National American Indian & Alaska Native
ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

National American Indian and Alaska Native
MHTTC Mental Health Technology Transfer Center Network
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National American Indian & Alaska Native
PTTC Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Native Center for Behavioral Health

The University of Iowa

SAMHSA
Substance Abuse and Mental Health Services Administration

Clinical Evaluation: Assessment

Avis Garcia, PhD, LAT, LPC, NCC,
Northern Arapaho

ATTC Addiction Technology Transfer Center Network
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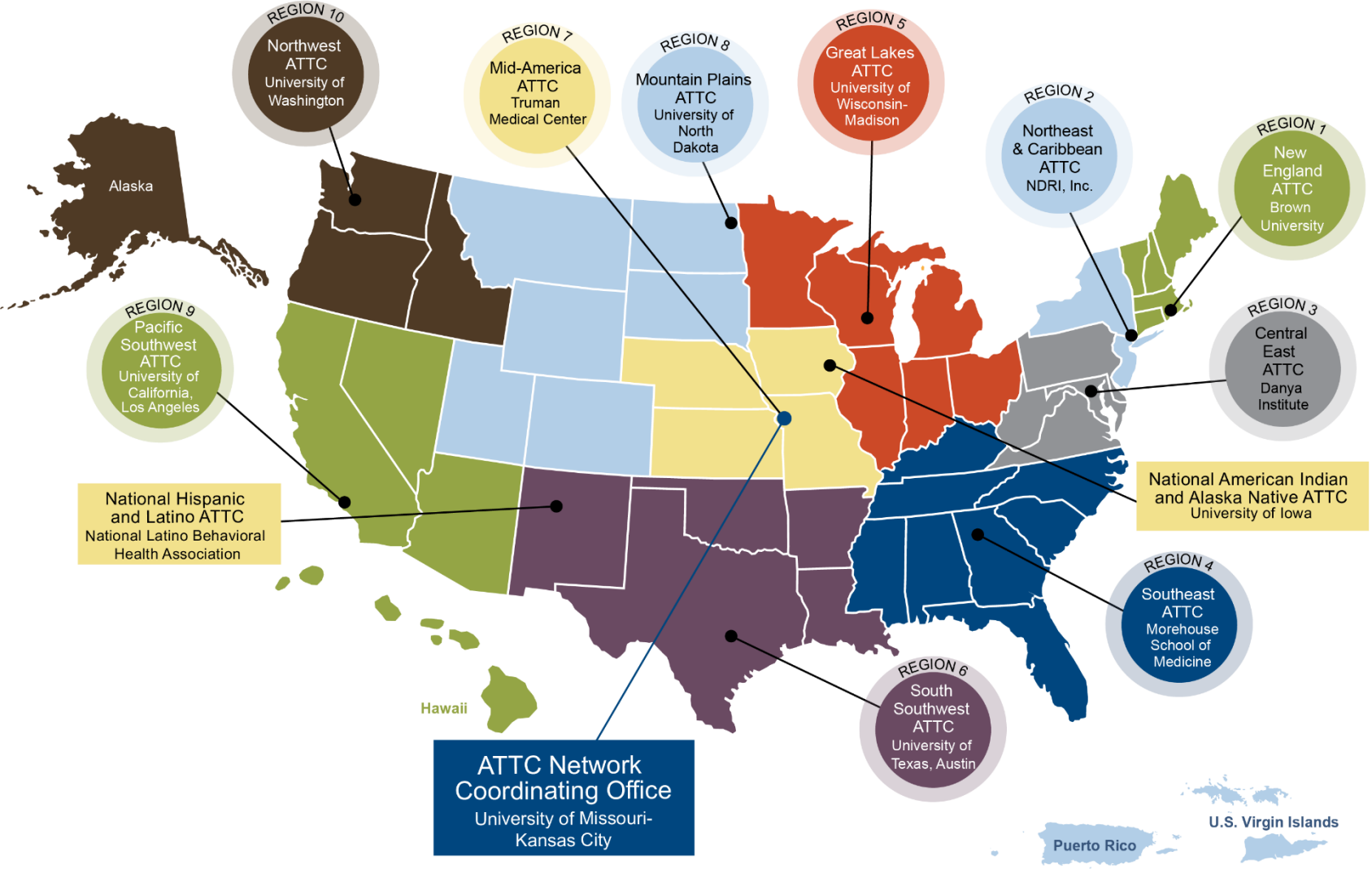


