ASAM

THE CRITERIA COURSE

THE ASAM CRITERIA
FOUNDATIONS COURSE WORKBOOK

ASAM American Society *of* Addiction Medicine

Course Description:

This 8-hour virtual live course is the recommended first step to understanding *The ASAM Criteria* and covers developing patient-centered service plans as well as making objective decisions about patient admission, continuing care, and transfer/discharge for individuals with addictive, substance-related, and co-occurring conditions.

The workshop content is based on information found in *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, Third Edition* and incorporates an opportunity for participants to practice applying the information through case-based activities. Learners will have the opportunity to ask the presenter questions in real time, participate in polling questions and break into small groups.

The ASAM Criteria course can also serve as a bridge to implementing a provider credentialing program. Providers who have completed ASAM-approved training can gain the initial skill set to deliver care in compliance with *The ASAM Criteria*.

Learning Objectives:

1. Describe the underlying principles and concepts of *The ASAM Criteria*.
2. Identify the six dimensions of *The ASAM Criteria's* multidimensional patient assessment.
3. Determine treatment priorities based on risk assessment to guide treatment and service planning.
4. Determine an appropriate level of care and treatment priorities based on risk assessment.
5. Implement *The ASAM Criteria* in the context of system challenges, for patients with addiction, to ensure appropriate level of care and treatment outcomes.
6. Examine misconceptions and stigma associated with the treatment of individuals with substance use disorder.

Contact:

For questions about this course, please contact education@asam.org

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Catherine's Case Study

Case Information

Catherine, a 28 y/o pregnant (1st trimester) mother of two, is being referred to drug treatment by Child Welfare and Probation.

The referral states Catherine was arrested for driving under the influence while her children were in the car (2 y/o, 4 y/o). Catherine's children were unrestrained, unkept, and not clothed appropriately for the cold weather. When Catherine was pulled over, she was arrested due to a previous warrant and the children were immediately removed and placed in foster care. Catherine's toxicology screen at the time of her arrest was positive for alcohol and methamphetamine. Catherine spent 30 days in jail and is reporting abstinence since her release four days ago.

Child Welfare reports that the client has a history of psychiatric hospitalizations and does not want to take her bipolar disorder medications because of the pregnancy. Prior to her arrest, she and her children were homeless for two months.

During intake, Catherine reports feeling that substances are not an issue for her, and she does not need a drug treatment program. The client states, "I did not use in jail and since getting out, I have not used."

Activity 2: Biopsychosocial Assessment

Large group

- What biopsychosocial information can you identify in Catherine's case to complete a multidimensional assessment?

Biopsychosocial Elements	Case Information
Biological *(Physical health)*	
Psychological *(Mental health)*	
Social/Spiritual *(Motivation, social issues)*	

Rodriguez's Case Study

Case Information

Rodriguez is a Hispanic, 41 y/o married, unemployed carpenter, referred by his wife, a nurse who, after his recent relapse, will soon throw him out if he continues his daily 6-pack alcohol use and oxycodone.

His history includes no prior withdrawal symptoms, but major depression with suicidal ideation, intermittent prescribed opiates for low back injury, and alcohol use disorder in his father.

He would now accept treatment, including abstinence from any opiates, restarting his antidepressant, and attending some AA meetings.

Activity 3: Dimensional Analysis

Large group

- Review the information that the case presents across the six dimensions. Organize the information from Rodriguez's case into the different dimensions.

Dimensions	Case Information
Dimension 1: *Acute Intoxication and/or Withdrawal Potential*	
Dimension 2: *Biomedical Conditions and Complications*	
Dimension 3: *Emotional, Behavioral or Cognitive Conditions and Complications*	
Dimension 4: *Readiness to Change*	
Dimension 5: *Relapse/Continued Use, Continued Problem Potential*	
Dimension 6: *Recovery Environment*	

Notes

Use this section to take notes:

Ann's Case Study

Case Information

- Ann is a 32-year-old Black, divorced female. She has been abstinent for 48 hours from alcohol and reports she has remained so for up to 72 hours during the past 3 months.
- When she has abstained from alcohol, she states she has experienced sweats, internal tremors and nausea. However, she has never hallucinated, experienced D.T.'s or seizures.
- Vital signs within normal limits – Blood pressure and pulse rate.
- Ann states she is in good health except for alcoholic hepatitis for which she was just released from the hospital 1 week ago.
- She was in the hospital for 72 hours and was stabilized for her liver and withdrawal symptoms.
- Currently she is slightly anxious but not flushed or in any distress.
- Her doctor referred her for assessment of her Alcohol Use Disorder.
- Ann describes 2 past suicide attempts with sleeping pills. Her most recent attempt was 3 years ago. She sees a psychiatrist once a month for medication. She takes fluoxetine (Prozac) for depression and doesn't report misuse of her medication.
- Ann made the appointment and showed up on time.
- She has thought about quitting many times in the past, but this is the first time she showed up to an appointment.
- She doesn't know much about addiction but wants to learn more.
- She smokes up to 3 or 4 joints a day but stopped yesterday.
- Her last drink or alcohol was 48 hours ago.
- She has managed only 72 hours without a drink in the past 90 days.
- She has one son, age 11, who doesn't see any problems with her drinking and doesn't know about her marijuana use.
- Her ex-husband is not in the picture.
- Ann has a few friends in the area.
- Ann currently lives in an apartment.
- She has a car, but her license is suspended.
- Ann has not lost previous jobs due to addiction but was recently laid off when her company closed.

Activity 4: Assessment and Service Planning

Small Group

- Organize the information from Ann's case into the different dimensions.
  - How would you assign dimensions to the information presented?
  - Consider dimensions where you do not have enough information.
- Assign an appropriate risk rating for each dimension considering the 3 H's.

Dimensions	Case Information	Risk Rating
Dimension 1: *Acute Intoxication and/or Withdrawal Potential*		
Dimension 2: *Biomedical Conditions and Complications*		
Dimension 3: *Emotional, Behavioral or Cognitive Conditions and Complications*		
Dimension 4: *Readiness to Change*		
Dimension 5: *Relapse/Continued Use, Continued Problem Potential*		
Dimension 6: *Recovery Environment*		

Ann's Treatment Plan

Large Group

- What information does the case present for service planning considering the 5 M's and which dimension(s) are drivers of treatment in Ann's case?

