam
- Formulation and diagnosis
- Survey of assets, vulnerabilities, and supports
- Treatment recommendations

*hx = history

8

Six Dimensions of a Multi-Dimensional Assessment

Focus on moving practitioners away from a one-dimensional diagnosis-driven approach

AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

1	DIMENSION 1	Acute Intoxication and/or Withdrawal Potential Exploring an individual's past and current experiences of substance use and withdrawal
2	DIMENSION 2	Biomedical Conditions and Complications Exploring an individual's health history and current physical condition
3	DIMENSION 3	Emotional, Behavioral, or Cognitive Conditions and Complications Exploring an individual's thoughts, emotions, and mental health issues
4	DIMENSION 4	Readiness to Change Exploring an individual's readiness and interest in changing
5	DIMENSION 5	Relapse, Continued Use, or Continued Problem Potential Exploring an individual's unique relationship with relapse or continued use or problems
6	DIMENSION 6	Recovery/Living Environment Exploring an individual's recovery or living situation, and the surrounding people, places, and things

9

Acute Intoxication and/or Withdrawal Potential

1.

- Current signs of w/d
- Vital signs
- Risk of severe w/d symptoms, seizures, or other medical complications

*w/d = withdrawal

Biomedical Conditions & Complications

2.

- Current physical illness
- Chronic conditions
- Pregnancy

Emotional, Behavioral, or Cognitive Conditions & Complications

3.

- Psychiatric illnesses
- Psychological, behavioral, emotional, or cognitive conditions
- Manage activities of daily living (ADL's)
- MH treatment? Coping skills present?
- **RISK DOMAINS:** dangerousness, lethality, social functioning, self-care, course of illness

Readiness to Change

4.

- Awareness of the relationship between their AoD use and/or behaviors
- Readiness, willingness, and ability to make changes
- Feeling of control in treatment decisions

Relapse, Continued Use, or Continued Problem Potential

5.

- Recognition of and skills to prevent relapse
- Recovery hx
- Current skill of coping with negative affects (moods), peer pressure, stress, craving, impulses...
- Awareness of relapse triggers



- Let's define relapse:
“resumption of active addiction after a period of recovery”

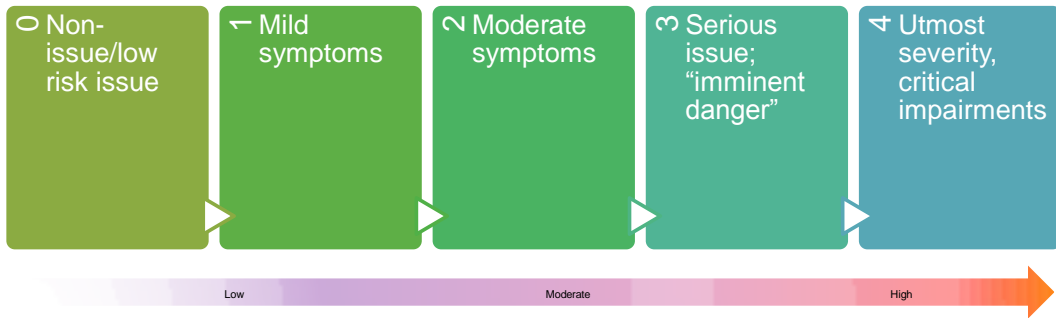
15

Recovery/Living Environment

6.

- Family members, SO's, friends (people)
- Work, school, living situations
- Financial resources
- Educational/vocational resources
- Transportation, child care, housing
- Legal involvement (enhance motivation)

Each dimension is assigned a risk rating (ongoing)

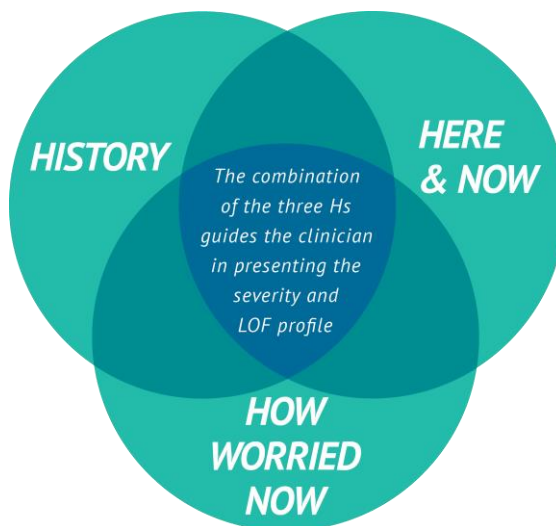


17

Where do we go from here?