Essential Substance Abuse Skills webinar series

This webinar is provided by the National American Indian & Alaska Native ATTC, a program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Webinar follow-up

- CEUs are available upon request. We are currently waiving any fees for CEUs during quarantine.
  - This session has been approved for 1.5 CEU's by:
    - NAADAC: The National American Indian & Alaska Native MHTTC is a NAADAC (The Association for Addiction Professionals) certified educational provider, and this webinar has been pre-approved for 1.5 CEU.
  - Participants are responsible for submitting state specific requests under the guidelines of their individual state.

- Presentation handouts:
  - A handout of this slideshow presentation will also be available by download

Webinar follow-up

Evaluation: SAMHSA's GPRA

This webinar is provided by the National American Indian & Alaska Native MHTTC, a program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Participation in our evaluation lets SAMHSA know:

- How many people attended our webinar
- How satisfied you are with our webinar
- How useful our webinars are to you

You will find a link to the GPRA survey in the chat box. If you are not able to complete the GPRA directly following the webinar, we will send an email to you with the survey link. Please take a few minutes to give us your feedback on this webinar. You can skip any questions that you do not want to answer, and your participation in this survey is voluntary. Through the use of a coding system, your responses will be kept confidential and it will not be possible to link your responses to you.

We appreciate your response and look forward to hearing from you.

Substance Abuse and Mental Health Services Administration
SAMHSA

Today’s Speaker

Avis Garcia, PhD, L.P.C. L.A.T. (Northern Arapaho) is an enrolled member of the Northern Arapaho Nation and affiliated with the Eastern Shoshone Tribe of Wyoming. She earned a doctorate in counselor education and supervision at the University of Wyoming, and is also a Licensed Professional Counselor, and Licensed Addictions Therapist. For nineteen years she has been a mental health provider in the treatment of Native American youth and families. She is also an advocate of education in Indian Country, a resource provider for promoting cultural enhancement of evidence-based practices and practice-based evidence of treatment approaches for Native American children and their families exposed to trauma. Avis Garcia has more than nineteen years of experience and is knowledgeable about the concerns of implementation and adaptation of evidenced-based practices being introduced into Indian country. Avis is currently employed as an executive director of a nonprofit substance abuse treatment center in Cheyenne, Wyoming.