Dimensions	Case Information
Dimension 1: *Acute Intoxication and/or Withdrawal Potential*	
Dimension 2: *Biomedical Conditions and Complications*	
Dimension 3: *Emotional, Behavioral or Cognitive Conditions and Complications*	
Dimension 4: *Readiness to Change*	
Dimension 5: *Relapse/Continued Use, Continued Problem Potential*	
Dimension 6: *Recovery Environment*	

Dimensional Driver(s)

Large Group

1. Which of Ann's dimensions will drive her treatment?

☐ Dimension 1 ☐ Dimension 2 ☐ Dimension 3

☐ Dimension 4 ☐ Dimension 5 ☐ Dimension 6

Module 4: Level of Care Placement

Notes

Use this section to take notes:

Revisiting Rodriguez's Case

Case Information

Rodriguez is a Hispanic, 41 y/o married, unemployed carpenter, referred by his wife, a nurse who, after his recent relapse, will soon throw him out if he continues his daily 6-pack alcohol use and oxycodone.

His history includes no prior withdrawal symptoms, but major depression with suicidal ideation, intermittent prescribed opiates for low back injury, and alcohol use disorder in his father.

He would now accept treatment, including abstinence from any opiates, restarting his antidepressant, and attending some AA meetings.

Activity 5: Determining Level of Care

Large Group

1. What level of care is appropriate for Rodriguez?
    - What problems in which dimensions require services, the dose and intensity of which can only safely be delivered in the level of care (LOC) you are requesting or authorizing?

2. What problems (if any) in which dimensions (if any) require services, the dose and intensity of which need 24 hour nursing and daily physician management seeing the patient to reassess and change treatment medications or other clinical interventions?

3. What problems (if any) in which dimensions (if any) require services, the dose and intensity of which need 24 hour, clinically managed services because the person is in imminent danger?

4. What problems (if any) in which dimensions (if any) require services, the dose and intensity of which would be safe to be addressed in a week to meet with the counselor and begin treatment?

Revisiting Ann's Case

Case Information

Please refer to page 9-10 for case information and any notes taken.

Activity 6: Determining Level of Care

Large Group

- Is there a specific dimension that is more severe that will drive the level of care (LOC) decision?

- What are important considerations for communicating treatment recommendations to the patient and her family?

- Are withdrawal services needed for Ann? If so, what level?

☐ 1-WM ☐ 2-WM ☐ 3.2-WM ☐ 3.7-WM ☐ 4-WM

- What level of care will Ann need?

☐ Level 0.5 ☐ Level 1 ☐ Level 2.1 ☐ Level 2.5 ☐ Level 3.1

☐ Level 3.3 ☐ Level 3.5 ☐ Level 3.7 ☐ Level 4

Activity 7: Continued Service and Transfer/Discharge Criteria

Large Group

- For each of the following vignettes, please consider if you would continue the same level of care, transfer or discharge the patient to a more or less intensive level of care or be transferred or discharged to a different kind of program.

1. Clinical Vignette 1

A patient in a Level 2.5 program has substance-induced depressive symptoms and suicidal ideation persisting beyond the "crash" of cocaine withdrawal. The patient thus requires consistent monitoring of depression and suicidal ideation at a frequency that can be provided effectively in a co-occurring enhanced Level 2.5 program. What is the appropriate course of action?

- ☐ Continued in the same level of care.
- ☐ Transferred or discharged to a more or less intensive level of care.
- ☐ Transferred or discharged to a different kind of program.

2. Clinical Vignette 2

An adolescent patient who has experienced significant weight loss from a co-occurring disorder (anorexia nervosa) is admitted to a Level 3.7 program. Two weeks into the program, she has not yet regained any weight. She is following through with the current treatment plan but is not yet responding to the dietary structure. The program has altered her treatment plan. What is the appropriate course of action?

- ☐ Continued in the same level of care.
- ☐ Transferred or discharged to a more or less intensive level of care.
- ☐ Transferred or discharged to a different kind of program.

3. Clinical Vignette 3

The patient's mental health condition is unstable due to increasing depression and suicidal ideation. He requires skills and services the staff is unable to deliver. He has remained abstinent from alcohol for weeks, but his cognition is still clouded.

- ☐ Continued in the same level of care.
- ☐ Transferred or discharged to a more or less intensive level of care.
- ☐ Transferred or discharged to a different kind of program.

Taylor's Case

Case Information

- Taylor is a white, 24-year-old, married female, with opioid use disorder (heroin, oral opioid analgesics).
- She has 2 toddlers, an 18-month-old daughter and a 3-year-old son.
- She is currently 2 months pregnant.
- Her husband is also addicted to opioids and has now entered treatment at a different residential facility.
- She and her family were living in a family shelter prior to entering a 3.1 residential level of care program for mothers with substance use disorder.
- At the shelter, her husband had an affair with another woman. When the patient found out, there was a physical fight between her and the other woman witnessed by her children.
- In her initial appointment with the addiction psychiatrist, she cautiously shared that she had started a "maintenance program" of her own with "socially available" buprenorphine after finding out that she was pregnant.
- She had previously settled on 8 mg daily of the "socially available" buprenorphine but recently found a prescriber.
- Taylor was connected to a buprenorphine prescriber in the community who accepts public sector insurance.
- She signed releases of information for the provider—a requirement for being on agonist maintenance therapy and for participation in the residential mothers' program.
- Her counselor reached out to her husband's counselor.
- Some family meetings were planned with her husband.
- She has bipolar disorder type II and Post Traumatic Stress Disorder.
- She is prescribed quetiapine (antipsychotic medication), lamotrigine (anticonvulsant medication used as a mood stabilizer) and is on buprenorphine maintenance therapy.
- She and her husband had a planned therapeutic leave to increase family bonding time by spending an afternoon in the park with their children.

Activity 8: Assessment, Treatment Plan, and Level of Care

Small Group

- Conduct a dimensional analysis of Taylor's case. How would you assign dimensions to the information presented?

