

Goldilocks and the Different Levels of Care:  
*Using the ASAM Criteria to Find the One That's  
Just Right*

Ohio Supreme Court Specialized Dockets  
{ Conference 2021

Dr. Bradford Price, PC, LICDC-CS

*Compass Recovery Center, Ravenna, Ohio*

*Methodist Theological School in Ohio, Delaware, Ohio*

# Using the *ASAM Criteria*: A Brief Overview

## 1. Assessment

- Current Episode

- Family History

  - Family of Origin Dynamics/Structure*

  - Dynamics/Structure of Current Family*

- Social History

  - Friends/Intimates and Activities*

  - Educational Background*

  - Vocational/Professional Background*

  - Legal Involvement*

  - Sexual Relationships/Activity*

  - Military Background*

  - Spiritual Background*

  - Abuse/Neglect*

  - Recreational/Leisure Activities*

and

- Developmental History
- Using History with Particular Attention to Behavior Consequences
- Medical History
- Mental Health History
- Risk Assessment
- Mental Status Examination
- Strengths/Weaknesses, Talents/Limitations
- Diagnosis
- Recommendations for Treatment

2. Development of Treatment Plan
3. Review Assessment Results Using *ASAM Criteria* to Determine Level of Functioning in All Six Dimensions
4. Based on the Results of the Review of the Assessment Using the *ASAM Criteria*, Recommend the Appropriate *Level of Care*

# Six Dimensions of Multidimensional Assessment

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 or Continued Problem Potential
6. Recovery/Living Environment

The Six Dimensions of the *ASAM Criteria* provide a standardized structure and language for conceptualizing the condition of the individual patient at this point in time. It assists in identifying specifically how the use of *mood-altering chemicals*, and the behavior associated with the use, has affected, influenced and interfered with the individual's normal development and functioning.

While the Dimensions do not change over time, the assessment and description of the individual's progress and functioning do change. This process of ongoing assessment and description is what provides the clinical team with the information that allows for the healthy and appropriate modification of the treatment plan and movement to the appropriate *Level of Care*. This continues until the person is considered appropriate for discharge and the termination of professional services.

# 1. Acute Intoxication and/or Withdrawal Potential

Dimension 1 assesses the need for stabilization of acute intoxication. When concerning withdrawal, this dimension assesses what type and intensity of withdrawal management services are needed.

Goals: 1. To avoid the potentially hazardous consequences of abrupt discontinuation of use of *mood-altering chemicals* (MACs) by applying the criteria across a seamless continuum of five levels of withdrawal management services.

2. To facilitate the patient's completion of withdrawal management and link the patient to timely treatment for general medical, addiction and mental health conditions.

3. To promote patient dignity and ease their discomfort during the withdrawal process.

## 2. Biomedical Conditions and Complications

Dimension 2 assesses the need for physical health services, including whether there are needs for acute stabilization and/or ongoing disease management for a chronic physical condition.

### 3. Emotional, Behavioral or Cognitive Conditions and Complications

Dimension 3 assesses the need for mental health services. If the emotional, behavioral or cognitive signs and symptoms are part of addiction, such as mood swings generated by the particular *MAC* the person has used, then the needs of Dimension 3 may be addressed during addiction treatment. However if mood swings are related to a concurrent mental health disorder then additional mental health treatment may be warranted.

Distinguishing between symptoms associated with addiction and those associated with other disorders is an important task relative to Dimension 2. Also, assessing the degree of interference in the life of the individual indicated exhibited by the symptomatology, will be an important aspect of addressing Dimension 3.

# Emotional, Behavioral or Cognitive Conditions and Complications (*cont.*)

Five *Risk Domains* are associated with Dimension 3:

1. Lethality
2. Interference with Efforts to Recover from Addiction
3. Social Functioning
4. Ability to Perform Self-Care
5. Course of Illness, (*Emotional/Behavioral/Cognitive*)

## 4. Readiness to Change

This dimension assesses the degree of need for motivational enhancement to engage the individual and gain a commitment from them to make the changes necessary to sustain recovery. Specific reference to the work of Prochaska, DiClementi and Miller enables the professional to identify the particular stage of the change process the individual is in as well as the schools of counseling/psychotherapy most appropriate for working with persons at each particular stage of change.

