Understanding the ASAM Pre-Test

1. The six assessment dimensions of the ASAM criteria:
   a) Help assess the individual’s comprehensive needs in treatment
   b) Provide structure for assessing severity of illness and level of function
   c) Requires that there be access to medical and nursing personnel when necessary
   d) Can help focus the treatment plan on the most important priorities
   e) All of the above

2. Assessment of a person’s goals and motivations is important to:
   a) Match treatment to the client’s readiness to change
   b) Ensure residential care is not wastefully utilized
   c) Avoid confrontation approaches that alienate the client
   d) Individualize the referral and treatment plan
   e) All of the above

3. In an era of healthcare reform:
   a) The ASAM criteria’s primary goal is to keep addiction separate and safe from mental health
   b) Accountable care organizations and health care homes will pay attention to addiction even less now
   c) The ASAM criteria can help integrate addiction into general health care
   d) None of the above

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

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Understanding the ASAM

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Goals & Objectives

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

Okay, let’s get in to it-
What is ASAM?
American Society of Addiction Medicine

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

The ASAM Criteria

- Started in 1980’s to define a national set of criteria for providing outcome-oriented and results-based care in the treatment of addiction
How do we get there?

Elements of a biopsychosocial assessment

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

*hx = history
Six Dimensions of a Multi-Dimensional Assessment

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

Acute Intoxication and/or Withdrawal Potential

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

*w/d = withdrawal*
2. Biomedical Conditions & Complications

- Current physical illness
- Chronic conditions
- Pregnancy

3. Emotional, Behavioral, or Cognitive Conditions & Complications

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

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

5. Relapse, Continued Use, or Continued Problem Potential

- Recognition of and skills to prevent relapse
- Recovery hx
- Current skill of coping with negative affects (moods), peer pressure, stress, craving, impulses...
- Awareness of relapse triggers
Let’s define relapse: “resumption of active addiction after a period of recovery”

Recovery/Living Environment

- Family members, SO’s, friends (people)
- Work, school, living situations
- Financial resources
- Educational/vocational resources
- Transportation, child care, housing
- Legal involvement (enhance motivation)
Each dimension is assigned a risk rating (ongoing)

- **Non-issue/low risk issue**
- **Mild symptoms**
- **Moderate symptoms**
- **Serious issue; “imminent danger”**
- **Utmost severity, critical impairments**

Where do we go from here?
Assessing Severity and Level of Function

The combination of the three Hs guides the clinician in presenting the severity and LOF profile.

Spectrum of 5 broad levels of care:

- More Stable:
  - Outpatient Services
  - Intensive Outpatient/Partial Hospitalization Services
  - Residential/Inpatient Services

- More Compromised:
  - Medically Managed Intensive Inpatient Services
0.5

Level of Care

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

1.0

Level of Care

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

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

2.5 Partial Hospitalization Services

- 20 or more hours of service/week for multidimensional instability not requiring 24-hour care
Level of Care

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

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

3.5 Clinically Managed High-Intensity Residential Services

- 24-hour care with trained counselors to stabilized multidimensional imminent danger and prepare for outpatient treatment. Highest needs are stability and safe/stable living arrangement.

3.7 Medically Monitored Intensive Inpatient Services

- 24-hour nursing care with physician availability for significant problems in Dimensions 1, 2, or 3. 16 hour/day counselor ability.
Level of Care

4.0 Medically Managed Intensive Inpatient Services

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

<table>
<thead>
<tr>
<th>1 Outpatient</th>
<th>2 Intensive Outpatient</th>
<th>3 Med Monitored Inpatient</th>
<th>4 Med Managed Inpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intox/Withdrawal</td>
<td>No risk</td>
<td>Minimal</td>
<td>Some medical risk</td>
</tr>
<tr>
<td>BMC/C</td>
<td>No risk</td>
<td>Manageable</td>
<td>Monitoring required</td>
</tr>
<tr>
<td>EBCC/C</td>
<td>No risk</td>
<td>Mild severity</td>
<td>Moderate</td>
</tr>
<tr>
<td>Readiness to Change</td>
<td>Cooperative</td>
<td>Cooperative but requires structure</td>
<td>Highly resistant, needs 24-hr monitoring</td>
</tr>
<tr>
<td>Relapse Potential</td>
<td>Maintains abstinence</td>
<td>More symptoms, needs close monitoring</td>
<td>Unable to control use in outpatient care</td>
</tr>
<tr>
<td>Recovery Environment</td>
<td>Supportive</td>
<td>Less support, w/structure can cope</td>
<td>Danger to recovery</td>
</tr>
</tbody>
</table>
What about Detoxification?

Spectrum of Withdrawal Management levels of care

<table>
<thead>
<tr>
<th>More Stable</th>
<th>Ambulatory WM with Extended On-site Monitoring</th>
<th>Residential/Inpatient WM</th>
<th>More Compromised</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Ambulatory WM without Extended On-site Monitoring</td>
<td>Clinically Managed Residential WM</td>
<td>Medically Monitored Inpatient WM</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
### Withdrawal Management Level of Care

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

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

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

**3.7WM**
- 3.7 WM
- Medically Monitored Inpatient Withdrawal Management
- Severe withdrawal and needs 24-hour nursing care and physician visits as necessary; unlikely to complete withdrawal management without medical, nursing monitoring
Withdrawal Management Level of Care

- 4 WM
- Medically Managed Intensive Inpatient Withdrawal Management

- Severe, unstable withdrawal and needs 24-hour nursing care and daily physician visits to modify withdrawal management regimen and manage medical instability

Putting it all together
Same goal of helping client & community

Criminal Justice Goals
- Consequences
- Compliance
- Control

Treatment Goals
- Adherence to tx
  - “Doing treatment”
- Rarely control client

Questions?

Pre-Test Answers:
Thank you for your time and attention today!

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