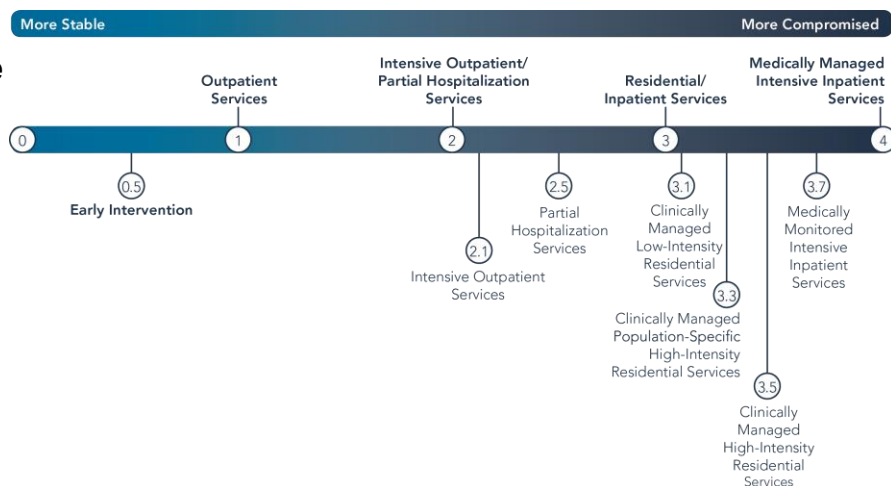
18

Assessing Severity and Level of Function



19

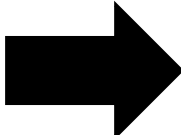
Spectrum of 5 broad levels of care



0

Level of Care

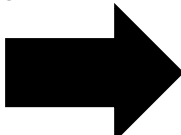
0.5

- 0.5 Early Intervention
- 
- Assessment and education for at-risk individuals who do not meet diagnostic criteria for substance use disorder

21

Level of Care

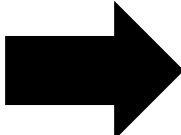
1.0

- 1.0 Outpatient Services
- 
- Less than 9 hours of service/week (adults); less than 6 hours a week (adolescents) for recovery or motivational enhancement therapies/strategies

22

Level of Care

2.1

- 2.1 Intensive Outpatient Services
- 
- 9 or more hours of service/week (adults); 6 or more hours/week (adolescents) to treat multidimensional instability

23

Level of Care

2.5

- 2.5 Partial Hospitalization Services
- 
- 20 or more hours of service/week for multidimensional instability not requiring 24-hour care

24

Level of Care

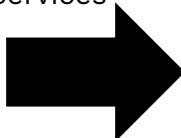
3.1

- 3.1 Clinically Managed Low-Intensity Residential Services
 - 24-hour structure with available trained personnel; at least 5 hours of clinical service/week
- 

25

Level of Care

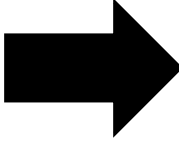
3.3

- 3.3 Clinically Managed Population-Specific High-Intensity Residential Services
 - 24-hour care with trained counselors to stabilized multidimensional imminent danger. Less intense, more repetitive treatment for those with cognitive or other impairments
- 

26

Level of Care

3.5

- 3.5 Clinically Managed High-Intensity Residential Services
 - 24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. Highest needs are stability and safe/stable living arrangement
- 