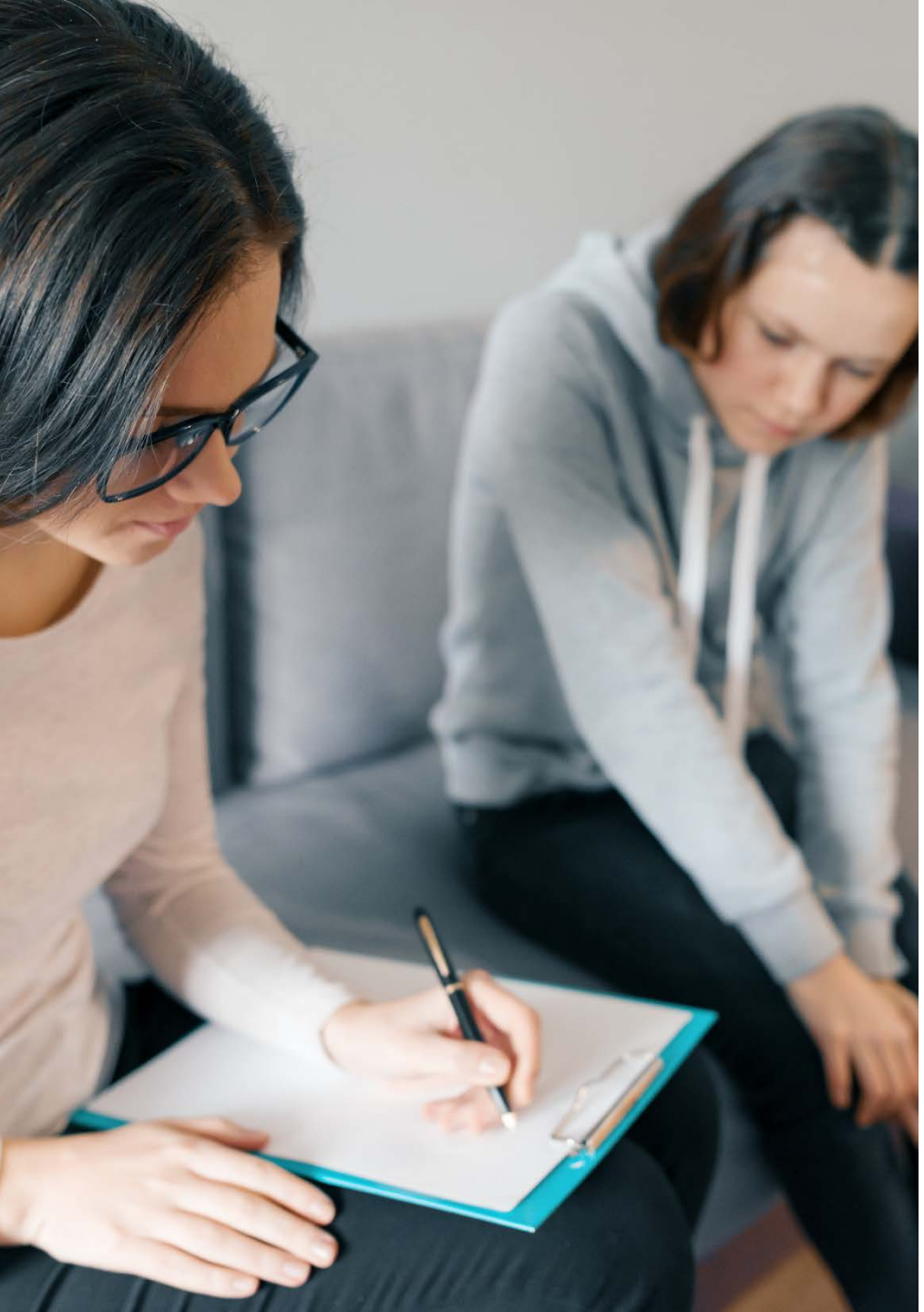
Clinical Evaluation: Assessment Goals:

- Define Assessment Process
- Identify Assessment Instruments
- Define DSM-5 criteria for Substance Abuse and Dependence, specifiers and multi-axial assessment
- Describe ASAM levels of care and diagnostic and dimensional criteria

