ASAM CRITERIA®

THE ASAM CRITERIA FOURTH EDITION FOUNDATIONS COURSE

PARTICIPANT WORKBOOK

ASAM American Society *of* Addiction Medicine

Course Description:

This virtual live course is the recommended first step to understanding *The ASAM Criteria*. It is designed to help healthcare professionals develop patient-centered service plans and make objective decisions during the Level of Care Assessment and Treatment Planning Assessment for individuals with addictive, substance-related, and co-occurring conditions.

This workshop content is based on information found in The ASAM Criteria: *Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, Fourth 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.

Through didactic material and interactive learning activities, this live-virtual course covers the basics of *The ASAM Criteria*, such as the guiding principles, continuum of care, and how to conduct the Level of Care and Treatment Planning Assessments to provide an appropriate level of care recommendation and individualized treatment plans. Further, by utilizing case scenarios, this course will help prepare you to implement *The ASAM Criteria* effectively in your practice.

This course is designed for healthcare professionals of various backgrounds who treat individuals with addictive, substance-related, and co-occurring conditions. We recognize that some individuals might be familiar with previous editions of *The ASAM Criteria*, whereas others might be completely new to it. We welcome all learners. Our goal is to provide you with the basics of *The ASAM Criteria* Fourth Edition principles and concepts to help you get started utilizing *The ASAM Criteria* to get individuals the treatment that is right for them.

Learning Objectives:

1. Employ the underlying principles and concepts of *The ASAM Criteria*.
2. Identify key components of *The ASAM Criteria* Fourth Edition and implement them into practice.
3. Identify *ASAM Criteria's* continuum of care treatment levels and understand how integrated care is implemented within the different levels of care.
4. Conduct *The ASAM Criteria*'s Level of Care Assessment and apply the Dimensional Admission Criteria to make level of care recommendations.
5. Utilize *The ASAM Criteria* Treatment Planning Assessment to determine treatment priorities and guide treatment planning.

Contact:

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

The ASAM Criteria Fourth Edition Textbook:

The print and digital versions of *The ASAM Criteria*, Fourth Edition, enable more effective implementation of *The ASAM Criteria* in clinical practice. Purchase HERE

Table of Contents

Activity 1: Ice Breaker

Directions: Work with your team to answer the following questions:

1. How long have you been using *The ASAM Criteria*?

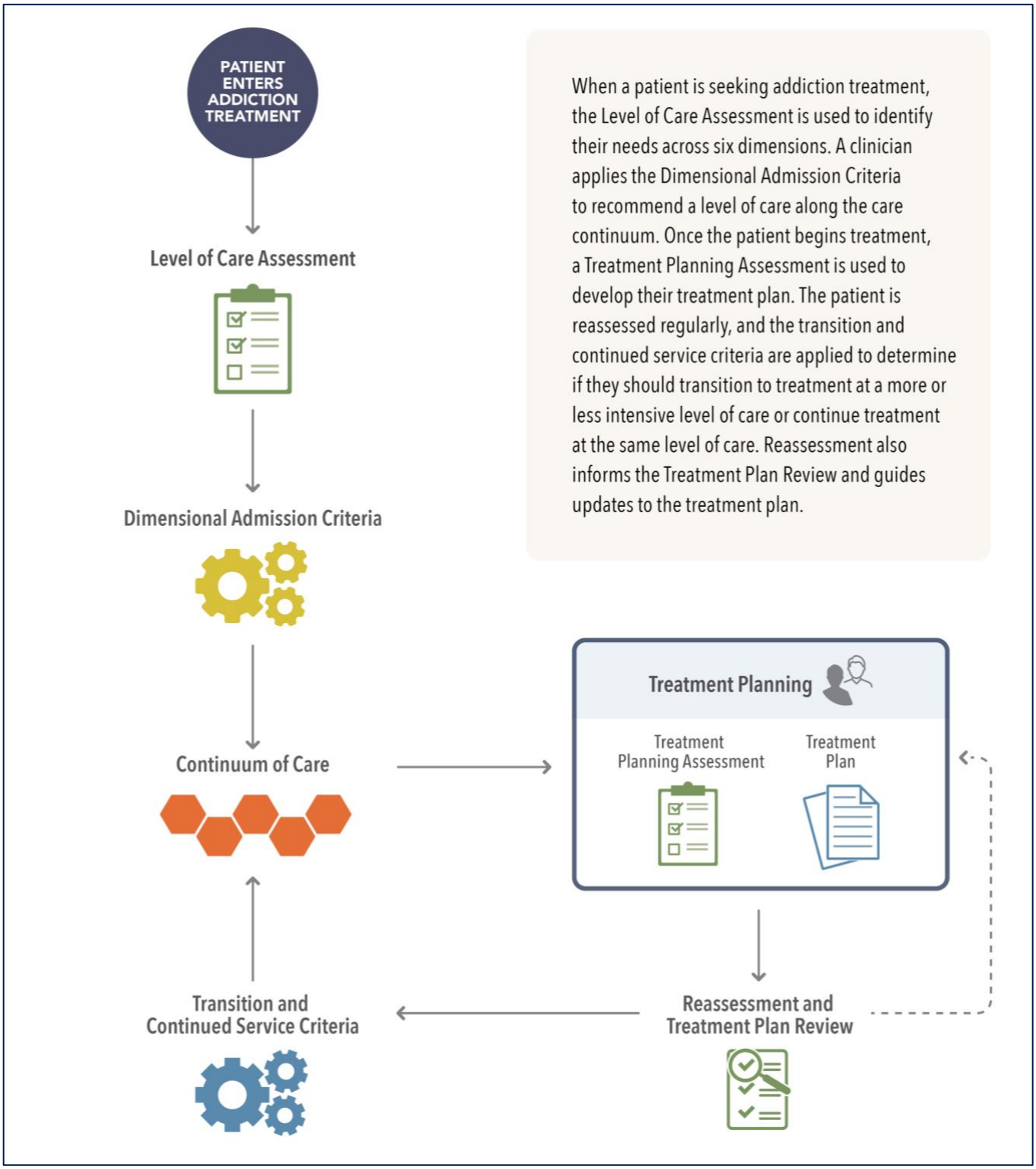
2. What is something you all have in common?

3. What is one question your team would like answered during this course today?

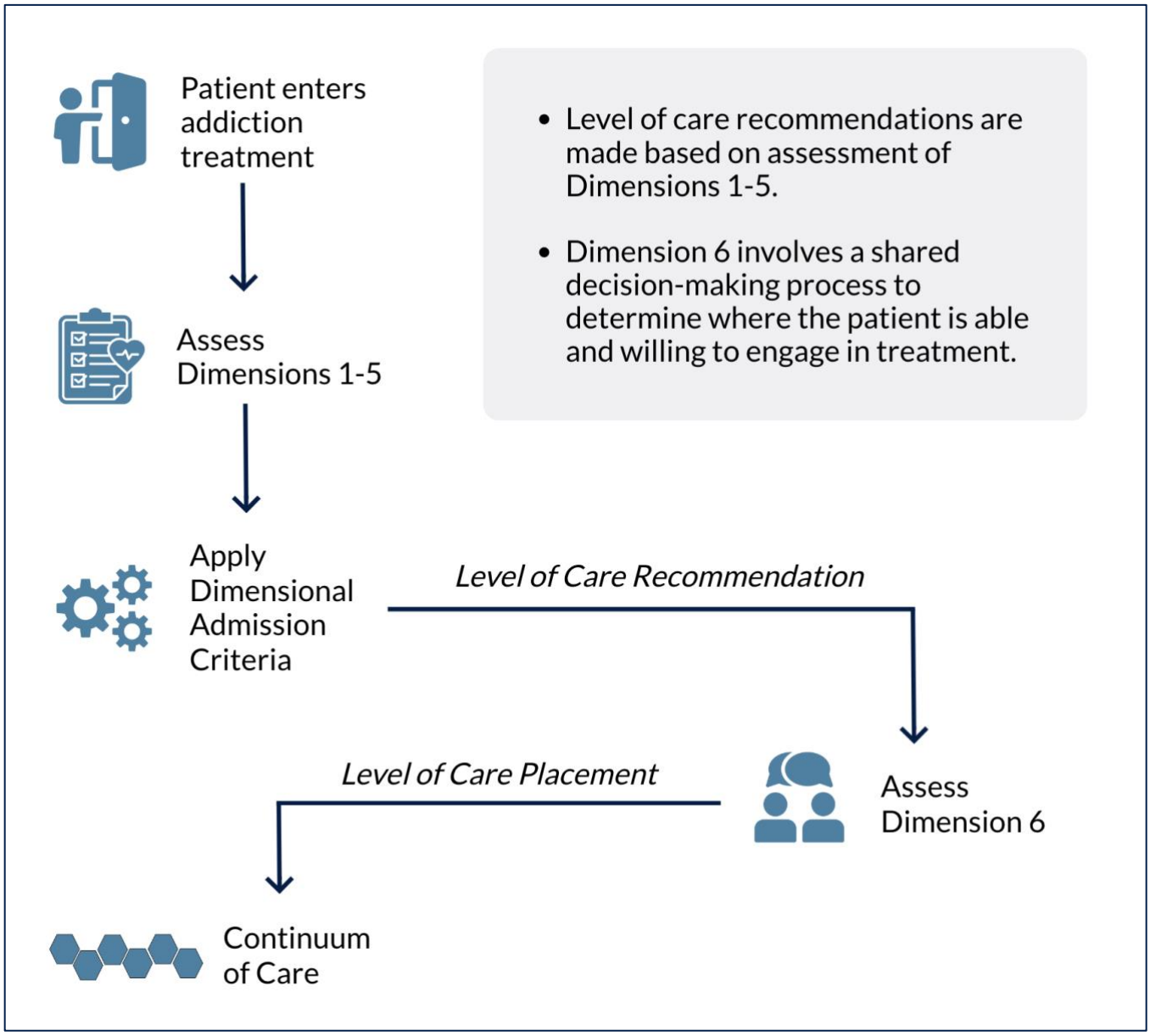
4. Work together to agree on four words that describe *The ASAM Criteria*.

Notes

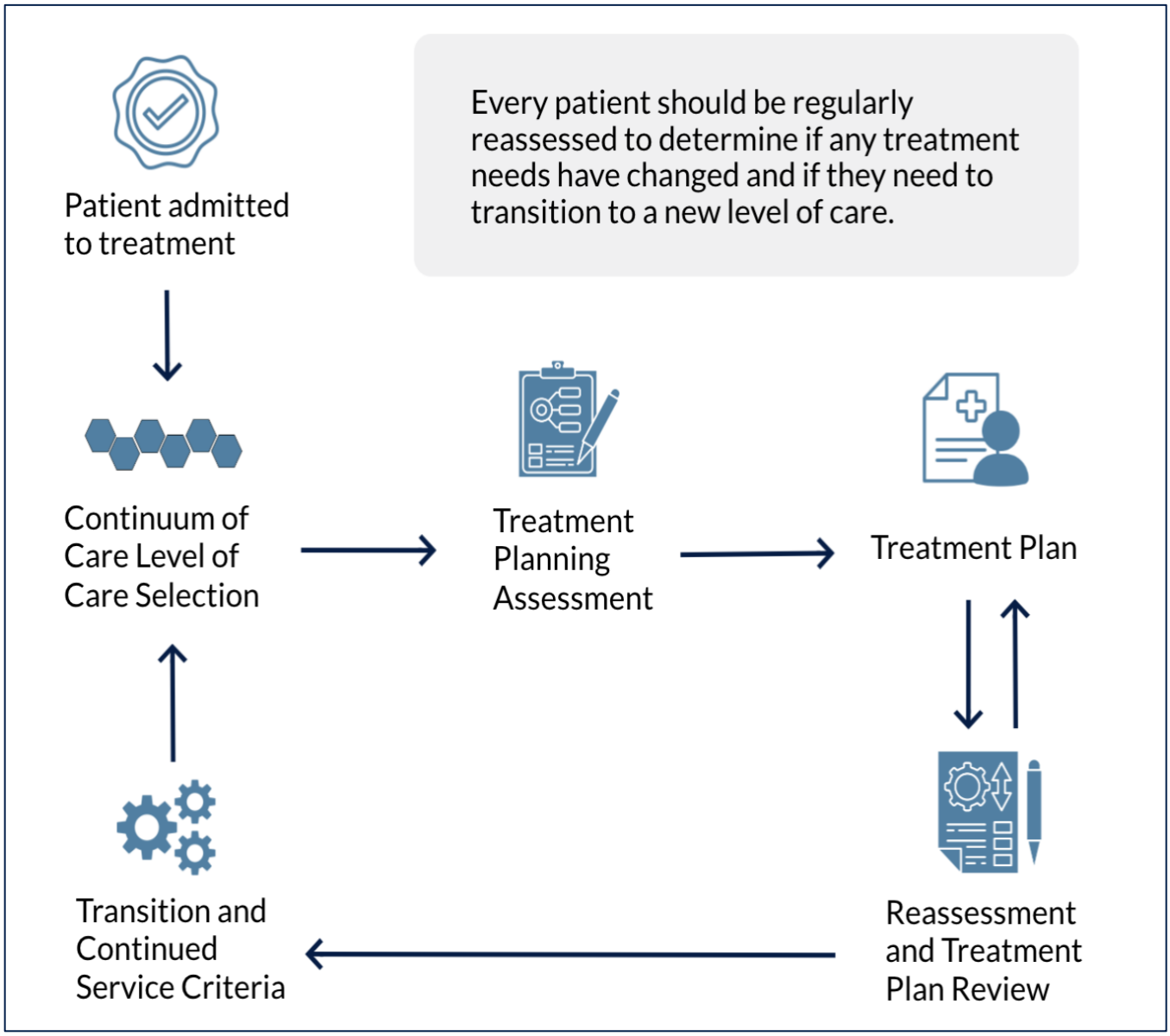
A Patient's Journey Through the Continuum of Care Figure 1.1



Level of Care Assessment Figure 1.2



Treatment Planning Assessment Figure 1.3



Activity 2: Utilization Management – Speaking the Same Language

Directions: In this whole group activity, you will be given different scenarios relating to the utilization management process. Select the best response.