Dimensions	Case Information
Dimension 1: *Acute Intoxication and/or Withdrawal Potential*	
Dimension 2: *Biomedical Conditions and Complications*	
Dimension 3: *Emotional, Behavioral or Cognitive Conditions and Complications*	
Dimension 4: *Readiness to Change*	
Dimension 5: *Relapse/Continued Use, Continued Problem Potential*	
Dimension 6: *Recovery Environment*	

1. Is there a specific dimension that is more severe that will drive the level of care (LOC) decision?

2. Does she need additional services for her substance use disorder? If so, what are they?

☐ Co-Occurring Capable services ☐ Biomedical Enhanced services

☐ Co-Occurring Enhanced services ☐ Multiple additional services

   i. Why or why not?

3. What are important considerations for communicating treatment recommendations to the patient and her family?

4. Are withdrawal services needed for Taylor? If so, what level?

☐ 1-WM ☐ 2-WM ☐ 3.2-WM ☐ 3.7-WM ☐ 4-WM

5. What level of care will Taylor need?

☐ Level 0.5 ☐ Level 1 ☐ Level 2.1 ☐ Level 2.5 ☐ Level 3.1

☐ Level 3.3 ☐ Level 3.5 ☐ Level 3.7 ☐ Level 4

Module 5: Considerations for Successful Application of The ASAM Criteria in the Context of Systems Challenges

Notes

Use this section to take notes:

Reference Sheets

The ASAM Criteria Six Dimensions

1. **Acute Intoxication and/or Withdrawal Potential**
    - *Currently having severe, life-threatening and/or similar withdrawal symptoms*
        - What are the current intoxication/withdrawal (WD) risks?
        - Are intoxication management services needed? (e.g., preventing drunk driving by withholding car keys; managing acute alcohol poisoning from heavy drinking)
        - Is there significant risk of severe WD, seizures, or other medical complications based on this history, chronicity, and recency of discontinuation of alcohol, tobacco, or other drugs?

2. **Biomedical Conditions and Complications**
    - *Any current, severe health problems*
        - Are there current physical illnesses, other than WD, that need to be addressed due to their risk or potential for treatment complications?
        - Are there chronic conditions that need stabilization or ongoing disease management (e.g., chronic pain)?
            - Is there a communicable disease present that could impact other patients or staff?
        - If female: Is the patient pregnant? What is her pregnancy history?

3. **Emotional/Behavioral/Cognitive Conditions**
    - *Imminent danger of harming self or someone else?*
    - *Unable to function in activities of daily living or care for self with imminent, dangerous consequences*
        - Are there current psychiatric illnesses or psychological, behavioral, emotional, or cognitive conditions or complications?
            - Do these pose risks or complications for recovery?
        - Are there chronic conditions that need stabilization or ongoing treatment (e.g., bipolar disorder or chronic anxiety)?
        - Do any emotional, behavioral, or cognitive signs or symptoms appear to be an expected part of the addictive disorder, or do they appear to be autonomous?
        - Even if connected to the addiction and sub-diagnostic, are any emotional, behavioral, or cognitive signs or symptoms severe enough to warrant specific mental health treatment (e.g., suicidal ideation & depression from “cocaine crash”)?
        - Is the patient able to manage ADLs (activities of daily living)?
        - Can the patient cope with any emotional, behavioral, or cognitive conditions?

4. **Readiness to Change**

    - *Ambivalent or feels treatment is unnecessary*
    - *Coerced, mandated, required to have assessment and/or treatment by mental health court, criminal justice system, etc.*
        - How aware is the patient of the relationship between their alcohol, tobacco, or other drug use. Are the patient's behaviors involved in the pathological pursuit of reward or relief in spite of negative life consequences?
        - How ready, willing, or able does the patient feel to make changes to substance use or addictive behaviors?
        - How much does the patient feel in control of treatment services?

5. **Relapse/Continued Use/Continued Problem Potential**

    - *Currently under the influence and/or acutely psychotic, manic, suicidal*
    - *Continued use/problems imminently dangerous*
        - Does the patient have…
            - Immediate danger of continued severe mental health distress and/or alcohol, tobacco, or other drug use?
            - Recognition, understanding, or coping skills regarding any addictive or co-occurring mental health disorders in order to prevent relapse, continued use, or continued problems (e.g., suicidal behavior)?
            - Prior recovery benefit from addiction and/or psychotropic meds?
            - Coping skills for protracted withdrawal, cravings, or impulses?
        - How well can the patient cope with negative effects, peer pressure, and stress without recurrence of addictive thinking and behavior?
        - How severe are the problems and further distress that may continue or reappear if the patient is not successfully engaged in treatment and continues to use, gamble, or have mental health difficulties?
        - How aware is the patient of relapse triggers and skills to control addiction impulses or impulses to harm self or others?

6. **Recovery Environment**

    - *Immediate threats to safety, well-being, sobriety*
        - Do family, significant others, living conditions, or school/work threaten safety or treatment engagement?
        - Are there supportive friends, financial, or educational/vocational resources that might aid successful recovery?
        - Any legal, vocational, regulatory (e.g., professional licensure), social service agency, or criminal justice mandates that may enhance motivation for engagement in treatment?
        - Any transportation, childcare, housing, or employment issues that need to be clarified and addressed?

Program- vs Patient-Driven Care

Program-Driven	Patient-Driven
Program-centered treatment plans	Patient-centered treatment plans
Fixed length of stay, based on program	Length of stay based on patient needs, progress with treatment goals
Discharge is done after patient "graduates"	Discharge planning begins at intake, looking at the next level of care in a continuum
Fixed length of stay	Continued care based on clinical assessment

The 3 H's

History	Here & Now	How Worried Now
The history of a client's past signs, symptoms, and treatment is important, but never overrides the here and now.	The here and now presentation of a client's current information of substance use, mental health signs, and symptoms can override the History.	How worried now you are, as the clinician, counselor, or assessor, determines your severity or level of function (LOF) rating for each ASAM dimension.

Severity and Level of Function (S/LOF) Risk Ratings

RISK RATING		
	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.	VERY SEVERE
	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**"	SEVERE
	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.	MODERATE
	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.	MILD
	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.	NONE

Immediate Needs

1. ***Acute Intoxication and/or Withdrawal Potential***
    - Currently having severe, life-threatening and/or similar withdrawal symptoms.

2. ***Biomedical Conditions and Complications***
    - Any current, severe health problems.