What is Assessment?

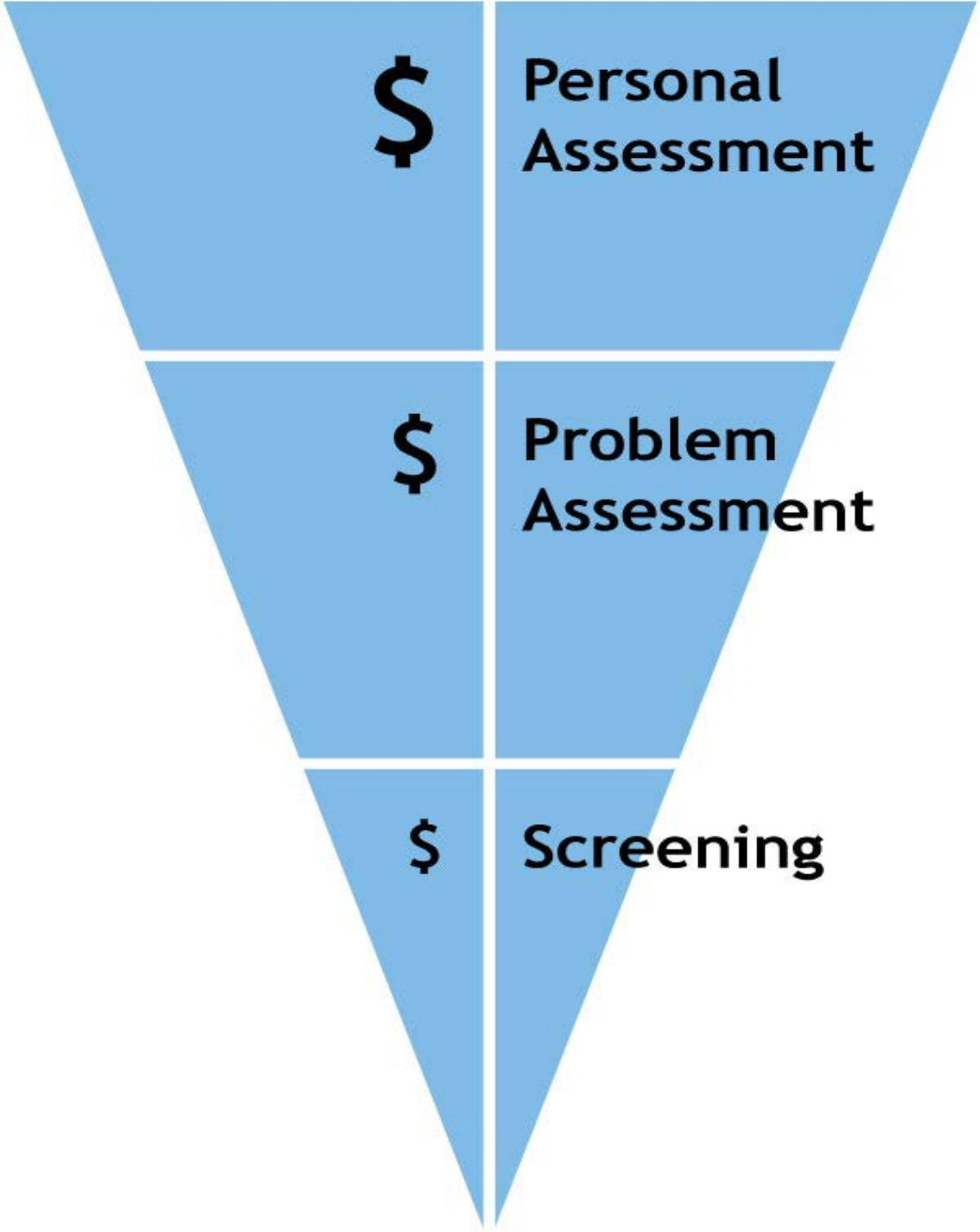
- Assessment is the systematic process of interaction with an individual to observe, elicit, and subsequently assemble the relevant information required to deal with his or her case, both immediately and for the foreseeable future