1. How can you proactively avoid payer denials for addiction treatment requests at a specific level of care?

   - ◯ Always start treatment at the lowest level of care to avoid denial.
   - ◯ Avoid submitting clinical documentation with the request.
   - ◯ Use a different diagnosis code to obscure the nature of addiction treatment.
   - ◯ Develop a strong working relationship with the payer's utilization review team.

2. What should be your initial response when a payer denies a request for addiction treatment at a specific level of care?

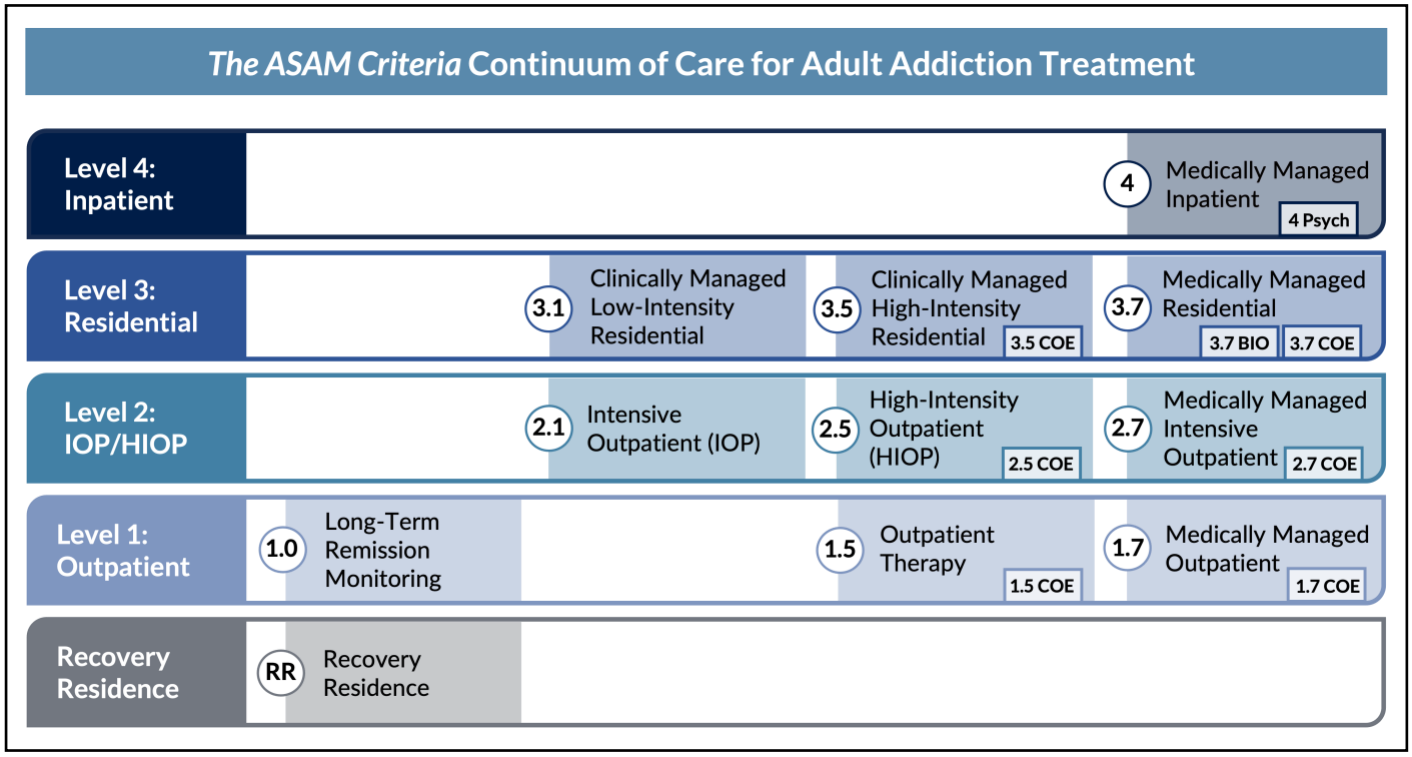
   - ◯ Accept the denial and proceed with the lower level of care.
   - ◯ Resubmit the request with additional clinical documentation.
   - ◯ Appeal the denial with the available evidence and clinical justification.
   - ◯ Discontinue treatment for the individual.

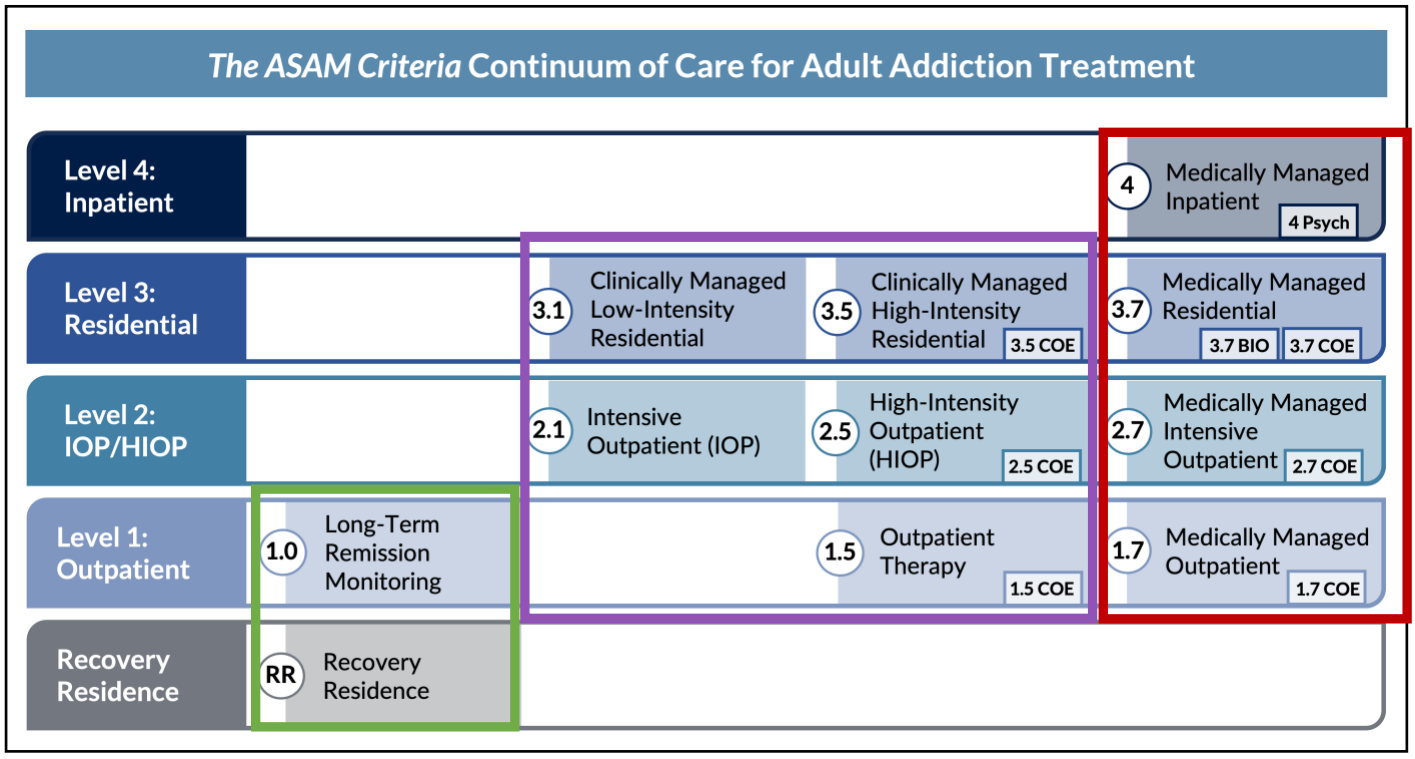
3. How can you improve the likelihood of a successful appeal when challenging a payer's denial of addiction treatment at a specific level of care?

   - ◯ Provide more vague and generic clinical information to avoid overloading the payer.
   - ◯ Ensure that the clinical documentation is clear, concise, and directly supports the requested level of care.
   - ◯ Use complex medical terminology to impress the reviewers.
   - ◯ Refuse to engage in the appeals process.

Session 2: Continuum of Care
Notes

Continuum of Care Figure 2.1





Medically Managed Levels of Care: Levels x.7
Clinically Managed Levels of Care: Levels x.1 and x.5
Chronic Care Model: Level 1.0 and RR

Activity 3: Continuum of Care – Level of Care Recommendation

Directions: In this whole group activity, you will be given different scenarios describing a level of care needed. Select the best response.

1. Ms. A needs a medically managed outpatient level of care.

   - ◯ Level 1.7
   - ◯ Level 2.1
   - ◯ Level 2.5
   - ◯ Level 3.7

2. Mr. B needs a residential level of care with enhanced biomedical capabilities.

   - ◯ Level 2.7 COE
   - ◯ Level 3.5
   - ◯ Level 3.7
   - ◯ Level 3.7 BIO

3. Mr. Q needs a clinically managed level of care and additional COE services.

   - ◯ Level 1.5 COE
   - ◯ Level 1.7 COE
   - ◯ Level 2.5
   - ◯ Level 3.1

4. Ms. W needs a clinically managed residential level of care.

   - ◯ Level 1.5
   - ◯ Level 2.1
   - ◯ Level 3.1
   - ◯ Level 3.7

Service Characteristics Figure 2.2

Clinically Managed Outpatient Overview				
	1.0	**1.5**	**2.1**	**2.5**
	Long-Term Remission Monitoring	**Outpatient Therapy**	**Intensive Outpatient Treatment**	**High-Intensity Outpatient Treatment**
Medical Director	Not typical	Not typical	Not typical	Yes
Nursing	Not typical	Not typical	Not typical	Variable
Program Director	Variable	Yes	Yes	Yes
Allied Health Staff	Variable	Variable	Typically available	Typically available
Physical exam	Verify a physical exam in the last year or refer	Within 1 month of treatment initiation	Within 14 days of admission	Within 7 days of admission
Nursing Assessment	Not typical	Not typical	Not typical	Not typical
Clinical Services	Recovery and remission management services	Direct psychosocial services	Direct psychosocial services Therapeutic milieu	Direct psychosocial services Therapeutic milieu
Clinical Service Hours	Quarterly services at minimum	<9 hours/week	9-19 hours/week	≥20 hours/week
Recovery Support Services (RSS)	Recovery management checkups and other RSS*	Yes*	Yes*	Yes*

