



ASAM

American Society *of*
Addiction Medicine

ASAM CONTINUUM™

ASAM CO-TRIAGE®

Disclosure Information

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No disclosures



Disclosure Information

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No disclosures



Learning Objectives

- 1 Understanding the relationship between the ASAM Criteria and the ASAM CO-Triage and ASAM CONTINUUM tools.
- 2 Navigating the user interface of the ASAM CO-Triage and ASAM CONTINUUM tools, including how those adapt in response to the characteristics of each patient interview.
- 3 Conducting a patient-centered interview using the ASAM CO-Triage and ASAM CONTINUUM tools.
- 4 Interpreting the ASAM CO-Triage report, including its provisional Level of Care recommendations.
- 5 Interpreting the ASAM CONTINUUM narrative and summary reports, including its Level of Care recommendations.

Day 1

- The ASAM Criteria:
 - The Six Dimensions
 - Levels of Care
 - Patient Cases: multidimensional assessment and determining level of care
- CO-Triage Interface
- CO-Triage Practice

Day 2

- Review of Day 1
- ASAM CONTINUUM
 - Interface and Navigation
 - Appropriate Use
 - Summary and Narrative Report
- ASAM CONTINUUM Practice
- Revisiting Workflow with the Co-Triage, CONTINUUM and your EHR

The Six Dimensions of the ASAM Criteria

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

Assessing for Level of Care: Determining Priority Needs



+



Conduct a multidimensional assessment

Match level of needed services

An appropriate, well-informed level of care placement

Severity and Risk Ratings

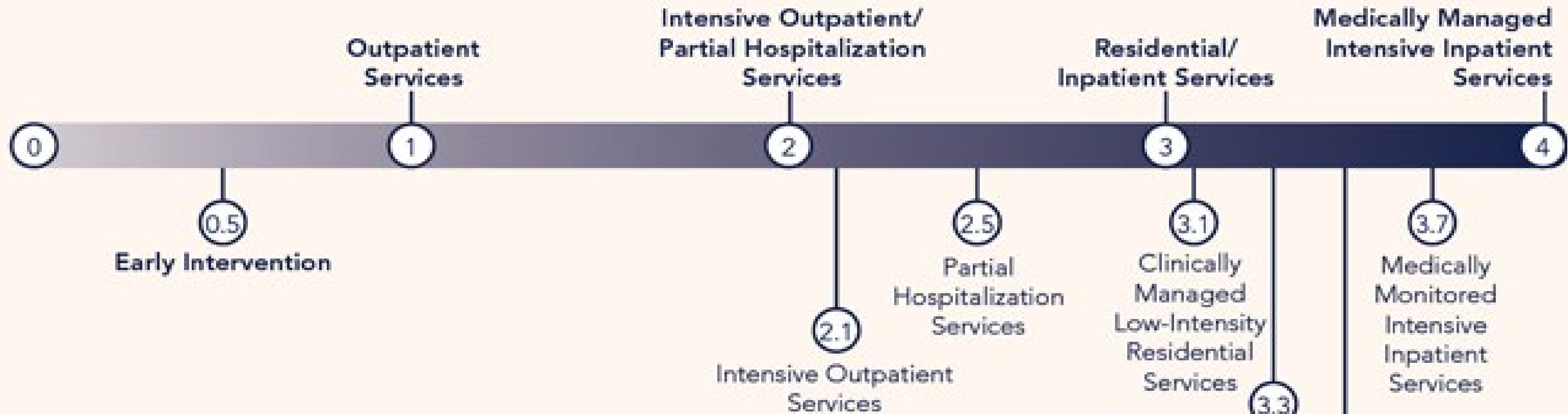
RISK RATING	4	Utmost severity/“Imminent danger” <ul style="list-style-type: none">critical impairments in coping and functioningconcerning signs and symptoms	HIGH
	3	Serious issue or difficulty coping <ul style="list-style-type: none">in or near “imminent danger”	MODERATE
	2	Moderate difficulty in functioning <ul style="list-style-type: none">moderate impairment, or somewhat persistent chronic issuesrelevant skills or support system may be present	MODERATE
	1	Mildly difficult issue <ul style="list-style-type: none">minor signs and symptoms	LOW
	0	Non-issue or very low risk issue <ul style="list-style-type: none">any chronic issues mostly or entirely stable	LOW



3 Components of Imminent Danger

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

REFLECTING A CONTINUUM OF CARE



Note:

Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.

MODULE 4:

ASAM CONTINUUM User Interface and Navigation



ASAM CONTINUUM™

- A computer-guided, structured interview for assessing patients with addictive, substance-related, and co-occurring conditions.
- Allows clinicians to conduct a comprehensive biopsychosocial patient risk and needs assessment
 - explores all six ASAM Criteria dimensions
 - determines the ASAM Criteria level of care recommendation.



ASAM CONTINUUM™

- Should be used in tandem with *The ASAM Criteria* text.
 - the text provides the background and guidance for proper use of the software
 - the software enables comprehensive, standardized evaluation



ASAM CONTINUUM™ Capabilities

- Conduct a comprehensive biopsychosocial patient risk and needs assessment created from The ASAM Criteria
- Accurately determine the most applicable ASAM Criteria level of care using ASAM CONTINUUM's decision logic
- Obtain ASI Severity Subscale Composite Scores:
 - Medical, Alcohol, Drug, Psychological, Employment, Family/Social and Legal
- Complete CIWA and CINA assessments for withdrawal are built directly into the assessment
- Operates within the foundation of numerous existing EHR systems



User Interface and Navigation

Navigation Panel

Interview Panel

ASAM CONTINUUM[®]

THE ASAM CRITERIA DECISION ENGINE

Q & A Knowledgebase and Training

CONTINUUM Demo1
Change Password Log Out
ASAM Demo Accounts View

Home Assessment Releases Patient

General Information

Medical History

Section	% Complete
Medical History	0%

Employment and Support History

Drug and Alcohol

Legal Information

Family and Social History

Psychological

Interview Completion

[Terms and Conditions](#)

Mary Morris
Birth Date: 06/19/1973 Gender: Female Religion: Jewish Ethnicity: Caucasian
[Edit](#)

Created By: continuumdemo1@asam.org [Print](#)

Medical History

Using the listed categories, indicate whether the patient has had each of the following medical problems.