The degree of the person's readiness for change regarding one, or more than one, issue in their life is the primary determinant of the setting and/or intensity of the recommended treatment. It is *problem* specific not person specific. How this is assessed is open to interpretation. The interpretive process will engage the clinician's ideology; the clinician's knowledge/skill in assessing change; the accessibility of the treatment or therapy recommended.

## 5. Relapse, Continued Use or Continued Problem Potential

This dimension assesses the need for relapse prevention services. If an individual has not sustained a period of recovery from which they might relapse, this dimension assesses the potential for continued use of MACs and/or continued problem potential including co-morbid disorders that impede the development of recovery, sustaining recovery and making progress in recovery.

Previous periods of recovery and the principles and skills used to sustain that recovery are a primary focus in this dimension. This dimension is critical for determining the appropriate level of care following a relapse as it considers the degree of impediment the person is experiencing currently and does not limit consideration to the presence of a relapse history alone.

## 6. Recovery/Living Environment

This dimension considers the specific individualized family and/or other intimates support and services. Included are needs such as housing, vocational, educational, financial, transportation, legal and or child/elder care services. How supportive of recovery an individual's current and future support environments are, should be considered. Also, how the individual's environments will support or impede progress with each identified co-occurring condition must be reviewed. While some aspects of the environment may be supportive of therapy for a psychiatric condition, the same environment may not be actively supportive of the individual's recovery from addiction.

# Levels of Care: Brief Description

## Level 0.5 Early Intervention

Services for individuals at-risk for developing a *substance use disorder* or for whom there may not yet be sufficient data to document a *substance use disorder*

## Level 1 Outpatient Services

Primarily appropriate for those individual's not presenting with much motivation for recovery but do not seem to be presenting with much severity in other dimensions; those who are in need of some continuing support following a more intense episode of treatment; those who are experiencing significant co-occurring conditions and are otherwise engaged in medical treatment

## Level 2 Intensive Outpatient/Partial Hospitalization Services

Services for persons with complex needs that can interfere with the ability to establish stable, consistent recovery attitudes and activities. Frequent, structured therapeutic contact through the course of the week with the provision for addressing vocational, educational, legal, medical, psychiatric and other needs while addressing developing recovery within the adjustments to home and social environments that are more or less supportive of recovery. This means that the individual is at minimal risk of relapse, not a danger to self or others and can function independently without the need for the significant level of monitoring associated with residential care. The distinction between IOP and PHP is

frequently one of contact time in therapy that generally equates to differential intensity of treatment.

### Level 3 Residential/Inpatient Services

This *Level of Care* serves individuals who need safe, non-threatening, stable living environments in order to establish a level of functioning and begin developing the principles and skills necessary to sustain recovery in their home and community. This level of care provides services that include consistent monitoring and security on a 24 hour basis as well as access to various therapeutic and medical services. Individuals appropriate for Level 3 would experience significant challenges to maintaining recovery if they were living in their home/community and did not have immediate access to the supportive services/milieu provided in Level 3 facilities. The four sublevels of Level 3 are distinguished by the intensity of the services they provide, particularly the availability of medical services.

### Level 4 Medically Managed Intensive Inpatient Services

Individuals appropriate for Level 4 services require 24-hour medically directed evaluation, care and treatment for *MAC*-related and co-occurring medical conditions. This includes inpatient level nursing care and primary medical and/or psychiatric care.

The *ASAM Criteria* are to be used to make appropriate decisions regarding when a person is to be *admitted* to a particular Level of Care, should *continue* at a particular Level of Care or be *discharged* from a particular Level of Care. The *Criteria* themselves are frontloaded so that the primary descriptions and explanations are focused on *admission* with far less attention paid to *continued care* or *discharge*. What determines movement from one Level of Care to another is the client's resolution of the problems identified on the *Treatment Plan* that reflects relative progress. When problems are not being resolved the client is determined to have made insufficient progress so the criteria for *continued care* are generally met. If the client has made sufficient progress resolving their problems, then they will meet the criteria for *discharge* that should coincide with the *admission criteria* for the next, less intensive, Level of Care.

This means that the clinician working with the client will monitor the client's progress with resolving the identified problems. As the client resolves them the treatment plan will be modified to reflect this progress. When the client progresses to the point of meeting the criteria for *discharge* from their current Level of Care, they should qualify for admission to the next, less intensive Level of Care. This progression will continue until they have resolved their problems sufficiently that they no longer qualify for professional services according to the *ASAM Criteria*.