* Directly or through formally affiliated provider

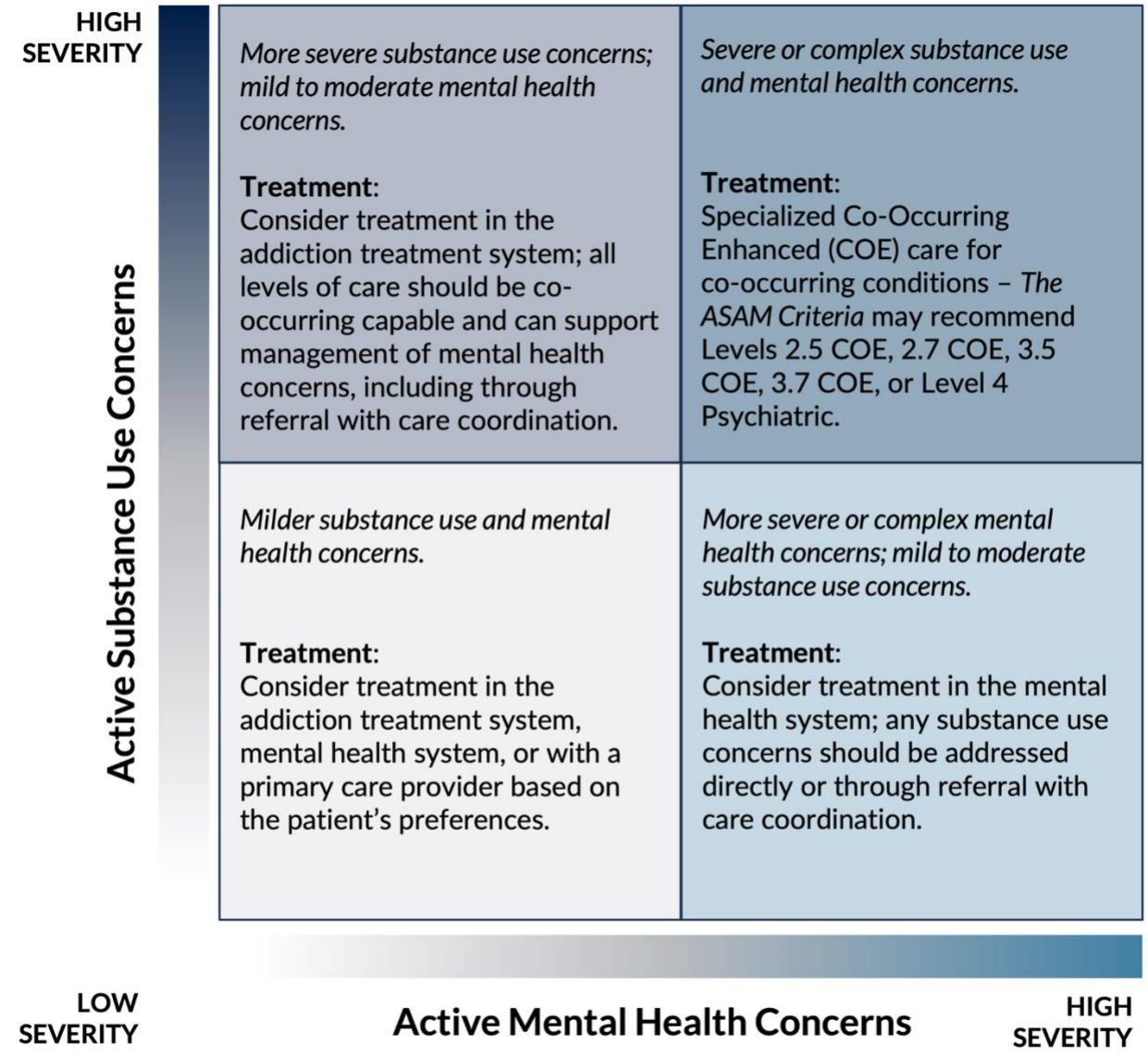
Clinically Managed Residential Overview		
	3.1	**3.5**
	Clinically Managed Low-Intensity Residential Treatment	**Clinically Managed High-Intensity Residential Treatment**
Supervision	Patients may leave independently during the day with appropriate accountability checks	24-hour supervision
Medical Director	Not typical	Yes
Physicians and Advanced Practice Providers	Not typical	Available to review admission decisions.
Nursing	Not typical	Variable
Program Director	Yes	Yes
Allied Health Staff	On-site and alert 24 hours/day	On-site and alert 24 hours/day
Physical Exam	Within 14 days of admission	Within 72 hours of admission
Nursing Assessment	Not typical	Not typical
Clinical Services	• Direct psychosocial services • Therapeutic milieu	• Direct psychosocial services • High-intensity therapeutic milieu
Clinical Service Hours	9-19 hours/week, available 7 days/week	≥20 hours/week, available 7 days/week
Recovery Support Services	Yes*	Yes*

* Directly or through formally affiliated provider

Medically Managed Overview				
	1.7	**2.7**	**3.7**	**4**
	Medically Managed Outpatient Treatment	**Medically Managed Intensive Outpatient Treatment**	**Medically Managed Residential Treatment**	**Medically Managed Inpatient Treatment: Addiction Specialty Unit**
Supervision	N/A	N/A	24-hour supervision	24-hour supervision
Medical Director	Yes	Yes	Yes	Yes
Physicians and Advanced Practice Providers	Available by appointment	Available on-site or via telehealth during program hours	Available on-site or via telehealth 24/7	Typically available on-site 24/7
Nursing	Variable	Yes	Available 24/7	Available 24/7
Program Director	Not typical	Yes	Yes	Variable
Allied Health Staff	Variable	Typically available	Typically available	Typically available
Physical Exam	Typically at initial assessment	Within 24-48 hours of initial assessment	Within 24 hours of admission	Within 24 hours of admission
Nursing Assessment	Variable	At admission	At Admission	At Admission
Clinical Services	• Direct withdrawal management and biomedical services • Management of common psychiatric disorders • Psychosocial services*	• Direct withdrawal management and biomedical services, with extended nurse monitoring • Management of common psychiatric disorders • Psychosocial services*	• Direct withdrawal management and biomedical services • Management of common psychiatric disorders • Psychosocial services*	• Direct withdrawal management and biomedical services (ICU available) • Psychiatric services • Psychosocial services*
Clinical Service Hours	<9 hours/week	≥20 hours/week	≥20 hours/week	Variable
Recovery Support Services	Yes*	Yes*	Yes*	Yes*

* Directly or through formally affiliated provider

Where to Treat Matrix Figure 2.3



This matrix is meant to be a loose guide and is not meant to replace a provider's clinical judgment. The clinician should always consider the full spectrum of a patient's clinical needs as well as the patient's preferences when determining whether to recommend treatment within the SUD treatment system or the mental health treatment system. Please see *The ASAM Criteria* Chapter 12: Integrating Care for Co-Occurring Mental Health Conditions for additional discussion.

Activity 4: Continuum of Care – Specialized Services

Directions: In this small group activity, you will work with your group to determine which levels of care could be a potential fit for the patient. Review each scenario below carefully and consider the individual's history and current situations. Then, based on the information provided, identify what type of level of care would best fit the case scenario.

- Can be treated in a standard level of care (co-occurring capable COC)
- Requires a Co-Occurring Enhanced (COE) level of care

Once you have finished identifying the type of level of care, compare and contrast the different scenarios and discuss each scenario's unique complexities and needs about the chosen categories. What additional information, if any, would you have liked to have for each scenario?

1. Mr. K is a 42-year-old male seeking treatment for cocaine use disorder. He has a diagnosis of Major Depressive disorder, mild, for which he takes an SSRI prescribed by an external mental health provider. He reports frequent symptoms of social anxiety that he was coping with in part by using cocaine.

2. Mr. W, a 35-year-old male with opioid use disorder, presents for treatment. He is diagnosed with borderline personality disorder and reports significant mood swings and difficulty with interpersonal relationships. He previously received dialectical behavior therapy and said it helped somewhat, but his insurance coverage expired, and he was unable to continue sessions. He lacks stable housing and transportation.

3. Ms. S, a 28-year-old female with alcohol use disorder, presents for treatment. She has mild functional impairment from a traumatic brain injury but has maintained her employment and friendships. She reports moderate symptoms of anxiety that have increased somewhat since she discontinued alcohol but says they do not significantly disrupt her daily functioning. She has a supportive family, stable housing, and no legal involvement. She has scheduled an appointment for next week with a community mental health provider.

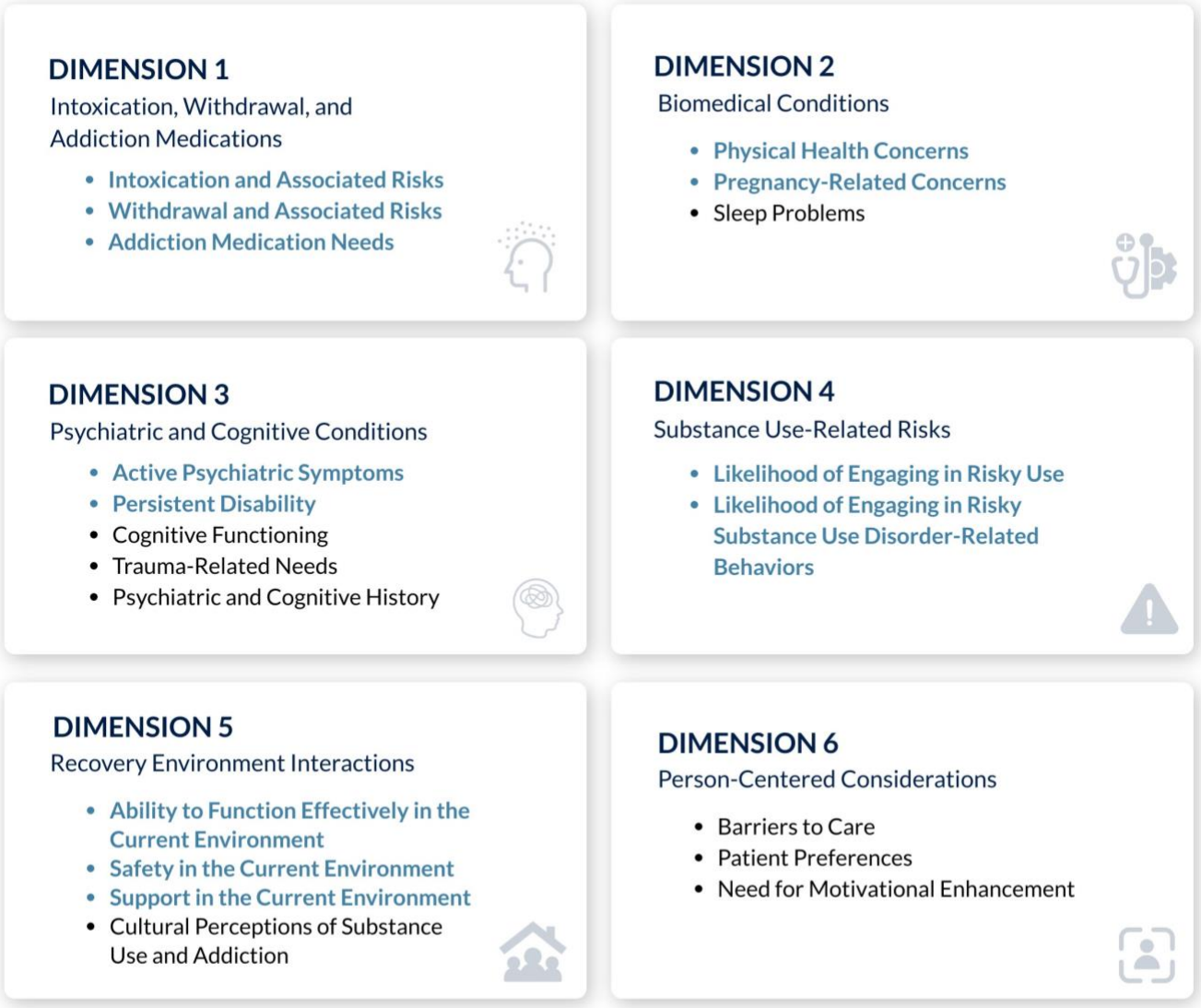
4. Ms. M is a 65-year-old female with sedative use disorder. She received SUD treatment five years ago and was in sustained remission until she returned to use 6 months ago following her daughter's death from cancer. Three months ago, she attempted suicide by overdosing on her husband's prescribed medication. At that time, she was prescribed an SSRI but stopped taking it after a few days and did not follow up with outpatient mental health visits. She reports recent bouts of deep depression and grief and has no current plan for self-harm but says she looks forward to seeing her daughter in heaven.

5. Mr. Z is a 45-year-old trans male with alcohol use disorder who was in sustained remission until recently. He has a history of schizophrenia, but his symptoms are well managed with medication and support from an external ACT team. He requires no additional support to participate in addiction treatment. He is seeking treatment on his own initiative and has begun to attend mutual support meetings once again.

Session 3: Assessments: Levels of Care and Treatment Planning

Notes

Dimensions and Subdimensions Figure 3.1



Case Study: Ms. T

Case Introduction:

Ms. T is a 45-year-old single female with severe stimulant use disorder and problem gambling. Her children were removed from her custody six months ago and placed with their paternal grandmother. The grandmother has recently threatened to return to court and block Ms. T's current visitation rights (she currently has weekly supervised visitation) if she cannot stop using methamphetamine. Ms. T lives with her boyfriend, mother, and sister. She has entered and been discharged from intensive outpatient treatment (Levels 2.1 and 2.5) prior to completion multiple times and reportedly had interpersonal conflicts with other patients in those programs that made engagement more challenging. This evaluation was prompted by a recent arrest for selling drugs, which resulted in a referral to treatment court. Ms. T is open to trying a more intensive level of care as she recognizes, "I just can't stop using on my own."