- None
- Neurological, seizures or fits
- Ophthalmologic, eye
- Ear/nose/throat
- Dental, teeth, gums
- Cardiovascular (heart, circulation, heart attacks, or hypertension)
- Pulmonary, lung, asthma
- Digestive, stomach, bowel, liver, pancreas, diabetes
- Urinary, bladder
- Reproductive, (If male: prostate; If female: gynecologic, uterine, ovarian, breast, or periods)
- Skin
- Musculoskeletal
- Immune/rheumatologic
- Endocrine (hormones/glands)
- Malignancy, cancer
- Other

"How many times in your life have you been hospitalized for medical problems?" (Include hospitalizations for overdoses and Delirium Tremens, but exclude withdrawal management hospitalizations) [B.a.0040](#)

"Do you have any chronic medical problems that continue to interfere with your life?" [B.a.0060](#)

"If female, ask: "Are you pregnant?" (If male, enter No)." [B.a.0080](#)

"Do you have any sexually transmitted diseases? What about: Chlamydia, Genital Warts, Gonorrhea, Hepatitis B, Herpes, Human Papillomavirus (HPV), Pelvic Inflammatory Disease (PID), Pubic Lice (Crabs), Scabies or Syphilis?" [B.a.0100](#)

[< Prev](#) [Save](#) [Next >](#) Last saved: 2/11/2020 09:44 AM



Information Icon



This feature serves as a guide for clinicians to support interpretation of a question or to solicit a more targeted response. Includes further details and instructions to assist the user while administering the assessment.

- Section titles
- Subsections
- Individual questions

Additional Addiction and Treatment Items

"Which substance is the major problem?"




"Imagine yourself in the environment in which you previously used drugs and/or alcohol. If you were living in this environment today, what is the likelihood that you would use?"




"Rate how strong your urges are for a drug and/or alcohol when something in the environment reminds you of it."




"How strong is your desire to use any drug or alcohol right now?"

Information Icons



The screenshot displays a user interface for an assessment titled "Additional Addiction and Treatment Items". It contains four questions, each with an information icon (a lowercase 'i' in a circle) to its right. The first question is a dropdown menu: "Which substance is the major problem?". The other three questions are Likert scales with five options: "0 Not at all", "1 Slightly", "2 Moderately", "3 Considerably", and "4 Extremely". An orange box labeled "Information Icons" is positioned in the top right, with an arrow pointing to the information icon of the first question. A vertical orange box highlights the information icons for all four questions.


 "Do you have any sexually transmitted diseases? What about: Chlamydia, Genital Warts, Gonorrhea, Hepatitis B, Herpes, Human Papillomavirus (HPV), Pelvic Inflammatory Disease (PID), Pubic Lice (Crabs), Scabies or Syphilis?"   B.a.0100




 If patient has HIV or AIDS, ask: "Do you need special nursing or medical care, or complicated medicines for this?" If yes, ask: "Does this require residential care or supportive housing?"   B.a.0110

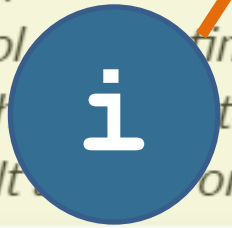
 "Do you have a tuberculosis infection (TB)?" If yes, ask: "Is it being treated or was it fully treated?"   B.a.0120

If medication is prescribed but patient is not taking it, answer 'Yes' but explain in comment box.

 "Are you taking any prescribed medication on a regular basis for a physical problem?"  B.a.0130

 "List the medications you are taking and indicate the medical condition for each medication." B.a.0140

 "Have you been taking disulfiram/Antabuse?" If yes, ask: "Are you having any reaction to your Antabuse because you may have been using alcohol in the last 30 days? (Responding "yes" will commit the patient to Level 4 hospitalization. If unsure, consult the patient or physician.)"   B.a.0150



Tell me about alcohol & drug use in your current living situation... How will these living arrangements affect your needs for treatment & recovery?" F.a.0070

"With whom do you spend most of your free time?" F.a.0080

"Are you satisfied with spending your free time this way?" F.a.0090

"Tell me about alcohol & drug use in your free time activities... How will your free time affect your treatment & recovery?" F.a.0100

Use both the patient's response & all available objective data to draw a conclusion.

"How will you deal with any problems in your free time that put you at risk for relapse?" F.a.0110

"How many close friends do you have?" F.a.0120

"Tell me about alcohol & drug use among your friends... How will your friends affect your treatment and recovery?" F.a.0130

"How will you deal with any problems with friends and acquaintances who put you at risk for relapse? What is it like for you to meet people who can help in your recovery?" F.a.0140

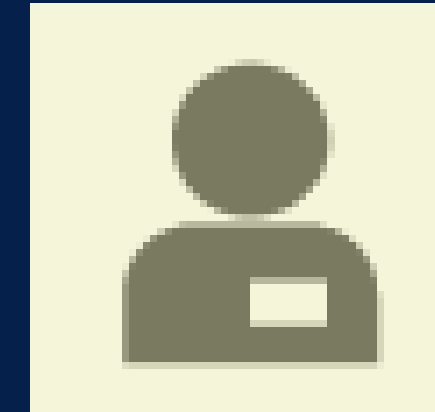
Question Types

Dialogue Question



in quotes
italic style

Observation Question



plain text

Closed-Ended Questions



Typically, responses are specific, concrete information

Open-Ended Questions



Followed by “...” or similar indicator. Pause. Allow patient to think and discuss.

Multi-Part Questions



Adjust question flow and wording according to patient's abilities

[Q & A Knowledgebase and Training](#)

CONTINUUM Demo1

[Change Password](#) [Log Out](#)

[ASAM Demo Accounts View](#)

- Home
- Assessment
- Releases
- Patient

Section	% Complete
General Information	0%
Medical History	
Employment and Support History	
Drug and Alcohol	
Legal Information	
Family and Social History	



Mary Morris

Birth Date: 06/19/1973 Gender: Female Religion: Jewish Ethnicity: Caucasian

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General Information

Class of Assessment



This interview was conducted



Special Interview Circumstances



"How long have you lived at your current address?"

Years

Months

"Is this residence owned by you or your family?"



Yes

No

"Have you been in a controlled environment in the past 30 days?"