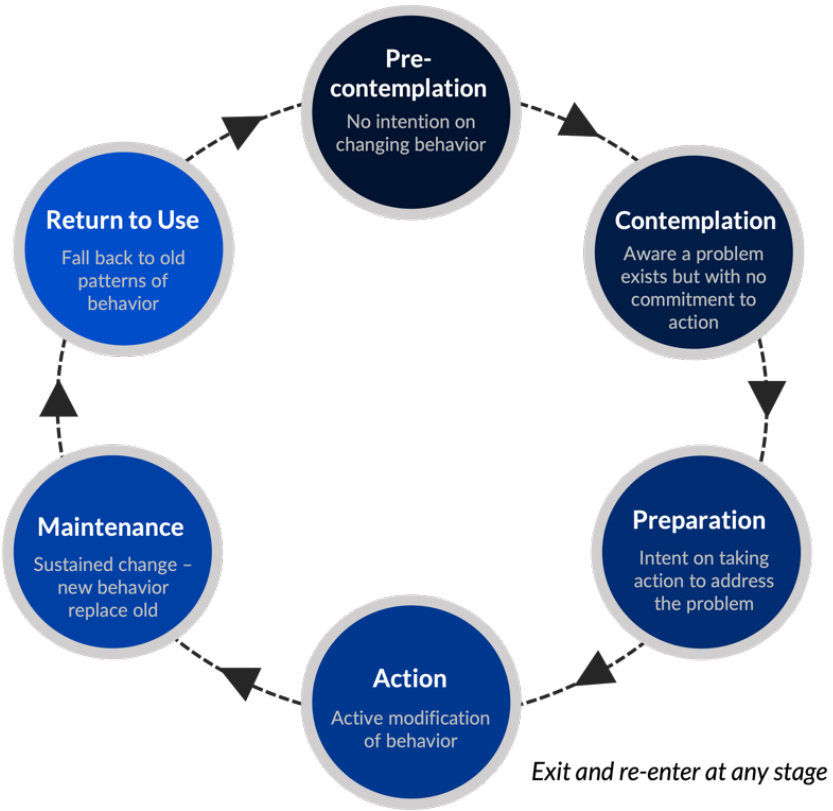
3. ***Emotional/Behavioral/Cognitive Conditions***
    - Imminent danger of harming self or someone else.
    - Unable to function in activities of daily living or care for self with imminent, dangerous consequences.

4. ***Readiness to Change***
    - Ambivalent or feels treatment is unnecessary.
    - Coerced, mandated, required to have assessment and/or treatment by mental health court, criminal justice system, etc.

5. ***Relapse/Continued Use/Continued Problem Potential***
    - Currently under the influence and/or acutely psychotic, manic, suicidal.
    - Continued use/problems imminently dangerous.

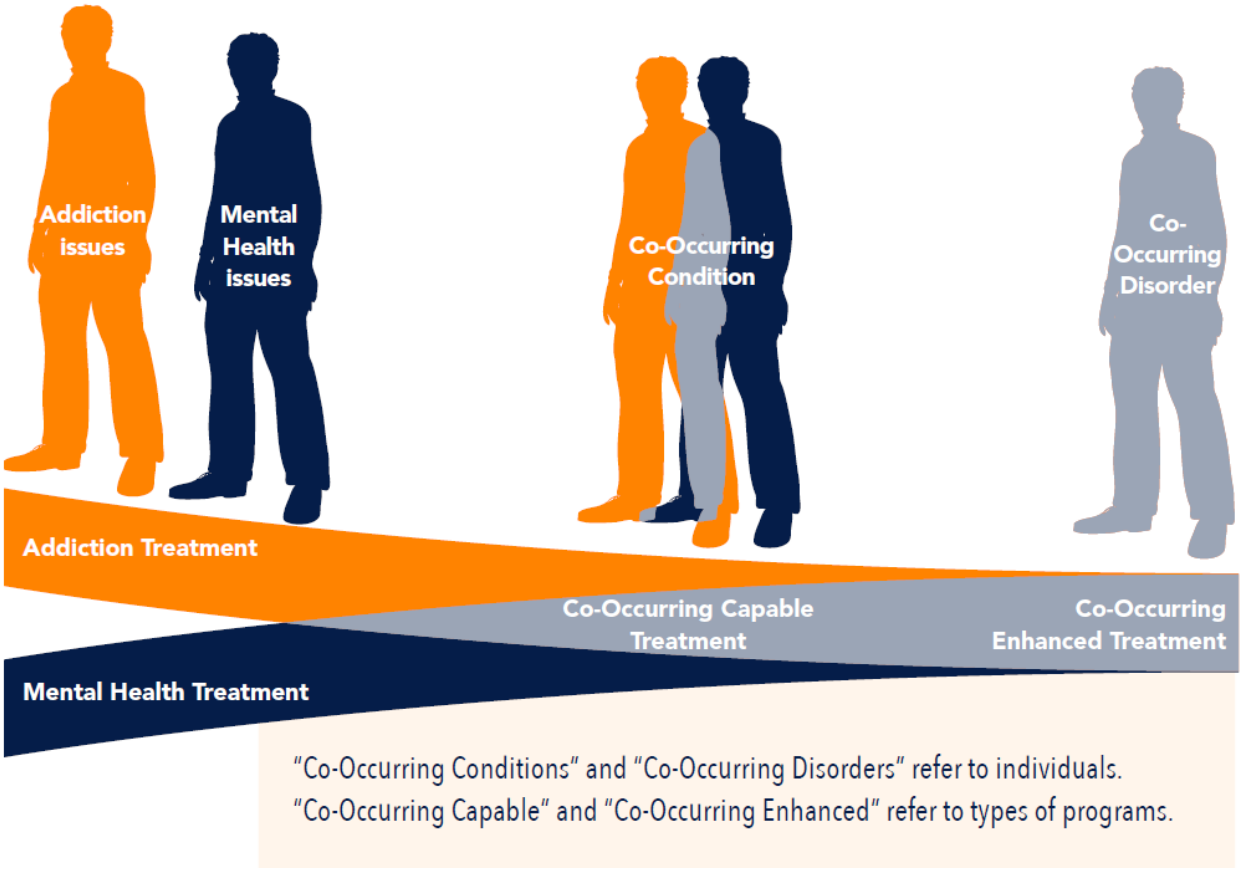
6. ***Recovery Environment***
    - Immediate threats to safety, well-being, sobriety.