	Ms. T's Information	Notes
Dimension 1: *Intoxication, Withdrawal, and Addiction Medications*	Until this week, Ms. T had been using crystal methamphetamine daily for most of the past five years. She managed to stop using "a few times" over that period for three to five days. Ms. T has been unable to maintain abstinence in an outpatient setting. Her last use of methamphetamine was four days ago, and she has used no other substances since then. She reports experiencing mild withdrawal symptoms, including fatigue, insomnia, and lethargy, which she says is "pretty typical." She has no history of severe withdrawal.	
Dimension 2: *Biomedical Conditions*	Ms. T has no significant biomedical concerns. She had a myomectomy for uterine fibroids two years ago with no complications. She is not pregnant or planning to become pregnant.	
Dimension 3: *Psychiatric and Cognitive Conditions*	Ms. T was previously diagnosed with borderline personality disorder but has not been able to engage continuously with mental health treatment. She has not previously received dialectical behavior therapy or been prescribed psychiatric medication. She describes struggling with impulsivity in relation to drug use and gambling. She states, "I don't know what happens – when I'm using, I just get caught up in the moment and don't know when to stop!" She also reports a long history of interpersonal conflict with friends and coworkers. When asked about her children, she becomes quiet and says, "I can't talk about that." She received counseling in her previous SUD treatment programs related to impulsivity and grief surrounding her children's removal and reports that this helped.	

Dimension 4: *Substance-Use Related Risk*	Ms. T has been unable to maintain abstinence in an outpatient setting. When asked about her triggers, she named loneliness and boredom, as well as visual cues (especially seeing others use alcohol or other drugs in her presence). She demonstrates continued impulsiveness surrounding her substance use and reports engaging impulsively in high stakes gambling when under the influence of methamphetamine. Her gambling, which occurs mostly in casinos, has caused her to incur substantial debt over the years. She has been arrested for selling drugs several times and now faces incarceration if she does not engage in SUD treatment.	
Dimension 5: *Recovery Environment Interactions*	Ms. T formerly worked as a waitress at the local diner but was fired one year ago for excessive absences due to drug use as well as frequent altercations with the other staff and customers. She currently lives with her boyfriend, mother, and sister, all of whom also use crystal methamphetamine. She and her sister supplement their mother's social security checks with drug sales at the truck stop as needed so they can all continue to use crystal meth. Ms. T reports that everyone in her family uses substances and that she does not have any recovery support. She says repeatedly that she needs to "get out" of her environment if she is to have "any chance" at attaining recovery. She also acknowledges that she will lose all visitation with her children if she does not stop using methamphetamine, which causes her great anguish.	
Dimension 6: *Person-Centered Considerations*	Ms. T is reluctant to miss scheduled visits with her children while in residential treatment, but their grandmother has reassured her that she will bring the children to visit on family days and that her visitation schedule will resume once she transitions back to outpatient treatment. Ms. T has agreed to these terms.	

Activity 5: Sorting Information into Different Dimensions

Directions: This whole group activity will be broken into two parts (a and b) and completed during different points in the course. In this activity, you will be given different statements and asked to identify which Dimensions the information falls under.

Activity 5a:

Mr. B, 45, has a history of depression and high blood pressure. He was prescribed SSRIs by his primary care physician two years ago but recently stopped taking them. He continues to take his medication for high blood pressure and sees his doctor regularly, but he has not mentioned his substance use to her until recently. He disclosed that in the past six months, he has been using cannabis and alcohol daily and cocaine once every two weeks. He reports that his last use of any substance was seven days ago. He has been experiencing some anxiety that he feels he may have been self-medicating with alcohol and cannabis. He is interested in learning about medication to assist with his alcohol cravings.

1. Mr. B, 45, has a history of depression and high blood pressure.

2. He was prescribed SSRIs by his primary care physician two years ago but recently stopped taking them.

3. He continues to take his medication for high blood pressure and sees his doctor regularly, but he has not mentioned his substance use to her until recently.

4. He disclosed that in the past six months, he has been using cannabis and alcohol daily and cocaine once every two weeks.

5. He reports that his last use of any substance was seven days ago.

6. He has been experiencing some anxiety that he feels he may have been self-medicating with alcohol and cannabis.

7. He is interested in learning about medication to assist with his alcohol cravings.

Activity 5b:

Ms. S was engaged in treatment once for opioid use disorder five years ago and participated in self-help groups for 2 years after. Ms. S was recently let go from her job for being unreliable. Yesterday, she had a non-fatal overdose and was revived by her aunt. She is willing to attend treatment, but currently, her driver's license is suspended. However, her aunt has agreed to drive her to treatment and to any peer support meetings. Ms. S said she is ready to go back to treatment and "get back to her normal self."

1. Ms. S was engaged in treatment once for opioid use disorder five years ago and participated in self-help groups for 2 years after.

2. Ms. S was recently let go from her job for being unreliable.

3. Yesterday, she had a non-fatal overdose and was revived by her aunt.

4. She is willing to attend treatment, but currently, her driver's license is suspended due to too many upaid tickets.

5. However, her aunt has agreed to drive her to treatment and to any peer support meetings.

6. Ms. S said she is ready to go back to treatment and "get back to her normal self."

Risk Ratings Figure 3.2

Dimension 1: Intoxication, Withdrawal, and Addiction Medications

Subdimension: Intoxication and Associated Risks

- Minimum Level 4 = Risk Rating 4
- Minimum Level 3.7 BIO = Risk Rating 3B
- Minimum Level 3.7 (non-BIO) = Risk Rating 3A
- Minimum Level 2.7 = Risk Rating 2
- Any Level of Care = Risk Rating ANY
- No Specific Needs = Risk Rating 0

Subdimension: Withdrawal and Associated Risks

- Minimum Level 4 = Risk Rating 4
- Minimum Level 3.7 BIO = Risk Rating 3B
- Minimum Level 3.7 (non-BIO) = Risk Rating 3A
- Minimum Level 2.7 = Risk Rating 2
- Minimum Level 1.7 = Risk Rating 1
- Prompt Evaluation = Risk Rating EVAL
- No Specific Needs = Risk Rating 0

Subdimension: Addiction Medication Needs

- Minimum Level 3.7 = Risk Rating C
- Minimum Level 2.7 = Risk Rating B
- Minimum Level 1.7 = Risk Rating A
- Prompt Evaluation = Risk Rating EVAL
- MOUD Continuation = Risk Rating MOUD-C
- Any Level of Care = Risk Rating ANY

Dimension 2: Biomedical Conditions

Subdimension: Physical Health Concerns

- Minimum Level 4 = Risk Rating 4
- Minimum Level 3.7 BIO = Risk Rating 3B
- Minimum Level 3.7 (non-BIO) = Risk Rating 3A
- Minimum Level 2.7 = Risk Rating 2
- Minimum Level 1.7 = Risk Rating 1
- Any Level of Care = Risk Rating ANY
- No Specific Needs = Risk Rating 0

Subdimension: Pregnancy-Related Concerns

- Minimum Level 4 = Risk Rating 4
- Minimum Level 3.7 = Risk Rating 3
- Minimum Level 2.7 = Risk Rating 2
- Minimum Level 1.7 = Risk Rating 1
- Any Level of Care = Risk Rating ANY
- No Specific Needs = Risk Rating 0

Dimension 3: Psychiatric and Cognitive Conditions

Subdimension: Active Psychiatric Symptoms

- Minimum Level 4 Psychiatric = Risk Rating 4
- Minimum Level 3.7 COE = Risk Rating 3B
- Minimum Level 3.5 COE = Risk Rating 3A
- Minimum Level 2.7 COE = Risk Rating 2B
- Minimum Level 2.5 COE = Risk Rating 2A
- Minimum Level 1.7 COE = Risk Rating 1C
- Minimum Level 1.7 = Risk Rating 1B
- Minimum Level 1.5 COE = Risk Rating 1A
- Any Level of Care = Risk Rating ANY
- No Specific Needs = Risk Rating 0

Subdimension: Persistent Disability

- Minimum Level 1.5 COE = Risk Rating 1Z
- Any Level of Care = Risk Rating ANY
- No Specific Needs = Risk Rating 0

Dimension 4: Substance Use-Related Risks

Subdimension: Likelihood of Engaging in Risky Substance Use

- Minimum Level 3.5 = Risk Rating E
- Minimum Level 3.1 = Risk Rating D
- Minimum Level 2.5 = Risk Rating C
- Minimum Level 2.1 = Risk Rating B
- Minimum Level 1.5 = Risk Rating A

Subdimension: Likelihood of Engaging in Risky SUD-Related Behaviors

- Minimum Level 3.5 = Risk Rating E
- Minimum Level 3.1 = Risk Rating D
- Minimum Level 2.5 = Risk Rating C
- Minimum Level 2.1 = Risk Rating B
- Minimum Level 1.5 = Risk Rating A
- No Specific Needs = Risk Rating 0

Dimension 5: Recovery Environment Interactions

Subdimension: Ability to Function Effectively in Current Environment

- Minimum Level 3.5 = Risk Rating D
- Minimum Level 3.1 = Risk Rating C
- Minimum Level 2.5 = Risk Rating B
- Minimum Level 2.1 = Risk Rating A
- Any Level of Care = Risk Rating ANY
- No Specific Needs = Risk Rating 0

Subdimension: Safety in Current Environment

- Recovery Residence = Risk Rating A
- No Specific Needs = Risk Rating 0

Subdimension: Support in Current Environment

- Minimum Level 3.1 = Risk Rating B
- Recovery Residence = Risk Rating A
- Any Level of Care = Risk Rating ANY
- No Specific Needs = Risk Rating 0

Activity 6: Sorting Information into Different Dimensions

Directions: In this whole group activity, you will be given a specific risk rating and asked to select the scenario that best fits the risk rating. Use Chapter 10 in *The ASAM Criteria Fourth Edition* textbook for help.

1. Dimension 1, Subdimension Withdrawal and Associated Risks: **Which situation fits the Risk Rating of 4 – Minimum Level 4?**

   - ◯ The patient is experiencing severe signs of withdrawal and requires titratable infusions.
   - ◯ The patient is withdrawing from opioids and is experiencing extremely uncomfortable symptoms.

2. Dimension 2, Subdimension Pregnancy-Related Concerns. **Which situation fits the Risk Rating of 2 – Minimum Level 2.7?**

   - ◯ The patient is a 30-year-old mother of two children under the age of three. She is stabilized on medication for opioid use disorder.
   - ◯ The patient is pregnant and has stable gestational diabetes.

3. Dimension 3, Subdimension Active Psychiatric Symptoms. **Which situation fits the Risk Rating of 2a – Minimum Level 2.5 COE?**

   - ◯ The patient has a history of suicidal ideations and two suicide attempts within the last year. The patient reports feeling so depressed they have been unable to shower or go to work for the past week and has stopped taking their medication for bipolar disorder. They report drinking a fifth of whiskey each day and have been unable to stop on their own.
   - ◯ The patient has a history of trauma and experiences persistent intrusive flashbacks. These memories increase her risk of SUD. The patient needs daily mental health interventions to stay focused, manage symptoms, and stabilize her behavior. These interventions are essential for addressing the impact of trauma on her daily life and reducing the risk of substance use.

4. Dimension 4, Subdimension Likelihood of Engaging in Risky Substance Use. **Which situation fits the Risk Rating of A – Minimum Level 1.5?**

   ◯ The patient has a history of severe anxiety and panic attacks that they have been self-medicating with their drug use. They have been obsessively reading the news since they stopped using opioids and amphetamines and feel that they are being followed and watched by the CIA for their political views.

   ◯ The patient is very aware of their triggers and is very motivated to stop using. They seek support from peers and will contact their clinician whenever a risk becomes apparent. However, their ex is trying to get full custody of their kids, which, if he succeeds, would be a destabilizing loss for this patient.

5. Dimension 5, Subdimension Support in Current Environment. **Which situation fits the Risk Rating of B – Minimum Level 3.1?**

   ◯ The patient is facing ongoing mental health challenges that make it difficult to handle scheduling and transportation independently. While recognizing the importance of attending outpatient addiction treatment, the patient lacks sufficient support in her current home environment. The absence of a reliable support system in her recovery residence poses barriers to the patient's consistent participation in crucial treatment sessions.