Observation Question

Dialogue Question



Don Duck

Birth Date: 08/01/1988 Gender: Male Religion: None Ethnicity: Caucasian

[Edit](#)

Created By: continuumdemo3@asam.org

Non-required Question



"How long have you lived at your current address?"

Years

Months

ASg14



"Is this residence owned by you or your family?"



Yes

No

Required Question



"Have you been in a controlled environment in the past 30 days?"



ASg19



Has the patient been released from a penal institution (e.g., jail or prison) within the past 6 months, or is the patient soon to be released?

Yes

No

CntrlEnv

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Next >

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Don Duck

Birth Date: 08/01/1988 Gender: Male Religion: None Ethnicity: Caucasian

[Edit](#)

Created By: continuumdemo3@asam.org

Print


self-report.)

Observation Question

 Special Interview Circumstances




ASg12

 "How long have you lived at your current address?"

Years

Months


ASg14

 "Is this residence owned by you or your family?"



Dialogue Question

ASg02

 "Have you been in a controlled environment in the past 30 days?"



ASg19

 Has the patient been released from

CntrlEnv

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Don Duck

Birth Date: 08/01/1988 Gender: Male Religion: None Ethnicity: Caucasian

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 "How many close friends do you have?"


Close-ended Question

ASf09

 "Tell me about alcohol & drug use among your friends... How will your friends affect your treatment and recovery?"



ASf09a

 "How will you deal with any problems with friends and acquaintances who put you at risk for relapse? What is it like for you to meet people who can help in your



ASf09b

Open-ended and multi-part questions

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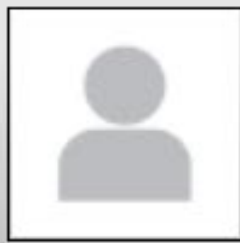
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Cancel

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Don Duck

Birth Date: 08/01/1988 Gender: Male Religion: None Ethnicity: Caucasian

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Created By: continuumdemo3@asam.org

Print

"How long have you lived at your current address?"

Years

Months

ASg14

Information Icon



"Is this residence owned by you or your family?"



Yes

No

ASg02

Indicate if locked residential or other restricted environment.

"Have you been in a controlled environment in the past 30 days?"



ASg19

Has the patient been released from a penal institution (e.g., jail or prison) within the past 6 months, or is the patient soon to be released?

Yes

No

CntrlEnv

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Don Duck

Birth Date: 08/01/1988 Gender: Male Religion: None Ethnicity: Caucasian

[Edit](#)

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Required questions highlighted in red

Print

"Do you have any serious risk of gastrointestinal bleeding that might require inpatient treatment? (This refers to vomiting blood or blood in stool. Responding "yes" or "not sure/possibly" will commit the patient to Level 4 hospitalization. If unsure, consult a nurse or physician.)"

ASm06m

"Do you have acute pancreatitis that might require I.V.s or other inpatient treatment? (This can be indicated by severe abdominal pain with inability to eat or drink any fluids. Responding "yes" will commit the patient to Level 4 hospitalization. If unsure, consult a nurse or physician.)"

ASm06n

Has the patient suffered a substance overdose in the past 24 hours? (e.g., delirium, triggering of manic episode or other psychosis. Responding "yes" will commit the patient to Level 4 hospitalization. If unsure, consult a nurse or physician.)

ASm06o

Does the patient have more than one serious, active medical problem?

ASm06p

"How much medical or nursing care or physical rehabilitation do you need? (Responding

ASm08a

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Cancel

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Don Duck

Birth Date: 08/01/1988 Gender: Male Religion: None Ethnicity: Caucasian

[Edit](#)

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Has blood pressure been assessed/obtained?

CIWABPa

Has heart rate been assessed/obtained?

CIWAhra

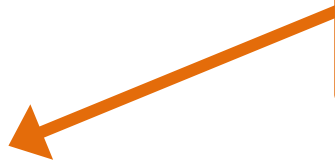
Is the above information significantly distorted by the patient's misrepresentation?

ASm10

Is the above information significantly distorted by the patient's inability to understand?

ASm11

Comment box



Comments:

MedInfoN



Suppression Logic



Selecting none in the Medical History Section...

"What physical or medical problems have you had, of any kind? Think about any surgeries or hospitalizations you have had or any medicines you may have taken."

- None
- Neurological, seizures or fits
- Ophthalmologic, eye
- Ear/nose/throat
- Dental, teeth, gums
- Cardiovascular (heart, circulation, heart attacks, or hypertension)
- Pulmonary, lung, asthma
- Digestive, stomach, bowel, liver, pancreas, diabetes
- Urinary, bladder
- Reproductive, (If male: prostate; If female: gynecologic, uterine, ovarian, breast, or periods)
- Skin
- Musculoskeletal
- Immune/rheumatologic
- Endocrine (hormones/glands)
- Malignancy, cancer
- Other

ASm01a

....will hide these two questions

"How many times in your life have you been hospitalized for medical problems?" (Include hospitalizations for overdoses and Delirium Tremens, but exclude withdrawal management hospitalizations)

ASm01

"Do you have any chronic medical problems that continue to interfere with your life?"

Yes No

ASm03

"If female, ask: "Are you pregnant?" (If male, enter No)."

Not Applicable

ASm03a



Don Duck

Birth Date: 08/01/1988 Gender: Male Religion: None Ethnicity: Caucasian

[Edit](#)

Print

This change to the Drug and Alcohol Section...

"Which substances have you had problems with? Think about alcohol or drug use that is currently a problem or could become a problem again. Which substances would you like help with?" [If no answer, ask:] "Which substances brought you here?" [If more than one, consider prioritizing by drug of choice, greatest need, or most acute source of problems. If omitting lower priority substances, please describe in the comments box below.]