Readiness to Change

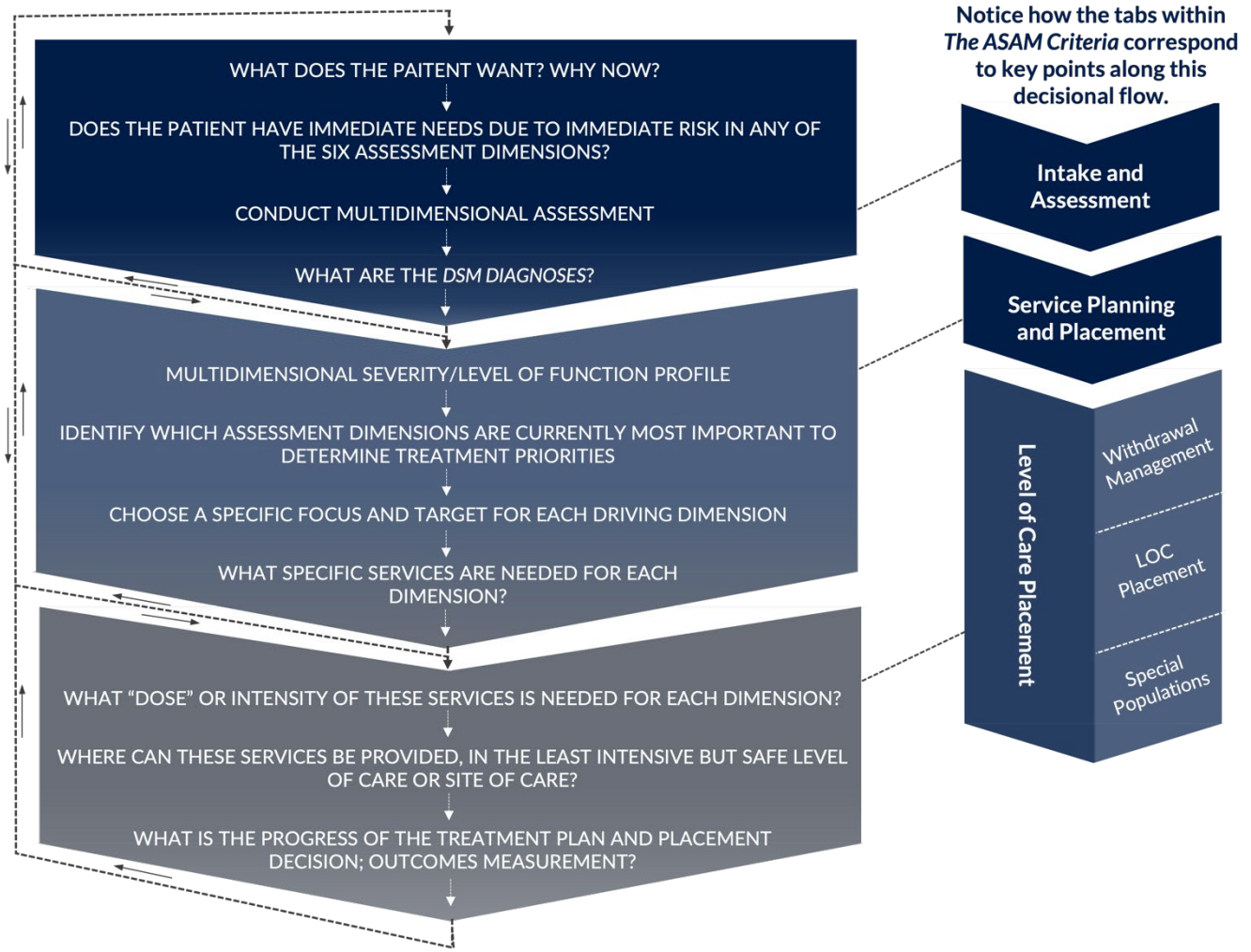


Co-Occurring Conditions/Disorders

Co-Occurring Capable	True for any type of program, and as defined by the mission and resources of that program, recovery-oriented co-occurring capability involves integrating at every level the concept that the next person "coming to the door" of the program is likely to have co-occurring conditions and needs. Co-Occurring Capability involves looking at all aspects of program design and functioning in order to embed integrated policies, procedures, and practices in the operations of the program.
Co-Occurring Enhanced	Co-Occurring Enhanced programs are "special programs" designed to routinely (as opposed to occasionally) deal with patients who have mental health or cognitive conditions that are more acute or associated with more serious disabilities.
Biomedical Enhanced Services	Biomedical Enhanced Services are if the patient has a biomedical problem that requires a degree of staff attention (such as monitoring of medications or assistance with mobility) that is not available in other [residential] programs. It is indicated in Level 3.1 and higher. *(The ASAM Criteria, 3rd ed., p. 228)*



Decisional Flow Tool



The 5Ms of Treatment Planning

1. Motivate – Dimension 4
2. Manage – All Six Dimensions
3. Medication – Dimensions 1, 2, 3, 5 - MAT
4. Meetings – Dimensions 2, 3, 4, 5, 6
5. Monitor – All Six Dimensions

The ASAM Criteria Levels of Care

Level 0.5	Early Intervention Services
Level 1	Outpatient Treatment
Level 2.1	Intensive Outpatient Treatment
Level 2.5	Partial Hospitalization
Level 3.1	Clinically Managed, Low Intensity Residential Treatment
Level 3.3	Clinically Managed Population - Specific High Intensity Residential Treatment (Adult Level only)
Level 3.5	Clinically Managed, Medium/High Intensity Residential Treatment
Level 3.7	Medically Monitored Intensive Inpatient Treatment
Level 4	Medically Managed Intensive Inpatient

Withdrawal Management Services for Dimension 1

1-WM	Ambulatory Withdrawal Management without Extended On-site Monitoring
2-WM	Ambulatory Withdrawal Management with Extended On-Site Monitoring
3.2-WM	Clinically Managed Residential Withdrawal Management
3.7-WM	Medically Monitored Inpatient Withdrawal Management
4-WM	Medically Managed Inpatient Withdrawal Management

Level of Care Placement Case Examples

Level 0.5

Jeremy is a 21-year-old male who received a DUI for driving under the influence of alcohol with a BAC of 0.10. This is his first offense. The court directs him to obtain an evaluation for a substance use disorder. He denies a history of substance use disorder, stating, "I was in the wrong place at the wrong time" after consuming alcohol at a party. The evaluator, having heard this statement many times, asks to speak to his significant other and his parents. He says he does have a beer with dinner several nights a week and drinks distilled alcohol on the weekends, with episodes of frank intoxication occasionally. Collateral information from his significant other validates this history and the fact that Jeremy has always avoided driving in the past, especially after consuming distilled alcohol. His parents report that Jeremy never had problems with substances while growing up, but they became worried after the DUI. Jeremy regrets his actions, which he knows could have harmed someone, and he wants to go to treatment to educate himself and "do better." Right now, he states he wants to "stop drinking forever." He lives in an apartment with his significant other and has transportation to and from treatment. His relationship with his significant other is supportive, although they have expressed concern about if subsequent legal issues will occur if Jeremy does not address his substance use.