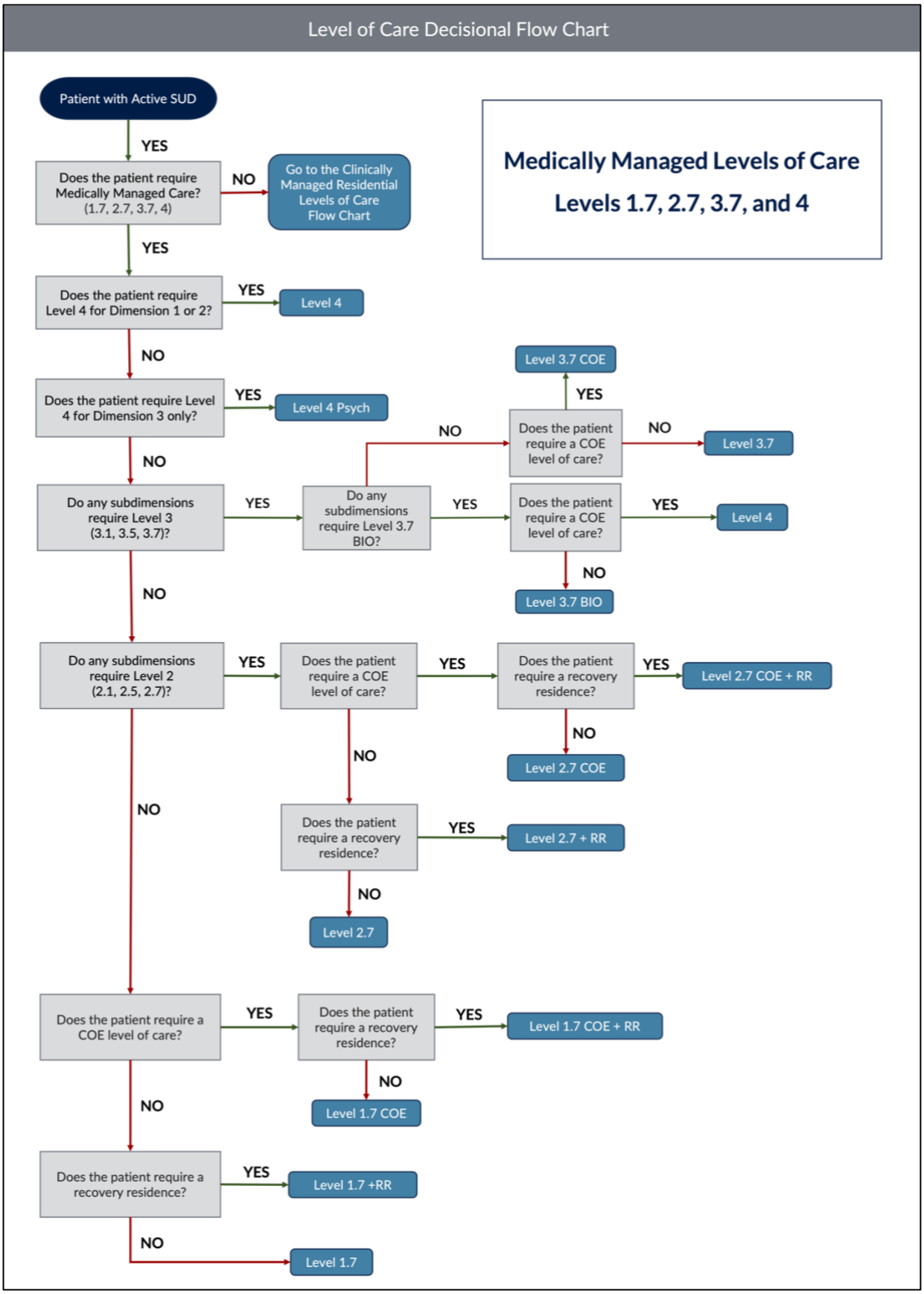
   ◯ The patient is ambivalent about beginning outpatient services and feels that his fiancé is exaggerating the concern about his drinking by issuing an ultimatum that she will call off the engagement if he doesn't stop his daily habit of a six-pack of beer. His colleagues and friends typically meet at the bar each weekend to watch sports, and he usually drinks 9-14 (12- oz) beers on those days with his friends. His family is supportive, and he has a stable job in IT, working remotely.

Activity 7: Ms. T's Risk Ratings

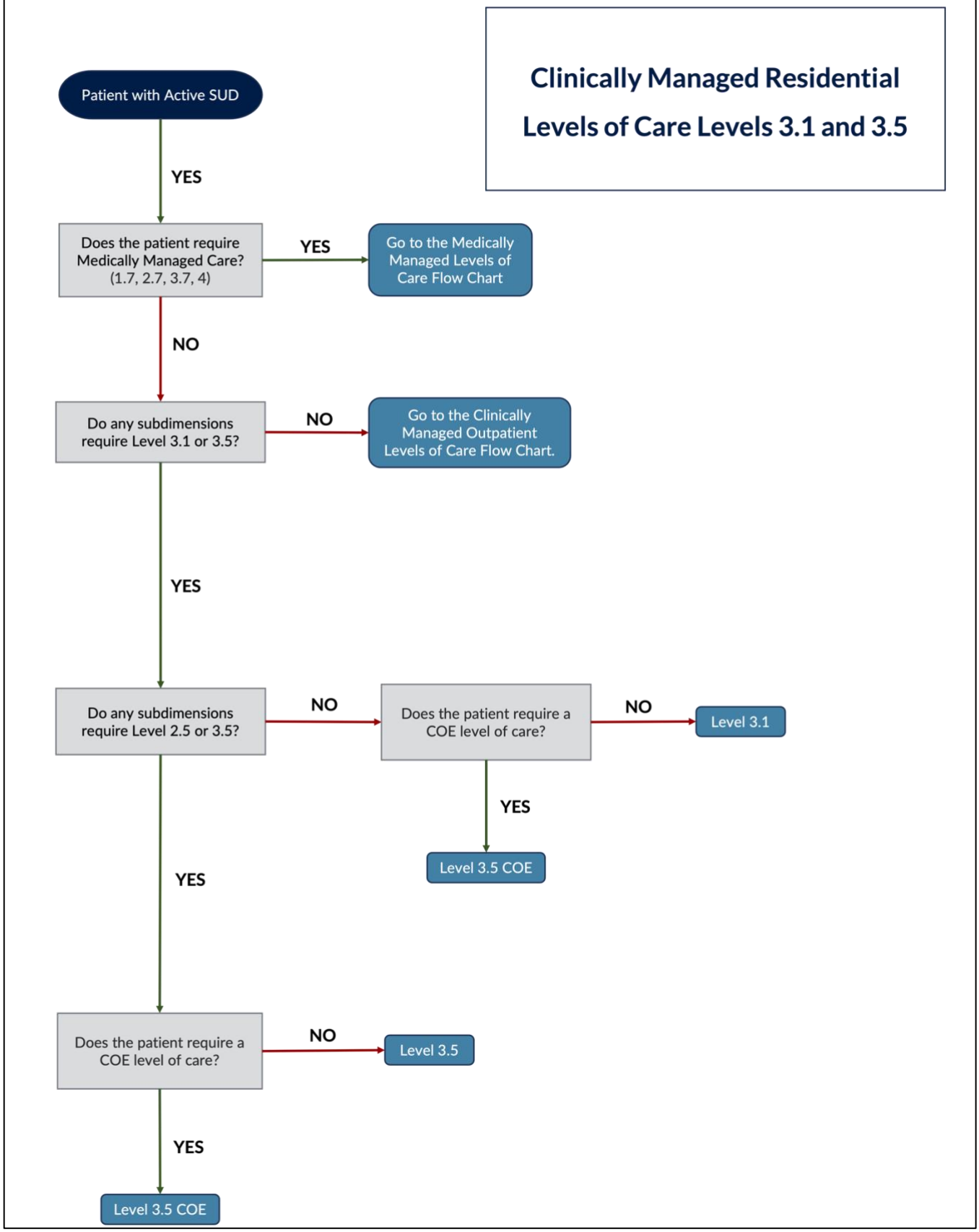
Directions: In this whole group activity, you will revisit Ms. T and assign risk ratings for each subdimension. Click on each box to select a risk rating. Use Chapter 10 in *The ASAM Criteria Fourth Edition* textbook for help.

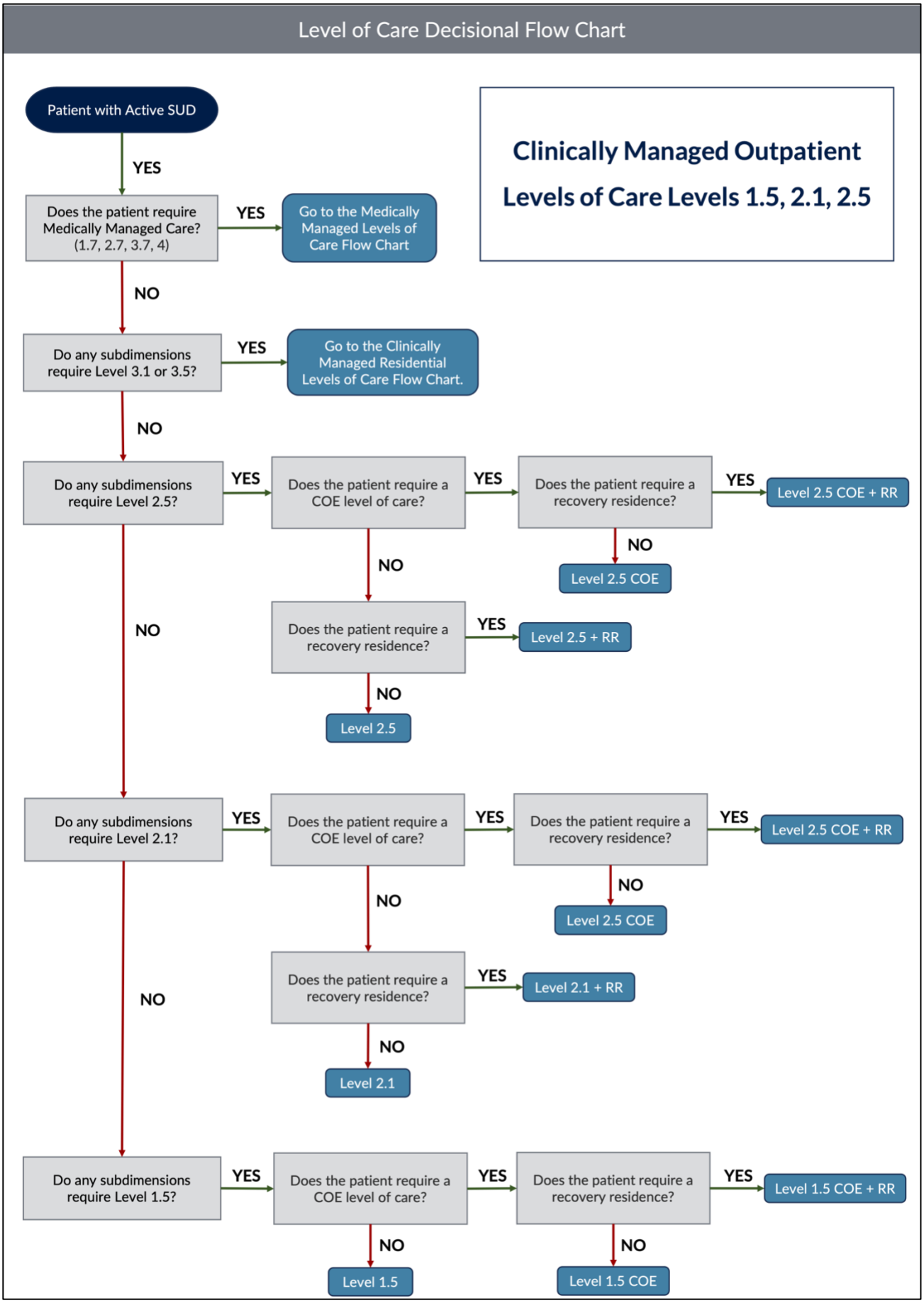
Subdimensions	Risk Rating
Dimension 1: Intoxication, Withdrawal, and Addiction Medications	
Intoxication and Associated Risks	Choose an item
Withdrawal and Associated Risks	Choose an item
Addiction Medication Needs	Choose an item
Dimension 2: Biomedical Conditions	
Physical Health Concerns	Choose an item
Pregnancy-related Concerns	Choose an item
Dimension 3: Psychiatric and Cognitive Conditions	
Active Psychiatric Symptoms	Coose an item
Persistent Disability	Choose an item
Dimension 4: Substance Use-related Risks	
Likelihood of Engaging in Risky Substance Use	Choose an item
Likelihood of Engaging in Risky SUD-related Behaviors	Choose an item
Dimension 5: Recovery Environment Interactions	
Ability to Function Effectively in Current Environment	Choose an item
Safety in Current Environment	Choose an item
Support in Current Environment	Choose an item

Level of Care Determination Flow Charts Figure 3.3



Level of Care Decisional Flow Chart





Activity 8: Level of Care Recommendation

Directions: In this whole group activity, you will review different patients' risk ratings and determine a level of care recommendation.