- Tobacco or other nicotine-containing products (include electronic cigarettes)
- Alcohol
- Marijuana or cannabis
- Heroin, fentanyl
- Methadone, buprenorphine or Suboxone®, even if from a program or a doctor
- Opioid or narcotic other than heroin, methadone or buprenorphine, even if by prescription
- Cocaine
- Stimulants other than cocaine (e.g., amphetamines, bath salts, etc.)
- Barbiturates
- Non-barbiturate sleeping pills, anti-anxiety pills, sedatives, or hypnotics such as benzodiazepines (e.g., Ativan, Xanax, Ambien), even if by prescription
- Solvents or inhalants
- PCP, ecstasy, or other hallucinogens
- Any other drug of abuse (e.g., high-dose caffeine, steroids, etc.)
- No history of alcohol or any other drugs used

SubsUse

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Save

Cancel

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Don Duck

Birth Date: 08/01/1988 Gender: Male Religion: None Ethnicity: Caucasian



Print

...will hide this question in the Legal Section

Legal Information

 "Was this admission or visit prompted or suggested by the criminal justice system (your lawyer, a judge, probation/parole officer, etc.)?"  ASI01

 "What factors might help you stay in treatment? How would any of the following help persuade you to participate in treatment: Relatives, friends, job, caregivers, or the law?"  ASI01x

 "Are you on probation or parole?"  ASI02

 "Have you ever been arrested or charged for any reason?" (Include misdemeanors, driving ASI01z

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Don Duck

Birth Date: 08/01/1988 Gender: Male Religion: None Ethnicity: Caucasian

...will hide this question in the Family History Section

Print

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your free time?"

"Are you satisfied with spending your free time this way?"



ASf08

"Tell me about alcohol & drug use in your free time activities... How will your free time affect your treatment & recovery?"



ASf08a

"How will you deal with any problems in your free time that put you at risk for relapse?"



ASf08b



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Next >

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Don Duck

Birth Date: 08/01/1988 Gender: Male Religion: None Ethnicity: Caucasian

....will hide this question in the Psychological Section

Print

"Serious depression, the 'blues' or hopelessness?"

"In your lifetime?" 0 1 2 3 4 ASp03L

Not at all Slightly Modera... Conside... Extremely

"In the last month?" 0 1 2 3 4 ASp03M

Not at all Slightly Modera... Conside... Extremely

"In the last 24 hours?" 0 1 2 3 4 ASp03D

Not at all Slightly Modera... Conside... Extremely

"Was this problem within the last 24 hours related to using drugs or alcohol?" ASp03U



Level of Care Key Decision Points

Medical Section

“Have you been knocked out or unconscious because of a head trauma in the last 24 hours?”

- This should be more than an alcoholic blackout, memory loss, or loss of unconsciousness from intoxication alone.
- A “YES” commits the patient to a Level 4 hospitalization.

Interview Completion Section

If any medications prescribed, is the patient willing and able to self-administer these with good compliance?

- Answer “Not Applicable” if no medications are prescribed.
- A “NO” may escalate the Final Level of Care intensity and/or require Biomedical Enhanced Services (BIO)

If unsure, consult a nurse or physician.





Don Duck

Birth Date: 08/01/1988 Gender: Male Religion: None Ethnicity: Caucasian

Edit

Print

Level of Care Key Decision Points, cont.

being treated?" or "Was it fully treated?"



"Are you taking any prescribed medication on a regular basis for a physical problem?"



Yes No

ASm04



"Have you been taking disulfiram/Antabuse?" If yes, ask: "Are you having any reaction to your Antabuse because you may have been using alcohol, at this time? (Responding "yes" will commit the patient to Level 4 hospitalization. If unsure, consult a nurse or physician.)"



Dropdown menu

ASm04a

"YES" will commit the patient to Level 4 Hospitalization.



"Do you have any medical problems or



Dropdown menu

ASm04c



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Save

Next >

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Re-assessment and “Pulling” Data Forward

Re-assessment:

Both ASAM CONTINUUM and CO-Triage may be used again and again for the same patient.

Pull Data Forward:

Use the previous session’s data and simply update all items likely to have changed.

- For example: After withdrawal management in Rehab, update Withdrawal but skip Lifetime items.

The screenshot displays the ASAM CONTINUUM web application interface. At the top left, the logo reads "ASAM CONTINUUM® THE ASAM CRITERIA DECISION ENGINE". Below this is a navigation menu with options: "Q & A Knowledgebase and Training", "CONTINUUM Demo1", "Change Password", "Log Out", and "ASAM Demo Accounts View". A secondary menu includes "Home", "Assessment", "Releases", and "Patient".

The main content area shows a patient profile for "Black Diamond" with the following details: Birth Date: 06/15/1975, Gender: Male, Religion: Catholic, Ethnicity: Caucasian. A "Print" button is visible in the top right corner. Below the profile, a "Created By: continuumdemo1@asam.org" note is present.

A modal dialog box titled "Pull Forward Assessment" is centered on the screen. It contains the question: "Do you wish to pull forward the CONTINUUM Triage performed on 8/5/2019?". At the bottom of the dialog are two buttons: "Yes" and "No".

In the background, a table is partially visible with columns for "Section" and "% Complete". The first row shows "General Information" with a completion rate of "0%".

Preparing for Use of the Tool

- Practice runs: new users should practice use of the tool before interviewing a patient.
- Expect initial 5-10 interviews to go slowly, i.e., 2-3 hours.
- Can perform “Extended Evaluation” over more than 1 day.



Attend to Patient Comfort

- Make sure to tell the patient that the information is confidential and protected.
- Ask patient for “The best answers you can give.”
- Invite patient to indicate if tired, needing a bathroom break, thirsty or hungry.



Flexible Question Approach

Use **natural language** and **paraphrase** to fit patient need.

- Adapt the question to the patient's cognitive, language or cultural needs.

It is OK to **group together related questions** and time frames

- For example, questions about depression symptoms can be asked as a group

Do you lack interest in things you use to enjoy?

Have your appetite or sleep patterns changed lately?

Found yourself moving or speaking more slowly?

Do you feel badly about yourself?

Making the Experience Patient-Centered: Paraphrase

Start with routine, open-ended questions, then follow up to get any extra details the structured interview demands.



Tell me about what brought you here?

How would you describe your work history or problems?

Tell me about your childhood, your family, and drug use.



Making the Experience Patient-Centered: Jump Around

Feel free to jump between sections and enter data that follow the natural sequence of the conversation.



Tell me about what brought you here?

How would you describe your work history or problems?

Tell me about your childhood, your family, and drug use.

Adaptive to Interview Flow



Opportunities

- When you don't ask the patient unnecessary questions, the interview is kept as short as possible
- When you ask the patient only the questions relevant to them, your interview centers your patient.