Rationale for 0.5 LOC:

Jeremy does not meet the criteria for substance use disorder moderate or severe, nor does he have another mental health disorder. He does not report withdrawal symptoms and appeared at the evaluation without signs of current intoxication, indicating a mild risk rating in Dimension 1. He denies any medical conditions, indicating no risk rating in Dimension 2. He has no history of mental health concerns, indicating no risk rating in Dimension 3. He regrets his actions and is motivated to change, indicating a mild risk rating in Dimension 4. He has abstained from alcohol on his own after the DUI indicating a low-risk rating in Dimension 5. He has an apartment and transportation but has legal issues, which indicates a mild to moderate risk rating in Dimension 6. These risk ratings demonstrate he needs level 0.5 LOC services.

Level 1

Leigh is a 33-year-old female who comes asking for treatment for her anxiety and cannabis use disorder. She smokes cannabis daily at least twice a day. She stopped using cannabis yesterday but, in the past, has had difficulty returning to use after attempting to quit. She states her anxiety drives her return to use, which results in daily use once she restarts. She is a social and successful director at a moderate-sized network security company. Due to the nature of her work, she often works 60-hour weeks with little time to relax. She says she is "stressed out" at the end of most days and uses cannabis to manage this stress. She has not seen a mental health professional to be assessed for anxiety. Since she works from home most days and smokes cannabis during work hours, she reports her productivity has suffered, and she is concerned she will be demoted unless she improves at work. She has a home with a mortgage and considers herself financially stable.

Rationale for 1 LOC:

Leigh meets criteria for a marijuana use disorder. Although she has no symptoms of withdrawal at present, some of her use is most likely reactive to rebound withdrawal anxiety. Leigh is not currently intoxicated. Although marijuana withdrawal is uncomfortable and causes rebound use, the agitation it causes does not rise to the need for detoxification if she is able to maintain abstinence during treatment. This points to a mild risk rating in Dimension 1. She has no active medical conditions, indicating no risk rating in Dimension 2. She stated that she has mental health concerns, including anxiety, and

unfortunately, she addresses them through cannabis use. This information indicates she has a moderate risk rating in Dimension 3. She is motivated to stop using for external and internal reasons, indicating a mild risk rating in Dimension 4. Although she does not want to return to use, she has had difficulty in past instances returning to use, indicating a moderate risk rating in Dimension 5. She has safe housing and supportive friends, most of whom do not have unhealthy relationships with substances. She is rightfully concerned about how her cannabis use affects her job, indicating a mild risk rating and a strong motivation to quit (Dimension 4). These risk ratings indicate he needs outpatient services at 1 LOC with attention to her comorbid anxiety disorder. If she fails at this level, a reassessment of her needs is indicated

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Adolescent Level 2.1

Oliver is a 15-year-old male with a history of intermittent explosive disorder and alcohol use disorder who comes to his assessment with his parents. He has recently been drinking alcohol with his friends at school and was caught by the principal. When confronted by his parents about this, he punched a hole in a wall but was regretful about it later. He said he has been drinking since he was thirteen, specifying it was "only on social occasions." He said he started drinking at a party with friends. He had only experienced withdrawal symptoms such as body aches and moderate to severe headaches when he stopped drinking for a week. His last use was two days ago, and he has had a moderate headache since then. He had previously been treated by a psychologist for intermittent explosive disorder but has not seen them in "a few months." He said he started drinking around the time he was diagnosed with IED and later stopped seeing his psychologist when they raised a concern about his alcohol use. He is ambivalent about stopping and does not have skills to prevent a return to use. He is willing to attend treatment after his last outburst. He lives at home with supportive parents and surprisingly excels in school. His parents do not drink alcohol, but most of his friends drink.

Rationale for Adolescent 2.1 LOC:

Oliver has substance use with a concomitant mental health disorder. Although he recently experienced mild withdrawal symptoms, he is not currently intoxicated. His age mitigates against withdrawal complications as well. This suggests a mild risk rating in Dimension 1. Oliver has no medical conditions, indicating no risk rating in Dimension 2. He was previously diagnosed with intermittent explosive disorder by a psychologist, whom he has not seen in months, indicating a moderate risk rating in Dimension 3. Due to the disruptive nature of this condition, he will need intensive concomitant care for this issue as an increase in his IED episodes might herald early remission. He states he is somewhat motivated to stop using, but the evaluator detects that this is situational and lacks any real commitment. This indicates he has a severe risk rating in Dimension 4. He does not have any continued use/return to use prevention skills, indicating a moderate risk rating in Dimension 5. He has a stable home and excels in school, but most of his friends drink alcohol, which indicates a moderate risk rating in Dimension 6. These risk ratings indicate he should start in an Adolescent-specific Level 2.1 program that is Co-Occurring Enhanced (COE) for simultaneous attention to his explosive disorder. If this is available in the 2.1 program, this would be best but would most likely be executed using outside services.

Level 2.5

Amari is a 25-year-old male with stimulant use disorder who was brought to assessment by his spouse because she has been unable to "stimulant use disorder who was brought to assessment by his spouse because she has been unable to "get him to stop using." Amari complains of depression that he treats by using cocaine multiple times a day. He saw a social worker previously in his hometown a year ago to

address the depression but stopped going once he moved away. He states he last used 24 hours ago but is mildly agitated and continuously talking, making his history suspect. He reports no internal motivation for treatment but is willing to go to treatment because his spouse is quite frustrated and wants him to stop using. He has minimal insight into his use and believes he can address his problems with a "smart balance of drugs and common sense." He and his wife live in an apartment close to his drug dealer. He was laid off due to budget cuts at the factory, and his spouse is currently supporting him. She is "tired" of his use. Amari intends to return to work once he has "found [his] balance."