1. What level of care would you recommend, given these risk ratings?

Subdimensions	Risk Rating
Dimension 1: Intoxication, Withdrawal, and Addiction Medications	
Intoxication and Associated Risks	0 = No specific needs
Withdrawal and Associated Risks	0 = No specific needs
Addiction Medication Needs	ANY = Any level of care
Dimension 2: Biomedical Conditions	
Physical Health Concerns	ANY = Any level of care
Pregnancy-related Concerns	0 = No specific needs
Dimension 3: Psychiatric and Cognitive Conditions	
Active Psychiatric Symptoms	2A = Minimum Level 2.5 COE
Persistent Disability	1Z = minimum Level 1.5 COE
Dimension 4: Substance Use-related Risks	
Likelihood of Engaging in Risky Substance Use	C = Minimum Level 2.5
Likelihood of Engaging in Risky SUD-related Behaviors	0 = No specific needs
Dimension 5: Recovery Environment Interactions	
Ability to Function Effectively in Current Environment	B = Minimum Level 2.5
Safety in Current Environment	0 = No specific needs
Support in Current Environment	0 = No specific needs

2. What level of care would you recommend, given these risk ratings?

Subdimensions	Risk Rating
Dimension 1: Intoxication, Withdrawal, and Addiction Medications	
Intoxication and Associated Risks	0 = No specific needs
Withdrawal and Associated Risks	EVAL = Prompt Evaluation
Addiction Medication Needs	ANY = Any level of care
Dimension 2: Biomedical Conditions	
Physical Health Concerns	ANY = Any level of care
Pregnancy-related Concerns	0 = No specific needs
Dimension 3: Psychiatric and Cognitive Conditions	
Active Psychiatric Symptoms	0 = No specific needs
Persistent Disability	0 = No specific needs
Dimension 4: Substance Use-related Risks	
Likelihood of Engaging in Risky Substance Use	D = Minimum Level 3.1
Likelihood of Engaging in Risky SUD-related Behaviors	B = Minimum Level 2.1
Dimension 5: Recovery Environment Interactions	
Ability to Function Effectively in Current Environment	C = Minimum Level 3.1
Safety in Current Environment	0 = No specific needs
Support in Current Environment	B = Minimum Level 3.1

3. What level of care would you recommend, given these risk ratings?

Subdimensions	Risk Rating
Dimension 1: Intoxication, Withdrawal, and Addiction Medications	
Intoxication and Associated Risks	ANY = Any level of care
Withdrawal and Associated Risks	1 = Minimum Level 1.7
Addiction Medication Needs	A = Minimum 1.7
Dimension 2: Biomedical Conditions	
Physical Health Concerns	0 = No specific needs
Pregnancy-related Concerns	0 = No specific needs
Dimension 3: Psychiatric and Cognitive Conditions	
Active Psychiatric Symptoms	2A = Minimum Level 2.5 COE
Persistent Disability	0 = No specific needs
Dimension 4: Substance Use-related Risks	
Likelihood of Engaging in Risky Substance Use	C = Minimum Level 2.5
Likelihood of Engaging in Risky SUD-related Behaviors	C = Minimum Level 2.5
Dimension 5: Recovery Environment Interactions	
Ability to Function Effectively in Current Environment	ANY = Any level of care
Safety in Current Environment	ANY = Any level of care
Support in Current Environment	A = Minimum Recovery Residence

Ms. T Revisited

1. What level of care would you recommend Ms. T given her risk ratings?

2. Looking back at Ms. T's Dimension 6 information, does her level of care selection need to be adjusted from the level of care recommendations? Why or why not?

3. ***What if…*** Ms. T was eight weeks pregnant and had a history of miscarriage and gestational diabetes? Which dimension/subdimension would this impact? What would the risk rating be for her in that subdimension?

4. ***What if…*** Ms. T had a very supportive home environment? What if she had a stable, secure family who would do everything possible to support her in her recovery efforts? Would this change the level of care recommendation? Why or why not?

Session 4: Case Application Practice

Activity 9: Mr. C's Case Study

Directions: For this small group activity, you will assess Mr. C's case information. As you review Mr. C's case, work with your team to assign risk ratings to the different subdimensions and recommend a level of care.

[*Video Transcript*]

Mr. C is a 29-year-old Japanese American man presenting for evaluation of opioid use at the request of his partner. Mr. C's partner is in long-term remission from opioid use disorder and says Mr. C's continued use presents a trigger for him, as well as a concern for Mr. C's health. His partner also tells Mr. C he wants to be with him "for life" and is worried Mr. C "won't be around for the long haul" if he keeps using opioids and smoking heavily.

Mr. C was in early remission from opioid use disorder until he started snorting oxycodone tablets again two months ago. He completed outpatient treatment for opioid use disorder twice during his twenties (last discharge was five months ago) but opted not to use long-term MOUD (medication for opioid use disorder). He says his use has lessened in severity over time. When he first sought treatment, he was injecting heroin several times per day; now, he purchases oxycodone illicitly and snorts two to three 10mg tabs per night. He says he has been able to maintain this dosage since he started using again, but in the past few weeks, his use has progressed from a few nights per week to nightly.

While Mr. C acknowledges that his partner's concern prompted this evaluation, he says he has considered seeking help again for the past several weeks. Mr. C acknowledges that his opioid use has damaged his relationship with his partner and with his parents and says he would like to address it before he alienates them. Additionally, Mr. C is worried that his cigarette smoking is damaging his physical health but is unsure he can quit both opioids and nicotine at the same time.

Mr. C works as an account manager for a large advertising agency. Social events with his colleagues are often focused on drinking and drug use. At these events, he often drinks "socially" but says "the real problem" is when he goes to the bathroom to snort oxycodone tabs with his colleagues, then stands outside with them smoking cigarettes. He also uses oxycodone "to come down from the day" when he gets home from work, but says he uses more when he's with others.

Dimensional Assessment

Read the dimensional information below and then use it to assign risk ratings for each subdimension in the risk rating worksheet. *Click a dimension to jump to Mr. C's risk rating table.*

	Mr. C's Information
Dimension 1: *Intoxication, Withdrawal, and Addiction Medications*	Mr. C is not intoxicated at presentation. He notes that his last oxycodone use was 36 hours ago. He is currently experiencing nausea with mild abdominal cramping, some sweating and restlessness, a "slightly" runny nose, some irritability, and adds that his face "feels hot." BP and HR are slightly elevated at 140/90 and 95 respectively. COWS score is 9. He has no history of severe withdrawal and received short-term buprenorphine tapers during his two previous treatment episodes. Mr. C has never tried long-term MOUD but is willing to do so "to see if [he] can break this pattern once and for all." He notes that he did not experience any exacerbation of his asthma or medication interactions during his previous buprenorphine tapers. Mr. C smokes 15-20 cigarettes daily, usually having the first within 5 minutes after waking up in the morning. His last cigarette was 20 minutes ago. During the interview he notes that stress and anxiety are "a big trigger for everything" and wonders when he can take a break to step outside for a cigarette. He has tried to "cut down" in the past without success. He has used OTC nicotine replacement gum and lozenges in the past with some resulting reduction in cigarettes per day but had difficulty when it came time to reduce gum use and always ended up resuming his baseline use patterns. Mr. C is interested in trying other pharmacologic and behavioral strategies for quitting smoking.
Dimension 2: *Biomedical Conditions*	Mr. C has a lifelong history of bronchial asthma, first diagnosed at age 10. He is prescribed daily montelukast and albuterol as needed for exacerbations. He admits that he is "not good" at taking the montelukast as prescribed, relying more on albuterol than he would like (usually twice a day, sometimes more). He reports transient shortness of breath upon exertion and says he awakens at night with asthma symptoms a few times per month. These episodes resolve with albuterol and thus far he has not had to go to the emergency department for breathing treatments, but he says smoking makes episodes worse and more frequent. He has tried to make an appointment with his primary care physician, whom he says is one of few local physicians who accepts Mr. C's insurance, but the schedule was "booked for the next six months."
Dimension 3: *Psychiatric and Cognitive Conditions*	Mr. C reports no history of psychiatric diagnoses or hospitalizations but shares that mild social anxiety has always been a challenge for him. He says he has always felt more comfortable in social situations when using opioids. Similarly, cigarette use has been a way to "bond with others" rather than making small talk, he says. However, he notes that while opioid use relaxes him in social situations, he sometimes feels "embarrassed" the next day when recalling his behavior while intoxicated. Cigarette smoking also increases his anxiety in other ways, he notes, especially because it makes him crave caffeine and he tends to pair cigarettes with coffee throughout the day. His asthmatic episodes also cause feelings of anxiety, which he says seem to be related both to the shortness of breath and to the albuterol itself.

	He has never received specialized treatment for anxiety. He says social anxiety has not previously interfered with his ability to engage in addiction treatment, but states that it "sometimes takes [him] a while to get comfortable in group sessions" when he starts a new program. He recently downloaded a meditation app on his phone and has been following guided meditation recordings, and reports that this helps. He is open to a referral for external mental health services.
Dimension 4: *Substance-Use Related Risk*	Mr. C states that he wants to stop smoking and using opioids, not only because of the harm to his physical and emotional health, but also because his partner and parents are worried about him. He acknowledges that His partner might end up leaving him if he does not address his substance use. Although he says he feels fully supported in the relationship, he confides that he is not as sure as his partner that the relationship is "for life." Nevertheless, he says he is committed to SUD treatment and wants to give the relationship "an honest try" since it is hard to engage fully when they keep arguing over his use. Mr. C can articulate his primary triggers for use including stress and anxiety. He was initially able to limit his oxycodone use to a few nights a week, but says it became more frequent over time in response to pressure from work colleagues to "blow off some steam." He does not drive when intoxicated, but always calls for rideshare, he says. After his last night out partying with coworkers, Mr. C's partner gave him an ultimatum, saying he would leave if Mr. C did not seek help. Mr. C says this talk filled him with "renewed resolve" along with a visit a few months ago to his PCP, who told Mr. C he was essentially "killing himself" with the drug use and smoking. Mr. C has started to attend SMART Recovery meetings again for additional support, and now says he is ready to "take the next step" and resume treatment. He is eager to try ongoing MOUD, saying he met some people in his last outpatient program who said it really helped them.
Dimension 5: *Recovery Environment Interactions*	Mr. C lives in an apartment with his 30-year-old partner and feels safe at home. His partner is "very supportive" and has been in recovery from opioid use disorder for eight years. He has taken Mr. C to several SMART Recovery meetings and introduced him to friends in the fellowship. Mr. C and his partner have made a list of activities and new places to visit around town as replacements for drug-fueled social events that Mr. C would otherwise attend after work. Mr. C feels secure in his job, although he recognizes that he will have to be careful not to "party" with work colleagues since many of them use opioids recreationally. Mr. C has no functional deficits at baseline but recognizes that he needs to form recovery-supportive relationships outside of his partner. His current social circle consists of coworkers, but he hopes that regular attendance at SMART Recovery meetings will build his support network. He has an open and honest relationship with his parents and knows he can lean on them to support his recovery (although he hopes he won't need to).

Risk Rating Worksheet and Level of Care Recommendation

Click on each box to select a risk rating. Use Chapter 10 in *The ASAM Criteria Fourth Edition* textbook for help. *Click on a dimension to jump to that specific case information.*

Subdimensions	Risk Rating
Dimension 1: Intoxication, Withdrawal, and Addiction Medications	
Intoxication and Associated Risks	Choose an item
Withdrawal and Associated Risks	Choose an item
Addiction Medication Needs	Choose an item
Dimension 2: Biomedical Conditions	
Physical Health Concerns	Choose an item
Pregnancy-related Concerns	Choose an item
Dimension 3: Psychiatric and Cognitive Conditions	
Active Psychiatric Symptoms	Coose an item
Persistent Disability	Choose an item
Dimension 4: Substance Use-related Risks	
Likelihood of Engaging in Risky Substance Use	Choose an item
Likelihood of Engaging in Risky SUD-related Behaviors	Choose an item
Dimension 5: Recovery Environment Interactions	
Ability to Function Effectively in Current Environment	Choose an item
Safety in Current Environment	Choose an item
Support in Current Environment	Choose an item

1. **Based on your assigned risk ratings, what level of care would you recommend for Mr. C?**

2. **Dimension 6: Person-Centered Considerations**
   Mr. C appears to be strongly committed to treatment and vocalizes his willingness to participate fully in any prescribed program. He has a car with an active driver's license and can transport himself to treatment. However, he works long and unpredictable hours, and it can be difficult for him to attend scheduled appointments.

   Given this information, what would you do?

3. ***What if…*** Mr. C's partner says, "I've had enough!" and kicks Mr. C out of their apartment. Mr. C's parents are supportive but live out of state. Which dimension and subdimension does that impact? Does it change your level of care recommendation?