Challenges

- Patients may withhold some information if they don't see it as relevant
- To encourage the patient to share relevant details:
 - Offer specific, concrete examples
 - Nod, make eye contact, listen actively

Using the ASAM CONTINUUM with Telehealth

Preparing the patient for the assessment

- Let the patient know that the expected length of the assessment is 60 minutes at minimum, but could take longer.
- Prior to the assessment, inform the patient that they should find a quiet, private area where they will be undisturbed and will be able to answer questions candidly.
- Make sure the patient is comfortable and familiar with the technology you are using.
- Before starting the session, confirm the patient's identity and location, and obtain a phone number in case of a technology/communication failure.



Using the ASAM CONTINUUM with Telehealth

Things to remember



When using telehealth, it is imperative to consider the patient's fatigue or restlessness. The interviewer should know that it is often harder to detect when using telehealth platform, therefore, it is important to offer breaks.



Try to check in with the patient in increments of 30 minutes to see if they are comfortable with proceeding with the assessment. If not, you can offer the option of completing the assessment at another time.



After completing an assessment, check with patient regarding their level of comfort of using the chosen technology and propose alternative solution if the patient mentions discomfort.

Choosing the Telehealth Option

General Information

Class of Assessment



Intake



This interview was conducted (NOTE: Phone or telehealth interview requires data from patient self-report.)



In person



In person

By phone or telehealth video

Special Interview Circumstances



None



"How long have you lived at your current address?"

Years

3

Months

0

"Is this residence owned by you or your family?"







Yes


No


When conducting via telehealth

Unable to Assess Option

 *"How much medical or nursing care or physical rehabilitation do you need? (Responding "hospitalization" will commit the patient to Level 4 hospitalization. If unsure, consult a nurse or physician.)"* 




 *"How might your physical health and function affect your ability to address your substance problems? (Responding "Will threaten recovery"* 




None 




None
1 Visit per Month
2 to 4 Visits per Month
More than 1 Visit per Week
Hospitalization
Unable to assess
Somewhat distracting from recovery 

Observation Questions

Time frame: now, during this part of the day. Ask the patient to make this observation if you are unable to assess, e.g., due to a telephone or video telehealth interview.

 Goose Flesh: Current observation:  

 Sweating: Current observation:  

 Restlessness: Observation:  

Level of Care Recommendation and Clinical Judgment

For this patient interview, what was the quality of the intake process? I.a.0090

In your judgment as the interviewer, what is the likelihood of follow through with referral in 30 days? I.a.0100

Following this patient interview, what is the motivation for recovery at this time? I.a.0110

For this patient, what is the likelihood of maintaining total abstinence in 90 days? I.a.0120

For this patient, what is the likelihood of involvement in treatment in 90 days? I.a.0130

Category of primary final disposition (i.e., where the patient is actually being sent to treatment) **Level 3.5 - Clinically Managed High-Intensity Residential Tre** I.a.0140

Narrative and Summary Reports

	Summary Report	Narrative Report
DSM-5 Substance Use Disorders: Diagnoses and Criteria	✓	
CIWA-Ar and CINA withdrawal scales	✓	
Addiction Severity Index (ASI) Composite Scores	✓	✓
Imminent Risk Considerations	✓	✓
Access and Support Needs/Capabilities	✓	✓
ASAM Level of Care recommendations	✓	
Withdrawal Management recommendation	✓	✓
Biomedically Enhanced Sub-level recommendation	✓	✓
Co-occurring Disorder Sub-levels (Capable, Enhanced) recommendation	✓	✓
Comment box information		✓
Problem list		✓

Summary Report

ASAM
CONTINUUM™

Interviewer: continuumdemo1@asam.org
Assessment Start: 10/28/2019 2:36 PM
Assessment End: 10/30/2019 11:32 AM

ASAM CONTINUUM™

Patient: [REDACTED]

Interviewer: continuumdemo1@asam.org
Admission Date: 10/28/2019 2:36 PM
Assessment Begun: 10/28/2019 2:36 PM
Assessment Ended: 10/30/2019 11:32 AM

NOTE: This report contains an analysis and an initial placement recommendation derived by analyzing questionnaire items using a clinical consensus algorithm. This instrument is not a replacement for individual provider assessment and sound clinical judgment. ASAM and FEI Systems assume no direct or indirect liability for improper care or negative outcomes that may ensue from the use of this instrument. Consider your patient's needs carefully, using this instrument as one of many clinical tools that determine proper care. The criteria may not encompass all levels and types of services which may be available in a changing health care field. Therefore, the criteria may not be wholly relevant to all levels and modalities of care.

Class of Assessment:
Intake
Interview Was Conducted:
In person

Narrative Report

ASAM CONTINUUM™
NARRATIVE REPORT

Interviewer: continuumdemo1@asam.org
Assessment Start: 10/28/2019 2:36 PM
Assessment End: 10/30/2019 11:32 AM

ASAM CONTINUUM™ NARRATIVE REPORT

Patient: [REDACTED]

Interviewer: continuumdemo1@asam.org
Admission Date: 10/28/2019 2:36 PM
Assessment Begun: 10/28/2019 2:36 PM
Assessment Ended: 10/30/2019 11:32 AM

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Class of Assessment:
Intake
Interview Was Conducted:
In person

Critical Items (Summary Report)

Note for Tx
planning

CRITICAL ITEMS

The following critical medical/addiction item(s) were noted while completing this assessment:

1. The interviewer was unable to assess whether there is a reemergence of acute symptoms that can be safely addressed only in a medically-monitored setting. Further assessment by a medical professional is recommended.