Rationale for 2.5 LOC:

The patient has a substance use disorder and the possibility of an independent mood disorder; separating these at this moment is impossible. He has mild symptoms of intoxication, including agitation and rambling speech. The patient may be partially under the influence of cocaine during the assessment, but because he is using no other substances, there are only mild concerns in Dimension 1. He has no significant medical issues, indicating no risk in Dimension 2. Amari indicated that he is trying to treat his depression with cocaine. His unclear history of depression places him at moderate risk in Dimension 3. He is currently motivated to attend treatment but believes cocaine helps him with his depression and does not understand that its use may be causing or worsening his bouts with depression. This disclosure indicates a moderate risk rating in Dimension 4. He does not have any coping skills to address relapse triggers and continued use. Because Amari believes his cocaine use mitigates his depressive symptoms, he has a severe risk rating in Dimension 5. He has an apartment but lives close to his dealer and is supported by his spouse, indicating a moderate to severe risk rating. These risk ratings indicate he needs 20 hours of clinical treatment per week in the form of 2.5 LOC services in a Co-occurring Capable or Co-occurring Enhanced program. Close attention should be paid to his exposure to his cocaine dealer. If he cannot block this exposure, housing in a Level 3.1 program simultaneously is indicated. Such a case would be described as an ASAM 2.5 plus 3.1 program.

Level 3.1

Uttam is a 30-year-old Bangladeshi American who has been diagnosed with cannabis, cocaine, and alcohol use disorder. He uses cannabis, cocaine, and alcohol daily. He stated that he also uses LCD on occasion. He completed SUD treatment in a 3.5 Residential Treatment facility three months ago but has since returned to use. Uttam is currently experiencing mild withdrawal symptoms, including stomach aches and chills. He has intermittent asthma symptoms that he treats with an albuterol inhaler. His inhaler has recently run out, and he needs a refill. He stated he does not have a mental health diagnosis and does not report significant mental health needs. He is motivated to complete treatment again and connect with a therapist who can help him find housing locally. He does not have any coping skills to mitigate cravings and does not have any return to use prevention skills. Uttam was once connected to an alcohol use support group in the area but has not been to any groups in the past month. His family is not supportive of his recovery, saying he is "missing out on the fun" and has been distant from them, who are all actively using substances. He works as a full-time automobile mechanic and says his use does not disrupt his ability to excel vocationally.

Rationale for 3.1 LOC:

Uttam has a polysubstance use disorder. He has symptoms of alcohol withdrawal, indicating a mild risk rating in Dimension 1. He has asthma and uses an inhaler, indicating a moderate risk rating in Dimension 2. He does not have a mental health disorder, indicating no risk rating in Dimension 3. He is motivated to start treatment, indicating a mild risk rating in Dimension 4. He has limited recovery-based prosocial skills to prevent future use that have failed on his own, indicating a severe risk rating in Dimension 5. Uttam has a home, but it is not supportive of his recovery effort. He is currently employed and able to

function while using substances. These factors indicate a severe risk rating. These risk ratings indicate he needs low-intensity residential treatment at the 3.1 LOC.

Level 3.3

Constantine is a 40-year-old male retired military infantryman who arrives at his assessment openly describing a history of cannabis and opioid use. He said he was diagnosed with a traumatic brain injury from an IED during a tour in Afghanistan. He has been using opioids and cannabis daily for ten years, which he believes has contributed to his loss of consciousness at times and difficulties with short-term memory recall. Although he denies having a mental health disorder, he described symptoms consistent with PTSD during the intake. He is motivated to stop using opioids but is skeptical about not using cannabis. He does not have any coping skills or strategies in place to address continued use or risk of return to use. He lives with his partner of 5 years in an apartment and recently quit a job in the Hospitality industry. He does not have reliable transportation.

Rationale for 3.3 LOC:

Constantine has a substance use disorder and medical disorder. He does not have any current symptoms of withdrawal, nor is he currently intoxicated, indicating a mild risk rating in Dimension 1. He has suffered a TBI and has instances of losing consciousness and short-term memory loss, indicating a very severe risk rating in Dimension 2. Constantine has PTSD that is active and disrupts normal interactions with others at times, indicating moderate risk rating in Dimension 3. He is motivated to stop using opioids but is not open to stopping use of cannabis, indicating a moderate risk rating in Dimension 4. Constantine does not have a strategy to limit or stop using cannabis or opioids, indicating a moderate risk rating in Dimension 5. He has an apartment but does not have transportation. He also recently quit his job. These Dimension 6 concerns indicate a moderate risk rating. Given his very severe risk rating in Dimension 2, exacerbated by his TBI, and moderate risk ratings in Dimensions 3, 4, 5, and 6, he needs high-intensity residential treatment for special populations in the form of 3.3 LOC services.

Level 3.5

Camila is a 28-year-old female with a history of alcohol and cannabis use disorder, severe. She has been court-ordered to treatment. She was recently arrested for the distribution of LSD to an undercover police officer. A day after Camilla's arrest, while in jail, she began vomiting. A brief evaluation revealed she had increased blood pressure and tremulousness. She was placed on a withdrawal protocol there. Camilla has diabetes that she knows how to care for but manages poorly when drinking. She drinks alcohol and smokes cannabis daily, drinking to the point of intoxication and consistently enough to develop a physical dependency, but her detoxification was completed while in jail. She is externally motivated to complete her treatment for the courts and said that she is "not sure" she will return to use after finishing her program. Camilla had a chaotic childhood and an early introduction to substances. She lacks interpersonal skills consistent with recovery. Camilla does not have her own home or apartment but stays with friends and people she previously dated.

Rationale for 3.5 LOC:

Camilla has an alcohol and cannabis use disorder. She completed most of her current course of withdrawal while in jail but will experience post-acute withdrawal symptoms next, indicating a moderate risk rating in Dimension 1. She is currently not managing her diabetes but has the skills to do so, which produces a mild rating in Dimension 2. In Dimension 3, most of Camilla's problems are around her lack of prosocial interpersonal skills needed for recovery; thus, her risk rating in Dimension 3 is moderate. She is

externally motivated to attend treatment, indicating a severe risk rating in Dimension 4. She has no plans or ability for remission, indicating a severe risk rating in Dimension 5. She is unhoused and has legal issues, which indicates a severe risk rating in Dimension 6. These risk ratings indicate Camilla needs 3.5 LOC services with a recovery milieu that encourages recovery and uses a milieu to teach needed recovery skills. A level 3.5 program will also help teach her how to manage the disquieting effect that occurs during post-acute withdrawal.