4. ***What if…*** Mr. C has been drinking one 750 ml bottle of vodka daily for the past 5 years. He reports that his last drink was 4 hours ago, during his lunch break at work. His current heart rate is 108 and his blood pressure is 140/95. Mr. C tells you that last time he tried to stop drinking, about 6 months ago, he "was seeing things" and had to be hospitalized. How does this affect his risk ratings in Dimension 1? What is your next course of action?

Activity 10: Mr. J's Case Study

Directions: For this small group activity, you will be conducting a Level of Care Assessment for Mr. J, who is currently in a Level 3.1 residential program and is being considered for transition to a different level of care. As you review Mr. J's case, discuss with your group Mr. J's dimensional information, risk ratings, and level of care recommendation (more intensive, less intensive, or the same level of care).

Case Information:

Mr. J is a 26-year-old with a history of amphetamine use. For the past 18 months, he has been using methamphetamine daily. His last methamphetamine use was before treatment, which he entered 28 days ago. He recently noted heightened paranoia, auditory hallucinations, and dental decay. Those symptoms have since ceased. Mr. J voluntarily entered SUD treatment upon referral from the local community clinic, where he receives HIV treatment. He is currently free of intoxication and withdrawal symptoms. Mr. J is actively participating in a Level 3.1 program, attending dental appointments, and has successfully secured a part-time job with the assistance of a vocational counselor.

Mr. J is single with no dependents. He declined his parents' invitation to move back home due to frequent parental fights and his father's post-work drinking. His parents have been critical of him in the past, label his substance use issues as a choice, and believe he needs to "stop and grow up." He is expanding his recovery support network by attending a local LGBTQ+ NA group.

Mr. J has completed an AA Degree and is exploring options to pursue a Bachelor's from a four-year university. He was previously on track to transfer to a university several years ago, but in his effort to get scholarships, Mr. J started taking high-potency caffeine pills so he could study longer. When this approach stopped working, he resorted to buying methylphenidate from dormitory peers, eventually escalating to smoking crystal methamphetamine. Financial support from his parents ceased when he discontinued his studies, leading to homelessness. To sustain himself, Mr. J intermittently engaged in unprotected sex work, leading to the contracting of HIV. He has not disclosed his HIV diagnosis to friends or family.

Mr. J has been adhering to antiretroviral medication, even during periods of homelessness. The community clinic confirmed that he attends all appointments as scheduled and picks up refills when needed. Additionally, his medical records indicate Mr. J's viral load is undetectable.
Mr. J acknowledges feeling both anxiety and the occasional low mood unrelated to drug use, particularly when reflecting on the past few years of his life. During treatment, he consulted a psychiatrist who prescribed an SSRI. He is currently stable on the SSRI and reports improved mood and reduced anxiety with minimal side effects.

Mr. J has acquired effective emotional regulation techniques for preventing return to use. However, he occasionally doubts his ability to abstain from methamphetamine after he exits the Level 3.1 treatment program. He shares his methamphetamine-related dreams with his counselor before discharge, finding reassurance and increased calmness after these discussions.

Mr. J has just completed one month in a Level 3.1 program and is now being evaluated for transition to a less intensive level of care.

Dimensional Assessment

Work with your group to organize the case information above into each dimension below.

Click a dimension to jump to Mr. J's risk rating table.

	Mr. J's Information
Dimension 1: *Intoxication, Withdrawal, and Addiction Medications*	
Dimension 2: *Biomedical Conditions*	
Dimension 3: *Psychiatric and Cognitive Conditions*	

Dimension 4: *Substance-Use Related Risk*	
Dimension 5: *Recovery Environment Interactions*	

Risk Rating Worksheet and Level of Care Recommendation

Click on each box to select a risk rating. Use Chapter 10 in *The ASAM Criteria Fourth Edition* textbook for help. *Click on a dimension to jump to that specific case information.*

Subdimensions	Risk Rating
Dimension 1: Intoxication, Withdrawal, and Addiction Medications	
Intoxication and Associated Risks	Choose an item
Withdrawal and Associated Risks	Choose an item
Addiction Medication Needs	Choose an item
Dimension 2: Biomedical Conditions	
Physical Health Concerns	Choose an item
Pregnancy-related Concerns	Choose an item
Dimension 3: Psychiatric and Cognitive Conditions	
Active Psychiatric Symptoms	Coose an item
Persistent Disability	Choose an item
Dimension 4: Substance Use-related Risks	
Likelihood of Engaging in Risky Substance Use	Choose an item
Likelihood of Engaging in Risky SUD-related Behaviors	Choose an item
Dimension 5: Recovery Environment Interactions	
Ability to Function Effectively in Current Environment	Choose an item
Safety in Current Environment	Choose an item
Support in Current Environment	Choose an item

1. **Based on your assigned risk ratings, what level of care would you recommend for Mr. J?**

2. **Dimension 6: Person-Centered Considerations**
   Mr. J notes that he sometimes felt uncomfortable in his residential treatment program because he was the only HIV-positive patient there at the time and experienced stigma from some other patients. He also felt uncomfortable opening up about his sexuality and past sex work because there was no LGBTQ+ specific group or NA meeting within the program. He also noted that his treatment schedule needs to be compatible with his part-time job schedule.

   Given this information, what would you do?

3. ***What if…*** Mr. J had not yet been connected to psychiatric care because there were no appointments available within a reasonable timeframe? In addition to the anxiety and low moods he reported, he is experiencing occasional panic attacks related to social situations. How would this change your risk ratings and level of care recommendation?

4. ***What if…*** Mr. J had not yet received treatment for HIV and was unable to access HIV care in the community. How would that change his risk rating in Dimension 2, Biomedical Conditions? Would that change his level of care?

Additional Resources

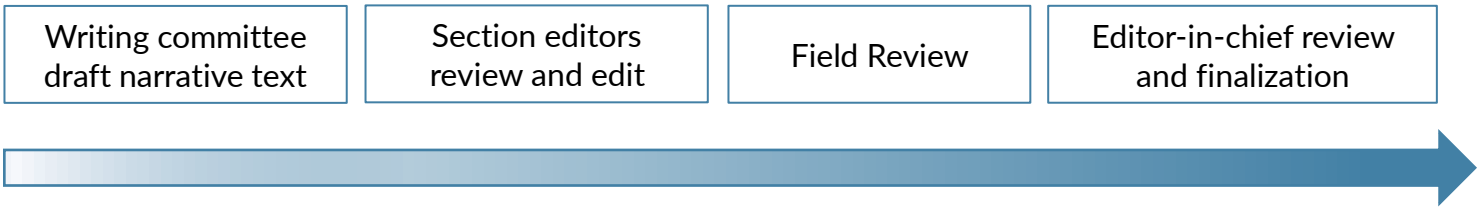
Methodology: Fourth Edition Development Process

ASAM Criteria Fourth Edition Development Process

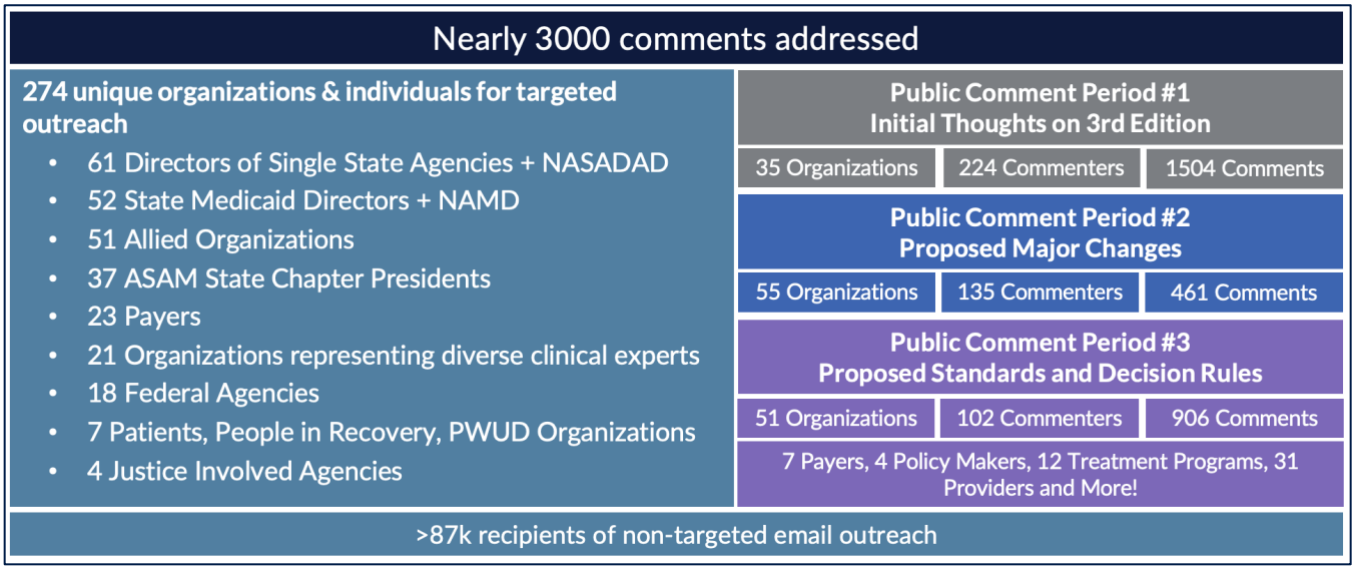
The update of *The ASAM Criteria* went through a rigorous and responsible process involving 18 committees and structured literature reviews for each committee, as well as an analysis of the challenges involved with on-the-ground implementations. A modified Delphi process was used, with separate voting panels. In addition, an extended public comment period was incorporated into the process, allowing for widespread feedback and input. Finally, the process involved committee and board approval, ensuring that the updated Criteria were thoroughly vetted and approved at all stages of development.

Decision Rules and Standards Development:

Narrative Development:



Stakeholder Outreach:



Governance and Oversight

The ASAM Criteria decision rules and standards were developed by 18 writing committees with input from the voting panel and multiple public comment periods under the oversight of The ASAM Criteria Editorial Team. The ASAM Criteria Strategy Steering Committee and ASAM's Quality Improvement Council approved these decision rules and standards, and ASAM's Board of Directors approved the Major changes from the Third Edition.

Common Standardized Measures Across The Six Dimensions

Dimension 1: Intoxication, Withdrawal, and Addiction Medications	
Alcohol Withdrawal Severity	Clinical Institute Withdrawal Assessment for Alcohol, revised (CIWA-Ar)
Opioid Withdrawal Severity	Clinical Opiate Withdrawal Scale (COWS) Subjective Opiate Withdrawal Scale (SOWS) Clinical Institute Narcotic Assessment (CINA)
Nicotine Dependence	Fagerstrom Test of Nicotine Dependence (FTND)
Dimension 2: Biomedical Conditions	
Overall Physical Health Status	12-Item Short Form Health Survey (SF-12)
Sleep Quality	Pittsburg Sleep Quality Index (PSQI)
Pain Interference with Functioning	Patient-Reported Outcomes Measurement Information Systems (PROMIS) Pain Interference Short Form
Dimensions 3: Psychiatric and Cognitive Conditions	
Depression	Patient Health Questionnaire-9 (PHQ-9) Geriatric Depression Scale (GDS)
Anxiety	General Anxiety Disorder-7 (GAD-7)
Suicidality	Columbia-Suicide Severity Rating Scale (C-SSRS)
Functioning	WHO Disability Assessment Schedule 2.0 (WHODAS 2.0)
Cognitive Impairment	Montreal Cognitive Assessment (McCA)
Traumatic Brain Injury	Ohio State University TBI Identification Method (OSU TBI-ID)
Dimension 4: Substance Use-Related Risk	
Recover Risk and Protective Factors	Brief Addiction Monitor (BAM)
Substance Craving	Visual Analog Scale (VAS)
Risk of Overdose	Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression (RIOSORD)
Dimension 5: Recovery Environment Interactions	
Recovery Capital	Brief Assessment of Recovery Capital-10 (BARC-10)
Global Recovery Progress	Treatment Effectiveness Assessment (TEA) Brief Addiction Monitor (BAM)
Dimension 6: Person-Centered Considerations	
Barriers to Care	Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences (PRAPARE)
Need for Motivational Enhancement	Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES)

Each tool has been hyperlinked to an external resource. These are not ASAM-created tools, and there are additional versions available. ASAM does not endorse or guarantee the accuracy of the information hyperlinked within this content. Users should exercise their own discretion and verify the reliability of external sources before relying on them for decision-making or information purposes.

Risk Rating Tracker

Click on each box to select a risk rating.