The following critical psychological/psychiatric item(s) were noted in this assessment:

1. He has attempted suicide during his lifetime.

Problem list (Narrative Report)

Dimension 3 Section

ASAM DIMENSION 3 - EMOTIONAL, BEHAVIORAL, OR COGNITIVE CONDITIONS AND COMPLICATIONS	
Item ID	Item Statement
ASIp12b	How difficult have these problems made it for you to work, take care of home, or get along with others? Moderately (some difficulty taking care of things)
ASIp13	How important to you now is counseling for these psychological problems? Why? Moderately, psychological needs will require specialized psychiatric care
ASIp13a	How might your emotional problems affect your efforts in recovery? Will hinder treatment/recovery participation
ASIp19h	Is the patient able to safely access the community? for work, education, and other community resources? No or not applicable
ASIp20a	Does the patient's current behavior seem inconsistent with reliable self-care, safety, or ability to participate in treatment? Yes
ASIp20	INTERVIEWER SEVERITY RATING: How would you rate the patient's need for psychiatric/psychological treatment? Considerable problems & risk, especially if uses substances (e.g. history of impulsive suicidality, moderate dementia)

Dimension 4 Section

ASAM DIMENSION 4 - READINESS TO CHANGE	
Item ID	Item Statement
ASId24v	According to all available information, the patient: Is Ambivalent or unclear of plans
ASIm8b	How might your physical health and function affect your ability to address your substance problems? Somewhat distracting from recovery

MODULE 5:

Implementation of the ASAM CONTINUUM



Summary Report

ASAM CONTINUUM™
THE ASAM CRITERIA DECISION ENGINE

Henry W
Provider Patient ID:

Interviewer: continuumdemo1@asam.org
Assessment Start: 5/25/2021 12:12 PM EST
Assessment End: 5/25/2021 12:24 PM EST

ASAM CONTINUUM™ THE ASAM CRITERIA DECISION ENGINE

NOTE: This report contains an analysis and an initial placement recommendation derived by analyzing questionnaire items using a clinical consensus algorithm. This instrument is not a replacement for individual provider assessment and sound clinical judgment. ASAM and FEi Systems assume no direct or indirect liability for improper care or negative outcomes that may ensue from the use of this instrument. Consider your patient's needs carefully, using this instrument as one of many clinical tools that determine proper care. The criteria may not encompass all levels and types of services which may be available in a changing health care field. Therefore, the criteria may not be wholly relevant to all levels and modalities of care. Interviews conducted by non-medical/non-nursing personnel or via telehealth audio or video will contain more patient self-reported data. Subjective information may alter conclusions or recommendations; therefore, additional clinical assessment may be needed.

Class of Assessment:
Intake
Interview Was Conducted:
In person

DSM-5 Diagnosis

DSM-5 DIAGNOSIS: SUBSTANCE USE DISORDER(S)

Drug	<input checked="" type="checkbox"/> Criteria Met with severity based on 11 criteria	<input checked="" type="checkbox"/> Last Use	<input type="checkbox"/> Imminent Risk Of Withdrawal
Alcohol	Severe 9	2 days ago	<input checked="" type="checkbox"/>
Nicotine products	Moderate 5	1 hour ago	<input checked="" type="checkbox"/>

Withdrawal Scales

WITHDRAWAL SCALES

Possible Non-Substance Use Disorder Psychological Conditions

Henry has a history of harm to himself or others, with a relative chronic, historical risk of 1 on a scale of 0 (little or no risk) to 6 (very strong risk). Henry is currently at risk of harming himself or others, with a relative current risk level of 4 on a scale of 0 (little or no risk) to 8 (very strong risk). The patient indicated that the current risk of harm is having a history of psychotic decompensation.

The CIWA-Ar alcohol and sedative withdrawal scale score is 13 on a scale of 0 to 67, indicating moderate withdrawal.

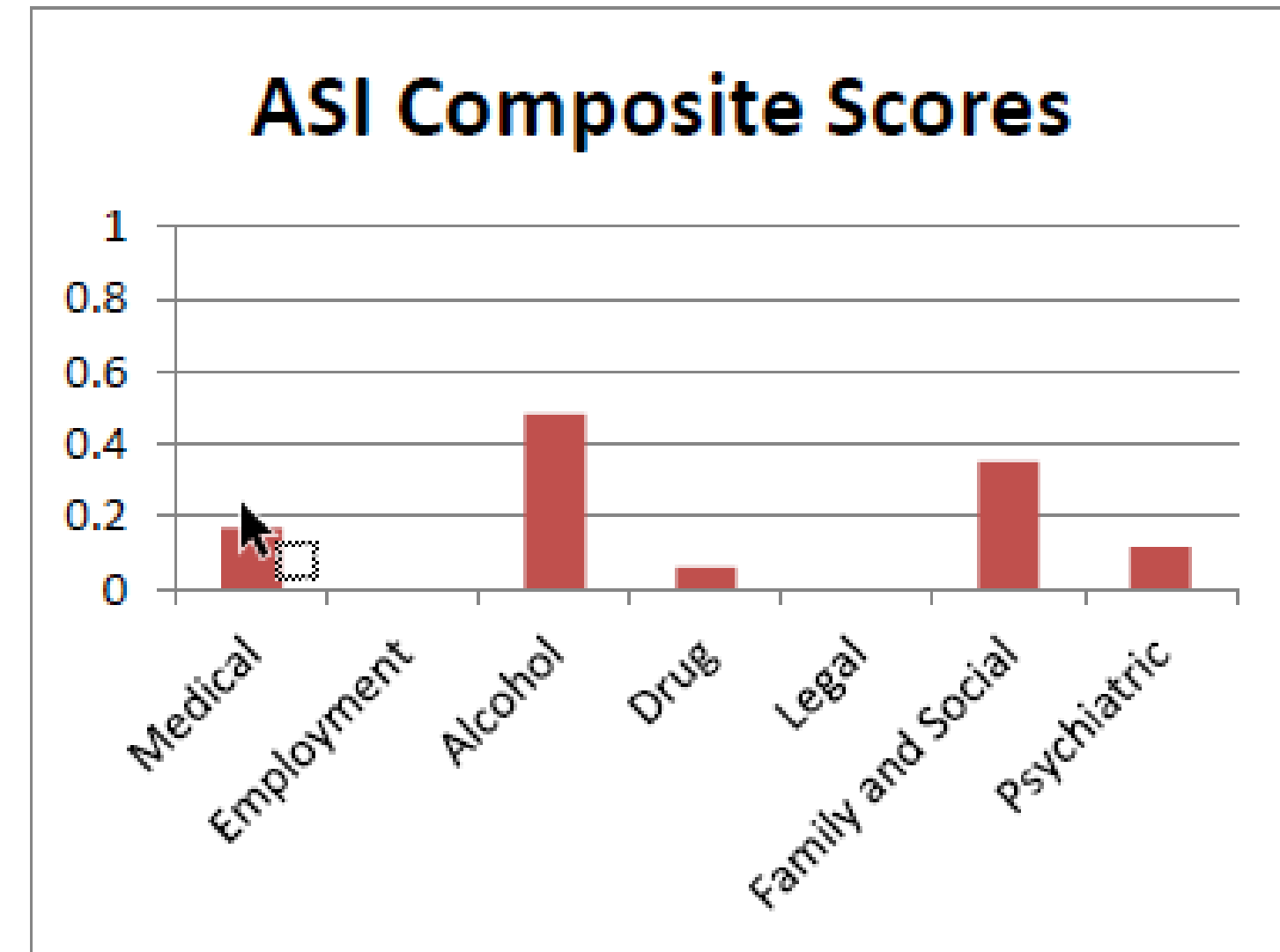
The CINA is not reported in the absence of recent opioid use.