27

Level of Care

3.7

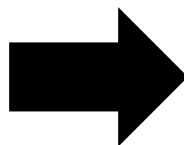
- 3.7 Medically Monitored Intensive Inpatient Services
 - 24-hour nursing care with physician availability for significant problems in Dimensions 1, 2, or 3. 16 hour/day counselor ability
- 

28

Level of Care

4.0

- 4.0 Medically Managed Intensive Inpatient Services
- 24-hour nursing care and daily physician care for severe, unstable problems in Dimensions 1, 2, or 3. Counseling available to engage patient in treatment

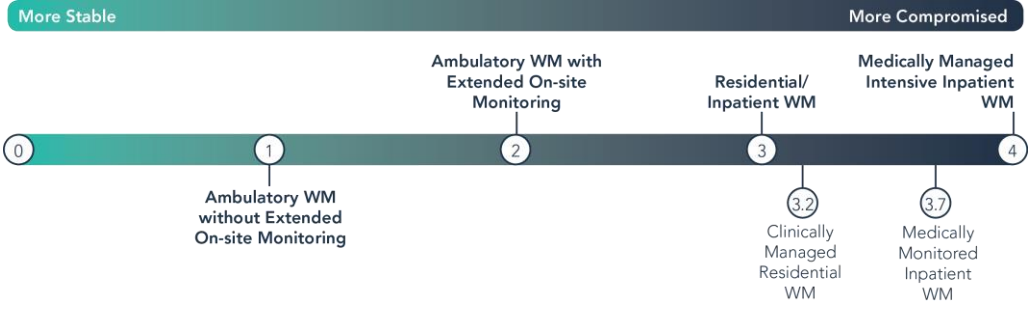


29

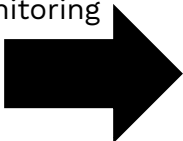
	1 Outpatient	2 Intensive Outpatient	3 Med Monitored Inpatient	4 Med Managed Inpatient
Intox/ Withdrawal	No risk	Minimal	Some medical risk	Severe risk/24-hr acute
BMC/C	No risk	Manageable	Monitoring required	Medical care needed
EBCC/C	No risk	Mild severity	Moderate	24-hr psych & addiction tx required
Readiness to Change	Cooperative	Cooperative but requires structure	Highly resistant, needs 24-hr monitoring	
Relapse Potential	Maintains abstinence	More symptoms, needs close monitoring	Unable to control use in outpatient care	
Recovery Environment	Supportive	Less support, w/structure can cope	Danger to recovery	



Spectrum of Withdrawal Management levels of care

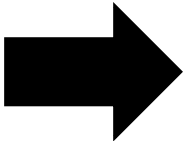


Withdrawal Management Level of Care **1WM**

- 1 WM
 - Ambulatory Withdrawal Management without Extended On-Site Monitoring
 - Mild withdrawal with daily or less than daily outpatient supervision; likely to complete withdrawal management and to continue treatment or recovery
- 

33

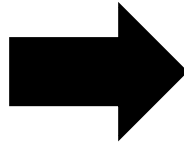
Withdrawal Management Level of Care **2WM**

- 2 WM
 - Ambulatory Withdrawal Management with Extended On-Site Monitoring
 - Moderate withdrawal with all day withdrawal management support and supervisions; at night, has supportive family or living situation; likely to complete withdrawal management
- 

34

Withdrawal Management Level of Care **3.2WM**

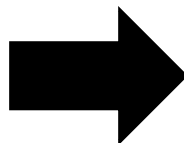
- 3.2 WM
- Clinically Managed Residential Withdrawal Management
- Moderate withdrawal, but needs 24-hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery



35

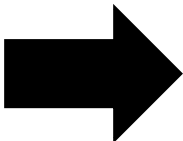
Withdrawal Management Level of Care **3.7WM**