Risk Rating Tracker	
Subdimension	Risk Rating
Dimension 1: Intoxication, Withdrawal, and Addiction Medications	
Intoxication and Associated Risks	Choose an item
Withdrawal and Associated Risks	Choose an item
Addiction Medication Needs	Choose an item
Dimension 2: Biomedical Conditions	
Physical Health Concerns	Choose an item
Pregnancy-Related Concerns	Choose an item
Dimension 3: Psychiatric and Cognitive Conditions	
Active Psychiatric Symptoms	Coose an item
Persistent Disability	Choose an item
Dimension 4: Substance Use-Related Risks	
Likelihood of Engaging in Risky Substance Use	Choose an item
Likelihood of Engaging in Risky SUD-Related Behaviors	Choose an item
Dimension 5: Recovery Environment Interactions	
Ability to Function Effectively in Current Environment	Choose an item
Safety in Current Environment	Choose an item
Support in Current Environment	Choose an item

Additional Practice: Ms. P's Case

Directions: This is an optional activity that you can do on your own for additional practice. Read through the case information, identify the risk ratings for each subdimension, then determine a level of care recommendation. Once finished you can review your answers with the attached answer key.

General Case Information

Ms. P is a 37-year-old single, female, underemployed substitute teacher who reports on-and-off struggles with alcohol since college. Since then, the patient says she has been alternating heavy drinking periods with periods of total abstinence that usually last "a few weeks to a couple months at a time." When she is drinking, she reports consuming 5 to 7 drinks per night, about 4 to 5 nights per week.

She reports living in a "party house" where avoiding alcohol has been difficult. She spends any extra money she has on alcohol, and in the past two months paying rent has been difficult due to increased drinking. When threatened by her roommates after she asked them to cover part of her rent share for a second month, she moved in with a friend in recovery from alcohol use disorder to try to "dry out." She will soon be homeless, as she has stayed with her friend for one week, and the friend's landlord says Ms. P needs to leave within 24 hours. At that point, she will have to enter SUD treatment or stay with her sister, with whom she does not get along, in a nearby state. She is seeking SUD evaluation at that friend's recommendation.

Dimensional Assessment

Read the dimensional information below and then use it to assign risk ratings for each subdimension in the risk rating worksheet. *Click a dimension to jump to Ms. P's risk rating table*.

	Ms. P's Information
Dimension 1: *Intoxication, Withdrawal, and Addiction Medications*	The patient presents with no current signs or symptoms of intoxication or withdrawal. Her last alcohol use was seven days ago before being allowed by a non-drinking friend to sleep on her couch if she would not drink. She says she felt "really under the weather" for a few days but "borrowed" Valium from her friend to reduce her symptoms. She has a history of moderate withdrawal after periods of heavy drinking in the past, but no past seizures or DTs.
Dimension 2: *Biomedical Conditions*	Two years ago, the patient was diagnosed with adult-onset Type 1 diabetes by her PCP, and she started insulin. She has difficulty monitoring her glucose and administering the proper dose of insulin, resulting in frequent hypo- or hyper-glycemia. Six months ago, she was hospitalized with glucose >500. Thus far, she has not been able to get her HbA1C under 8%. The patient also takes lisinopril daily for hypertension and lovastatin daily for high cholesterol. This regimen works well when she maintains her medication schedule, but she says she sometimes has trouble remembering to take her doses. She states that she "doesn't have the time or money to go to [her] regular doctor, let alone all the fancy doctors they want to send [her] to." She is not pregnant or planning to become pregnant.

Dimension 3: *Psychiatric and Cognitive Conditions*	The patient reports no significant behavioral or mental health concerns other than feeling "anxious" the day after heavy drinking. She worries about having a heart attack in her forties, like her mother, or losing a leg to diabetes, like her uncle. She is alert and oriented x 4 and reports no history or current risk of self-harm or harm to others. Upon further questioning, she says she often finds it hard to get out of bed in the morning, even when she does not have a hangover. When asked about her interests, she says "What interests? I just go to work when I have it, come home and drink, then pass out." She endorses feeling "like a failure" and says, "Things have just felt really hard since I graduated from college." When told these feelings may be symptoms of depression, she says, "Wait, you mean everyone in their late thirties doesn't feel this way?" However, when questioned about the history of these symptoms, she recalls having difficulty sleeping, periods of binge eating related to her feelings of failure, and a lack of pleasure in most things as early as middle school, before she ever started drinking. In fact, she states that "drinking was the only thing that made me feel better, but then it aways makes me feel worse afterwards." She has never had a mental health evaluation and has never been treated for any mental health conditions. She says she would be open to medication that may help but doesn't have the time or money to get help herself.
Dimension 4: *Substance-Use Related Risk*	In the past, the patient has been able to stop drinking for short periods of time (a few weeks or months) when loved ones have expressed frustration about her drinking, or when she has a longer substitute teaching assignment. "Having somewhere to go each day helps," she says. She notes that return to use is generally triggered by being around friends who are drinking, feeling like her life is "going nowhere," or feeling lonely. She reports current significant cravings for alcohol and says her cravings tend to intensify over time during each period of abstinence. She feels she is at risk of relapse tomorrow, when she leaves her friend's home, because she will have to return to her sister's house and she says the stress of their "continual arguments" triggers her alcohol use. She has no history of risky behaviors when drinking and says she avoids "driving drunk" because she had a DUI in her early twenties and does not want a repeat offense. She wonders if she can get to a point where she can "drink socially."

Dimension 5: *Recovery Environment Interactions*	The patient is staying with a friend in recovery but is being asked to find new lodging now that it has been one week. Previously she was living in an apartment with two friends who drink daily as the focus of their social interactions. She feels she will not be able to avoid use if she returns to live with her former roommates. However, she does not have money to pay for first, last, and security deposit in a new apartment. If she does not find an alternative housing situation quickly, she will have to go live with her sister in a nearby state where she is not certified to substitute-teach. She has gone to stay with her sister a few times previously when she cannot afford her rent but reports that each time has triggered heavy drinking since her sister is critical of Ms. P's underemployment, lack of a spouse or children, and inability to control her alcohol use. Ms. P also lacks a structured daily routine when she is at her sister's house, which further encourages drinking. She has tried to do "gig work" such as food delivery but says this typically lasts only a few days before she loses motivation. Ms. P notes that she has barely been "keeping it together" during substitute teaching assignments since she is usually "dealing with a hangover" and finds it hard to stay focused through the day. She also says she feels like she is "stuck" in life as she has not been able to maintain a romantic relationship or progress in her chosen career; she has a degree in finance but has never been able to land a job in that field. "After a while, I just stopped trying," she said. Her parents live several states away, and she rarely speaks with them. She has no other family contact, besides infrequent and tempestuous conversations with her sister, and has only one friend who does not does not drink (the one whose apartment she must leave tomorrow).
Dimension 6: *Patient-Centered Considerations*	The patient wants to gain control over her drinking for the sake of her health and financial stability. She has tried AA meetings but says she did not like having to continually self-identify as an alcoholic. Nevertheless, she says she realizes alcohol use is hurting her and recognizes that she needs to stop drinking, "at least until I can control it." She has a car and a valid driver's license and can self-transport to treatment.

Risk Rating Worksheet and Level of Care Recommendation

Click on each box to select a risk rating. Use Chapter 10 in *The ASAM Criteria Fourth Edition* textbook for help. *Click on a dimension to jump to that specific case information.*

Subdimensions	Risk Rating
Dimension 1: Intoxication, Withdrawal, and Addiction Medications	
Intoxication and Associated Risks	Choose an item
Withdrawal and Associated Risks	Choose an item
Addiction Medication Needs	Choose an item
Dimension 2: Biomedical Conditions	
Physical Health Concerns	Choose an item
Pregnancy-related Concerns	Choose an item
Dimension 3: Psychiatric and Cognitive Conditions	
Active Psychiatric Symptoms	Coose an item
Persistent Disability	Choose an item
Dimension 4: Substance Use-related Risks	
Likelihood of Engaging in Risky Substance Use	Choose an item
Likelihood of Engaging in Risky SUD-related Behaviors	Choose an item
Dimension 5: Recovery Environment Interactions	
Ability to Function Effectively in Current Environment	Choose an item
Safety in Current Environment	Choose an item
Support in Current Environment	Choose an item

Based on your assigned risk ratings, what level of care would you recommend for Ms. P?

Answer Key: Ms. P's Case

Risk Rating Form	
Subdimensions	**Risk Rating**
Dimension 1: Intoxication, Withdrawal, and Addiction Medications	
Intoxication and Associated Risks	0 = No specific needs
Withdrawal and Associated Risks	0 = No specific needs
Addiction Medication Needs	ANY = Any Level of Care
Dimension 2: Biomedical Conditions	
Physical Health Concerns	2 = minimum Level 2.7
Pregnancy-related Concerns	0 = No specific needs
Dimension 3: Psychiatric and Cognitive Conditions	
Active Psychiatric Symptoms	1B = minimum Level 1.7
Persistent Disability	0 = No specific needs
Dimension 4: Substance Use-related Risks	
Likelihood of Engaging in Risky Substance Use	C = minimum Level 2.5
Likelihood of Engaging in Risky SUD-related Behaviors	0 = No specific needs
Dimension 5: Recovery Environment Interactions	
Ability to Function Effectively in Current Environment	A = minimum Level 2.1
Safety in Current Environment	A = minimum Recovery Residence
Support in Current Environment	A = minimum Recovery Residence

DIMENSIONAL RISK ANALYSIS

In Dimension 1, the patient is neither intoxicated nor experiencing withdrawal. Because it has been seven days since she last drank and she has no current signs or symptoms of intoxication or withdrawal, her risk rating for both subdimensions is 0 = No specific needs. Based on her history of difficulty abstaining from alcohol, she may need to be evaluated for alcohol use disorder medication. This need can be addressed in ANY = Any Level of Care.

In Dimension 2, the patient has significant Physical Health Concerns, including uncontrolled late-onset type 1 diabetes, hypertension, and hypercholesterolemia. She will need daily or near-daily medical management and nursing care to get these conditions under control. She is unable to access the medical care she needs on her own due to financial and motivational constraints. Finally, continuing to drink will negatively impact her current conditions and overall physical health. However, her history does not suggest that she needs overnight medical monitoring (she did have one hospitalization for hyperglycemia six months ago but appears to have stabilized somewhat

since then). Because of this, she will need a minimum of Level 2.7, or a risk rating of 2. She is not pregnant and not planning on becoming pregnant, resulting in Pregnancy-related Concerns of 0 = No specific needs.

In Dimension 3, the patient shows signs of an underlying mood disorder (dysthymia or major depressive disorder) that is independent of her drinking, although possibly exacerbated by it, and untreated. She is open to mental health medication but will need integrated medication management because she lacks the resources (financial, time, and possibly motivation) to get the help she needs. Since her mood disorder appears to be low-complexity, medication management likely does not require a psychiatric specialist, and her history does not suggest that she needs skilled mental health interventions to participate in addiction treatment. Therefore, her active psychiatric symptoms require 1B = minimum Level 1.7. Since nothing in her history indicates persistent mental health or cognitive disability, her risk rating for that subdimension is 0 = No specific needs.

In Dimension 4, the likelihood of the patient engaging in risky substance use is high since she says she would still like to drink socially at some point, and if she does not enter treatment immediately, she will go to her sister's house which has triggered her drinking in the past. Her history suggests that continued drinking would result in negative consequences (i.e., return to use, difficulty maintaining employment), but not serious harm or destabilizing loss. She would require daily or near-daily clinical services to help prevent return to use, and she is typically able to avoid alcohol use during the day with some structure but is unable to do so at night. Therefore, her risk rating for Likelihood of engaging in risky substance use is C = minimum Level 2.5. The patient has been able to avoid substance use-related risks following her DUI arrest and therefore has no specific needs (risk rating 0) for likelihood of engaging in risky SUD-related behaviors.

Dimension 5 focuses on the patient's ability to function effectively in the current environment. She is struggling to maintain housing, is underemployed, and has difficulty developing and maintaining relationships. These factors indicate moderate functional impairment that requires low-intensity clinical services several times per week to develop skills and support. Therefore, A = minimum Level 2.1 is required for this subdimension. The patient requires a minimum of recovery residence for safety and support in her current environment (risk rating for both subdimensions = A), as she is about to go stay with her sister, who is unsupportive and lives in a location where Ms. P will lack any daily structure or recovery support.

LEVEL OF CARE DETERMINATION

Dimensions 1, 2, and 3 drive the need for medical management. In this case, the patient's unstable Type 1 diabetes indicates that she needs medically managed care. However, she does not require Level 3 care in any dimension. The patient requires Level 2.7 in Dimension 2, Level 2.5 in Dimension 4, and Level 2.1 in Dimension 5. While she needs a minimum of Level 1.7 in Dimension 3, she does not require co-occurring enhanced care because her case details do not suggest a need for skilled mental health interventions to participate in addiction treatment. The patient will soon lose her current supportive housing situation, and she lacks social and family support. Since nothing in her history suggests that she would not be able to engage safely or effectively in a rules-based milieu, she meets criteria for a recovery residence. The patient needs Level 2.7 plus a recovery residence.