Addiction Severity Index Composite Scores

The ASI Composite scores rate severity in seven areas of the patient's life. Analysis of his ASI responses revealed the following composite scores:

ASI Composite Scores

Category	Value
Medical	0.167
Employment	0.000
Alcohol	0.482
Drug	0.058
Legal	0.000
Family and Social	0.350
Psychiatric	0.114



Critical Items

CRITICAL ITEMS

The following critical medical/addiction item(s) were noted while completing this assessment:

1. The interviewer was unable to assess whether there is a reemergence of acute symptoms that can be safely addressed only in a medically-monitored setting. Further assessment by a medical professional is recommended.

The following critical psychological/psychiatric item(s) were noted in this assessment:

1. He has attempted suicide during his lifetime.

Access to Treatment Issues

ACCESS TO TREATMENT ISSUES

The following items related to access to treatment were noted while completing this assessment:

1. Henry has indicated that he is unsteady on his feet, problems with walking or balance, such that he could easily fall or have trouble getting around or using stairs.
2. Henry has problems with ambulation or mobility that would make it difficult to attend treatment.
3. The patient does not have a valid driver's license.
4. The patient is unable to locate or safely get to community resources.
5. Henry does not have continuous monitoring available on an outpatient basis for the next 8 to 24 hours.
6. The clinician deduced from the interview or has information that indicates that Mr W's current behavior may be inconsistent with reliable self-care, safety, or an ability to participate effectively in treatment.
7. Henry cannot access services such as assertive community treatment and intensive case management.

Final Level of Care Recommendation

FINAL LEVEL OF CARE RECOMMENDATIONS

Henry should be considered for each of the following services. The treatment team should consider his history carefully and provide the patient with the level of care and services that best suit his presentation.

1. Henry may require initial treatment in a Level 3.7-WM – medically monitored inpatient withdrawal management program.
2. The patient is best initially treated in a Level 3.7 – medically monitored intensive inpatient treatment program. He is best initially treated in a Level 3.7 Co-Occurring Capable program as he appears to have co-occurring emotional, behavioral, or cognitive needs and/or risks that may need ongoing monitoring to manage risks or distraction from recovery.

The patient met criteria for placement in Levels 3.7, 3.7-WM, but he indicated that this would be unacceptable to him for treatment.

The patient met criteria for placement in Levels 3.7-WM, 3.7, but these levels of care are unavailable to the patient because that service is not available, the patient has insufficient funding for these care levels, the distance to the facility is prohibitive, or the patient lacks transportation to the service facility that provides these levels of care.

Dimensional analysis

Levels of Care

+ Meets Criteria
WM Withdrawal Management
BIO Biomedical Conditions

COC Co-occurring Capable
COE Co-occurring Enhanced

Dimension	0.5	1	OTS	2.1	2.5	3.1	3.2	3.3	3.5	3.7	4
Dimension 1										WM	
Dimension 2						BIO		BIO	BIO		
Dimension 3				COE	COE	+		+ COE	COC	COC	
Dimension 4	+	+		+ COE	+ COE	+ COE			+ COE		
Dimension 5						+ COE			+ COE	+ COE	
Dimension 6		+		+	+	+ COE			+		

Narrative Report

ASAM CONTINUUM™
NARRATIVE REPORT

Henry W

Provider Patient ID:

Interviewer: continuumdemo1@asam.org

Assessment Start: 5/25/2021 12:12 PM EST

Assessment End: 5/25/2021 12:24 PM EST

ASAM CONTINUUM™ NARRATIVE REPORT

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Class of Assessment:

Intake

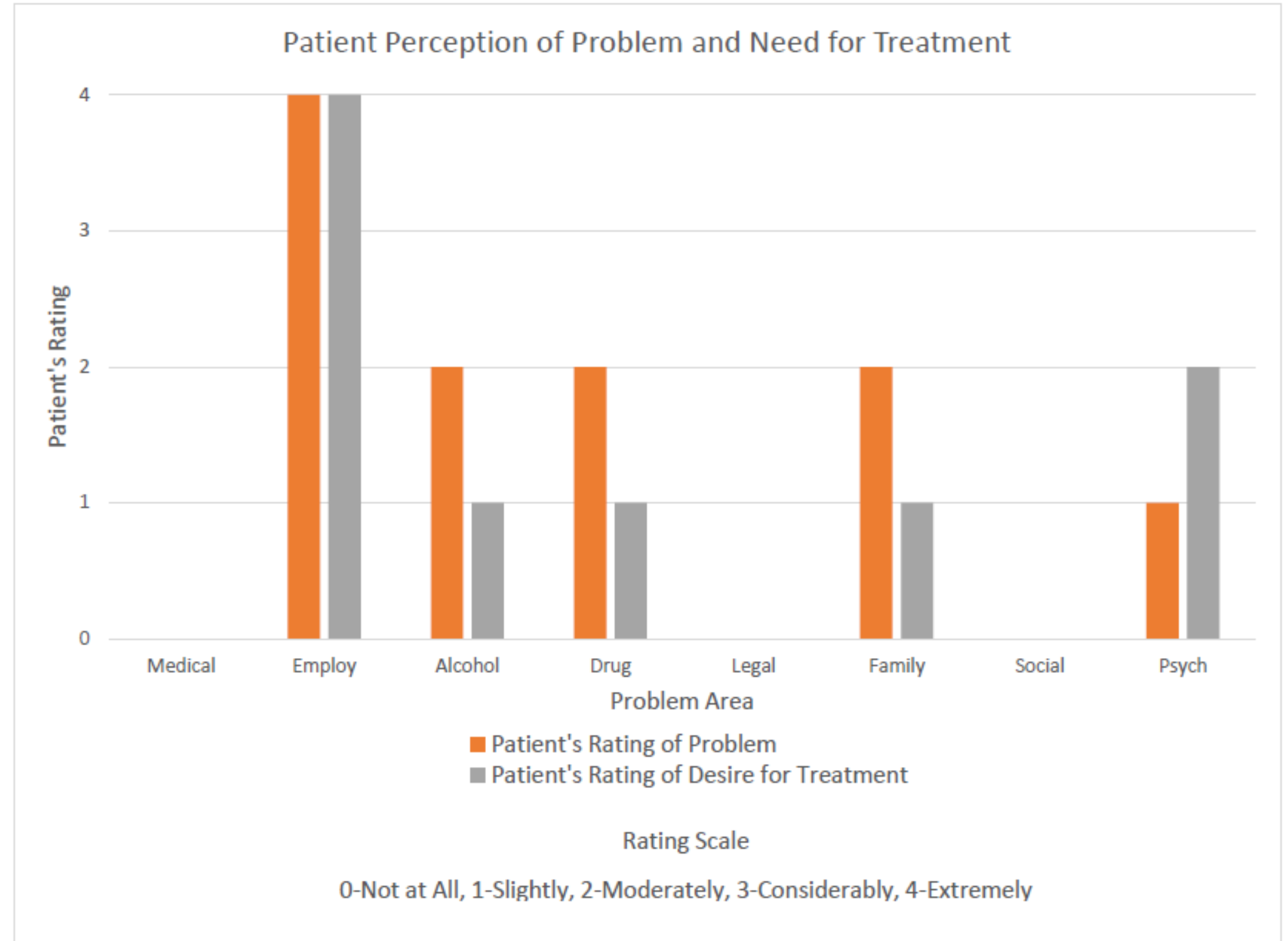
Interview Was Conducted:

In person

Patient's Perception

PATIENT PERCEPTION

The following is a graph showing the patient's perception of his problems, column A, and his desire for treatment, column B.



Problem List

ASAM DIMENSION 1 - ACUTE INTOXICATION AND/OR WITHDRAWAL POTENTIAL

Item ID	Item Statement
ASId1-13b	Substance(s) used within the past 3 days: Alcohol, Nicotine.
CIWA-Ttl	Sum of CIWA items 1-10: 13
ASId99	Is the patient experiencing significant withdrawal, or is there evidence that withdrawal is imminent? Consider substance intake, age, gender, previous withdrawal history, symptoms, physical, emotional, behavioral and cognitive conditions.

ASAM DIMENSION 1 - ACUTE INTOXICATION AND/OR WITHDRAWAL POTENTIAL

Item ID	Item Statement
	Withdrawal OR evidence of imminent withdrawal AND no risk of severe withdrawal syndrome AND moderate withdrawal is safely manageable at Level 3

Treatment Planning with ASAM CONTINUUM

- Use the broad ASAM Criteria principles for initial & follow-up treatment planning
- Use the Summary Report Critical Items section & Narrative Report Problem List
 - Make sure you add comments to your report to make sure those are available when you upload the report to your EHR
- Start Dimension by Dimension, then consider interactions between Dimensions



Treatment Planning with ASAM CONTINUUM

For Dimensions 1-3:

**Address acuity, degree of risk,
& integrated care needs**

-
- D1 Acute Intoxication and/or Withdrawal Potential
 - D2 Biomedical Conditions and Complications
 - D3 Emotional, Behavioral or Cognitive Conditions and Complications

For Dimensions 4-6:

**Lay the groundwork for
a recovery foundation**

-
- D4 Readiness to Change
 - D5 Relapse, Continued Use, or Continued Problem Potential
 - D6 Recovery/Living Environment

Related Knowledge and Skills Areas

- Clinical interviewing skills
- Special populations training (criminal justice, child and family)
- Co-occurring treatment
- Addiction trends (use of multiple substances, fentanyl)
- Intake process (admin level)
- Medications for opioid use disorder and alcohol use disorder
- Pathways to recovery
- Motivational Interviewing

ASAM's Motivational Interviewing Courses



Motivational Interviewing: Beyond the Foundation (1.5 CME)

<https://elearning.asam.org/products/motivational-interviewing-beyond-the-foundation-15-cme>

Talking to Patients About Health Risk Behavior

<https://elearning.asam.org/products/talking-to-patients-about-health-risk-behaviors>

Motivational Interviewing: Brushing up on the Basics (1.5 CME)

<https://elearning.asam.org/products/motivational-interviewing-brushing-up-on-the-basics-15-cme>

Product Updates and Latest News

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ASAM CONTINUUM[®]
THE ASAM CRITERIA DECISION ENGINE

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To learn more about our products, pricing, implementation, or anything else, please complete the form below. Once complete, an ASAM staff member will review your information and reach out to you.

Customer Inquiry Information:

First Name (required):

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www.asamcontinuum.org > Contact Us > Subscribe



Clinical Support



For clinical questions or questions related to ASAM CONTINUUM,
contact: CONTINUUMSupport@FEIsystems.com

Level of Care Certification

What is the ASAM Level of Care certification? Why is it important?

ASAM Level of Care certification, delivered in partnership with CARF International (CARF), is the first program of its kind to independently assess and verify treatment programs' ability to deliver services consistent with Levels of Care described in The ASAM Criteria.



Significance of Certification



Patients will know which programs are equipped to provide evidence-based care



Providers will receive verification of and recognition for their commitment to helping patients



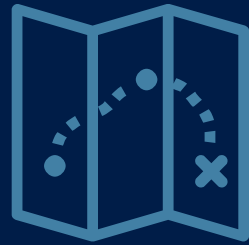
Payors and regulators will know which programs are equipped to provide effective care, with clear differentiation between levels of care

Resources Available on the Course Page

- Slides (Day 1+2)
- **Self-Paced Modules:**
 - CO-Triage Practice Case
 - Guide to Medications for ASAM CONTINUUM Users
 - Guide to Medical and Psychological Terminology for ASAM CONTINUUM Users
- **Handouts:**
 - ASAM Criteria Reference Sheet
 - CO-Triage Handout
 - CONTINUUM Glossary
 - CONTINUUM Navigation Handout
 - CONTINUUM Streamlining Handout
 - GAF Scale



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ASAM

American Society *of*
Addiction Medicine