- 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

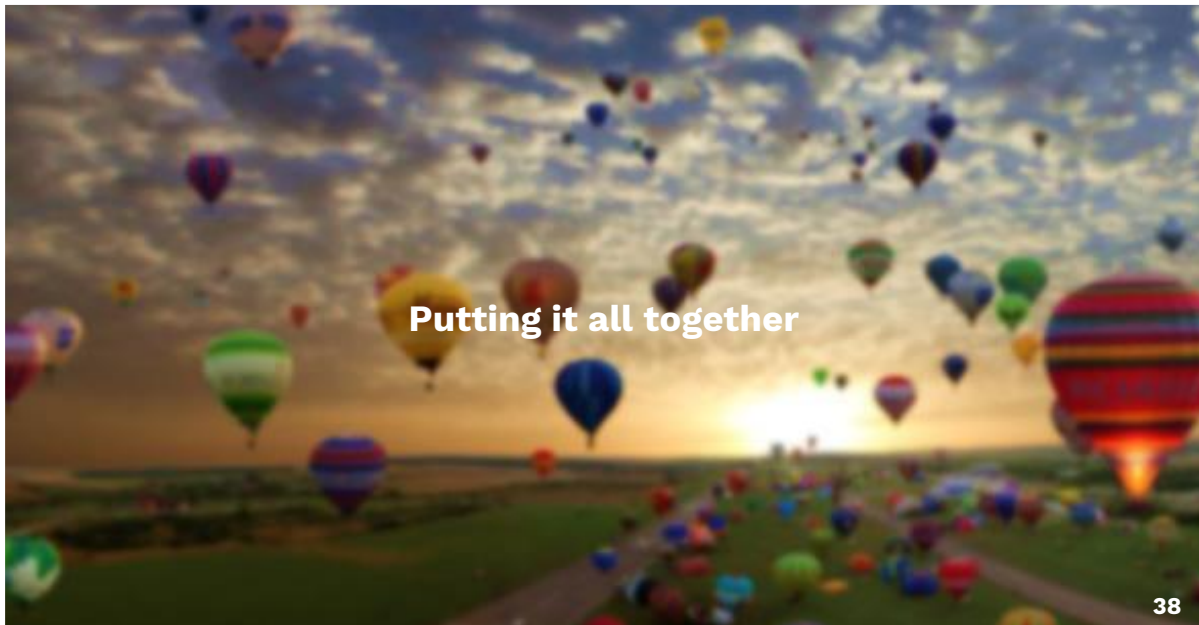


36

Withdrawal Management Level of **4WM** Care

- 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 instability

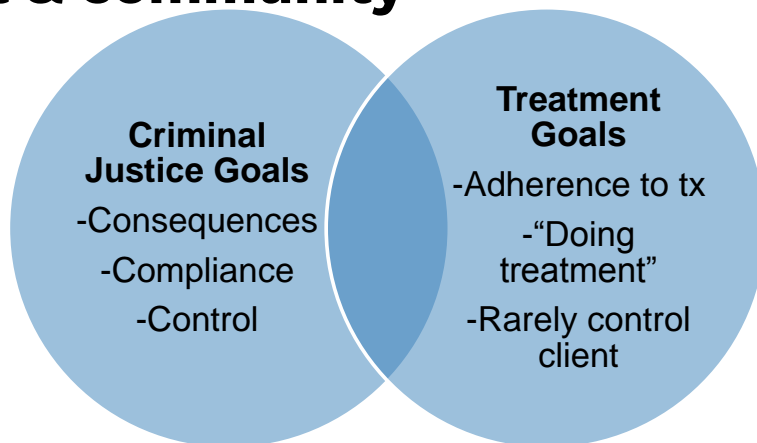
37



Putting it all together

38

Same goal of helping client & community



39

Questions?

Pre-Test Answers:
1. E, 2. E, 3. C, 4. B

40

Thank you for your time and attention today!

Contact Information for your Presenters:

Deanna England, LICDC-CS, LPC

deannaengland@orianahouse.org

567-220-7018 ext. 4202

Tammy Jensen, PCC-S, LICDC-CS

tammyjjensen@orianahouse.org

330-996-7730 ext. 2423

41