Level 3.7

Jadyn is a 47-year-old man with a long history of sedative use. He is brought to treatment by his son. Jaydyn has been taking clonazepam for anxiety and panic disorder for five years and has recently increased his dosage significantly. He states he takes 2 mg, 2 to 3 times daily. More recently, he has purchased prescription diazepam on the gray market. Jaydyn states he cannot function without the medication. Unfortunately, he attempted to discontinue the drugs abruptly four days ago and developed severe tremulousness, resulting in an ER admission 24 hours ago. The ER started him on a benzodiazepine taper and sent him directly to you for further evaluation. Jaydyn has several health problems, including diabetes and hypertension. He does not see a physician currently and is almost out of his hypertension medication. He has a history of panic disorder, moderate, which has been treated only with benzodiazepines. Jaydyn has a history of suicidal ideation and one distant suicide attempt. His withdrawal has driven him to think about suicide today, but he does not have a plan or means to complete it. He is motivated to decrease the clonazepam but is unsure whether he can ever discontinue it. He has some coping skills but states he is likely to return to benzodiazepine use if withdrawal symptoms increase. He has a home that he shares with his son, who also takes a different benzodiazepine, but he is willing to keep it locked away and help support his father's recovery.

Rationale for 3.7 LOC:

Jadyn has a benzodiazepine use disorder and a depressive disorder. Jaydyn's withdrawal is stabilized for the moment, but given his long use history and dose escalation due to gray market supplementation, his withdrawal is precarious and needs 24-hour observation by medical personnel. Jaydyn's history, abrupt cessation, and reinstitution of a slow taper score out to a severe risk rating in Dimension 1. He has hypertension and diabetes and is likely to run out of his hypertension medication, indicating a moderate risk rating in Dimension 2. Jaydyn has panic disorder, but its origins and his history are unclear. In addition, he has a history of suicidal ideation and one suicide attempt, indicating a severe risk rating in Dimension 3, especially when combined with his unstable withdrawal status. Adjunctive anxiety and withdrawal medications by medical personnel skilled in high-dose benzodiazepine withdrawal is critical. Jaydyn is motivated to change but is literally unable to stop medications on his own, indicating a severe risk rating in Dimension 4. He does not want to continue using benzodiazepines but has no non-chemical coping skills indicating a moderate risk rating in Dimension 5. He shares a home with his son, who is willing to lock up his benzodiazepines, which indicates a mild risk rating in Dimension 6. These risk ratings indicate the need for care in Level 3.7 services.

Level 4

Santiago, a 55-year-old male with a longstanding history of heavy alcohol use, is referred for evaluation. He has had multiple episodes of delirium tremens, treated in medical settings. More recently, he was diagnosed with alcoholic cardiomyopathy when his internist became concerned about his shortness of breath, chest pain, and a decreasing ejection fraction on echocardiography. Santiago has been free from

chest pain for several weeks, but it has caused him to go to the emergency room in the past. He is no longer using opioids; he stopped using them after an opioid overdose two years ago. However, he currently consumes most of a 750 mL bottle of distilled alcohol daily. He has been drinking at this rate for the past two years. He has also been diagnosed with major depressive disorder (MDD) and attempted suicide once when he was a young adult. Santiago's wife of forty-two years died a year ago, and he says he would "like to join her" but did not specify a means of doing that. Although he currently has a job, he has been reprimanded twice for appearing intoxicated at work. Santiago lives alone and is paying off a mortgage and medical bills. His motivation to attend treatment is marginal, but he trusts his physician, who directed him to the current evaluation.

Rationale for 4 LOC:

Santiago has an alcohol use disorder, severe, and major depression. He does not currently have symptoms of withdrawal but will likely enter alcohol withdrawal imminently, indicating a severe risk rating in Dimension 1. Santiago has unstable alcoholic cardiomyopathy with angina. This has the distinct potential to become unstable during alcohol withdrawal, indicating a severe risk rating in Dimension 2. He also reports a history of depression, suicidal ideation, and one distant suicide attempt. Although he did not describe suicidal ideation directly, he did say he would like "to join" his deceased wife, indicating a very severe risk rating in Dimension 3. His multiple medical and psychological issues combined with significant grief have obliterated any motivation to stop drinking, indicating a severe risk rating in Dimension 4. He has not stopped using alcohol, indicating a severe risk rating in Dimension 5. He lives alone and drinks at home alone, indicating a severe risk rating in Dimension 6. His risk ratings indicate he needs medical, psychological, and psychiatric management in Level 4 services.

ADDITIONAL RESOURCES

ASAM CONTINUUM™

ASAM CONTINUUM is an electronic assessment tool that allows health care professionals to leverage a computerized clinical decision support system to assess individuals with addictive substance use disorders and co-occurring conditions.

Research on the ASAM CONTINUUM software has shown:

- Ø 30% better patient retention rates at 3 months
- Ø Improved patient engagement
- Ø 2 to 3 times better multidimensional outcomes at 3 months
- Ø Lower substance use disorder severity and lower hospital utilization
- Ø 25% fewer no-shows for patient appointments

ASAM CO-TRIAGE®

CO-Triage is a provisional referral tool that broadly assesses treatment needs to generate an initial patient placement recommendation and directs patients to a preliminary level of care where they can receive a comprehensive ASAM Criteria assessment.

The ASAM CO-Triage software tool:

- Ø Allows clinicians or administrative staff to quickly assess a patient's overall needs in about 10 minutes
- Ø Increases the likelihood that patients are referred to the appropriate level of care
- Ø Can be completed by almost anyone
- Ø Streamlines the referral process by sharing key problems and needs from program to program

CONTINUUM & CO-Triage

For more information, visit the link below:

ASAM Continuum and Co-Triage Software

If you are interested in using CONTINUUM or CO-Triage or training on these platforms, contact:

Julia Kissel: jkissel@asam.org

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