- This information gathering interaction with the patient is the clinical building block for everything we do moving forward, without an initial assessment we are flying blind…



Sequential Assessment

- Screening
- Problem Assessment
- Personal Assessment



Extent of information vs. cost

- Sequential assessment. As one moves from screening to problem assessment to personal assessment, the extent of information developed is greater but the costs of assessment are also greater. Performing an assessment sequentially ensures that further information is necessary and justifies its increased cost (adapted from Skinner, 1981a:30; 1981b:330).

Multi-dimensional Assessment

Information is sought along 3 dimensions:

- The use of alcohol and drugs
- The signs and symptoms of alcohol and drug use
- The consequences of alcohol and drug use

Content of Screening

- A brief process that answers two questions:
- Whether an alcohol and/or drug problem is present
- If so, whether it is likely to require brief intervention or specialized treatment

Poll Question #1

- True or False:
- Collateral information when assessing a patient’s needs is rarely required to determine an accurate diagnosis

Content of Problem Assessment

- Examines problems attributable to alcohol and/or drug consumption

Three techniques are available:

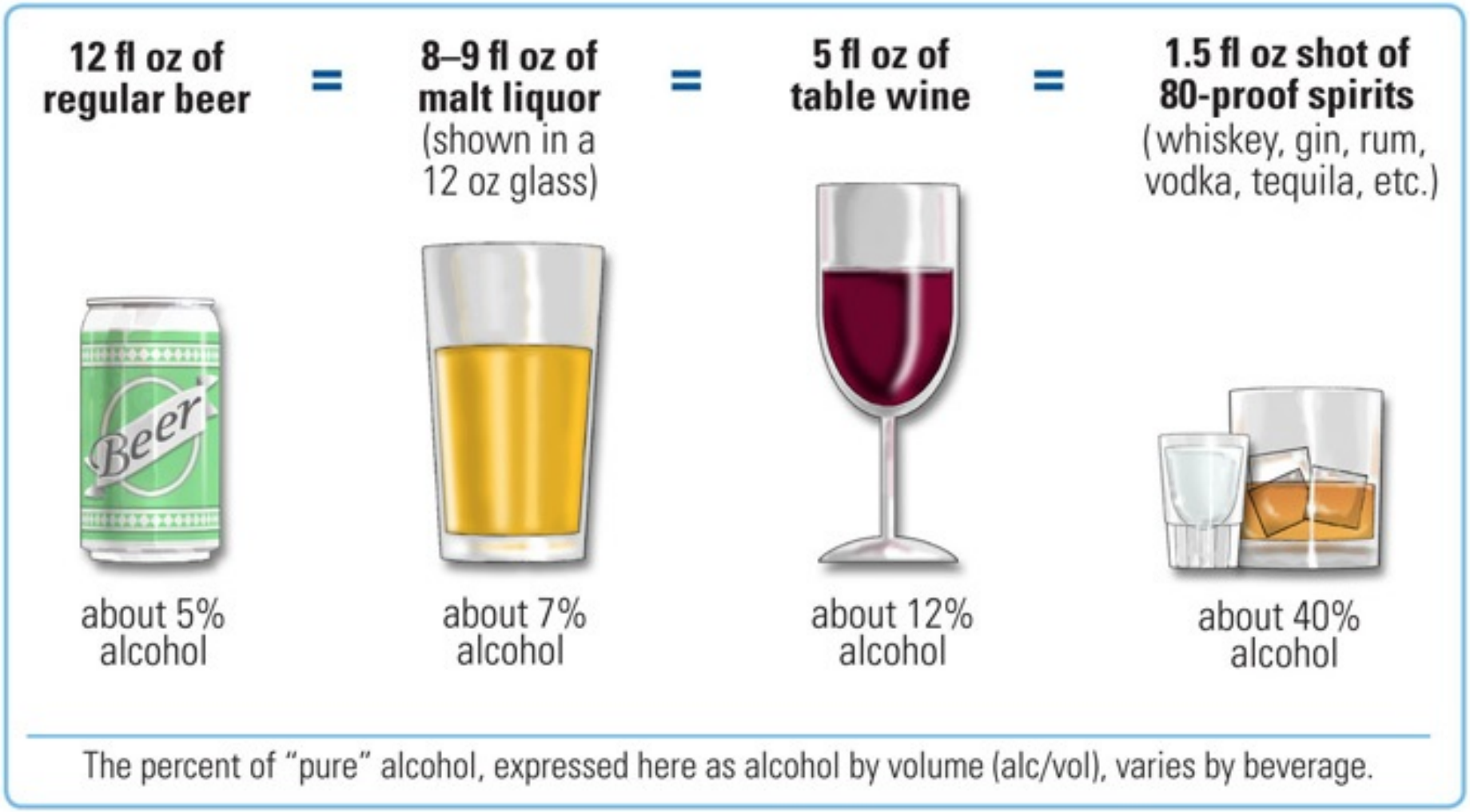
- Retrospective methods
- Prospective methods
- Laboratory determinations

Content of Problem Assessment

Signs and symptoms of alcohol and/or drug use disorder (p. 490-491 of DSM-5, the Big Eleven)

- These make up DSM-5 criteria
- Self-report questionnaires can be used

Alcohol Equivalencies and Drinking



Content of Problem Assessment

Consequences of alcohol and/or drug use

Examples include:

- Michigan Alcoholism Screening Test (MAST)
- Drug Abuse Screening Test (DAST)
  - Now called: Drug use questionnaire
- Alcohol Use Inventory (AUI)
- Alcohol Use Disorder Identification Test (AUDIT)
- Addiction Severity Index (ASI)

Content of Personal Assessment

Examines problems to determine if they are attributable to use

- Medical status
- Psychiatric status
- Vocational issues
- Personal problems
- Sexual problems
- Social support
- Family structure
- Need for Recovery Support

Content of Personal Assessment (continued)

- Use of leisure time
  - Exercising
- Demographics
- Family history
- Prior treatment history
- Intelligence
- Cognitive functioning
- Personality
- Treatment Goals
- Social Stability
- Situational Factors
- Spirituality

Overview of Assessment Process

Six step process consisting of:

- Detection
- Classification
- Functional Assessment
- Functional Analysis
- Treatment Planning
- Recovery Capital

Drug testing

Polling Question

- What is the most common form of drug screening test performed in most substance abuse treatment centers in the US?

- Saliva testing
- Blood testing
- Urine analysis
- Sweat patch

Detection

- Identify patients with potential problem
- Past and current use of alcohol, tobacco or other substances
- Lab tests to screen for substance use
- Negative consequences

Classification

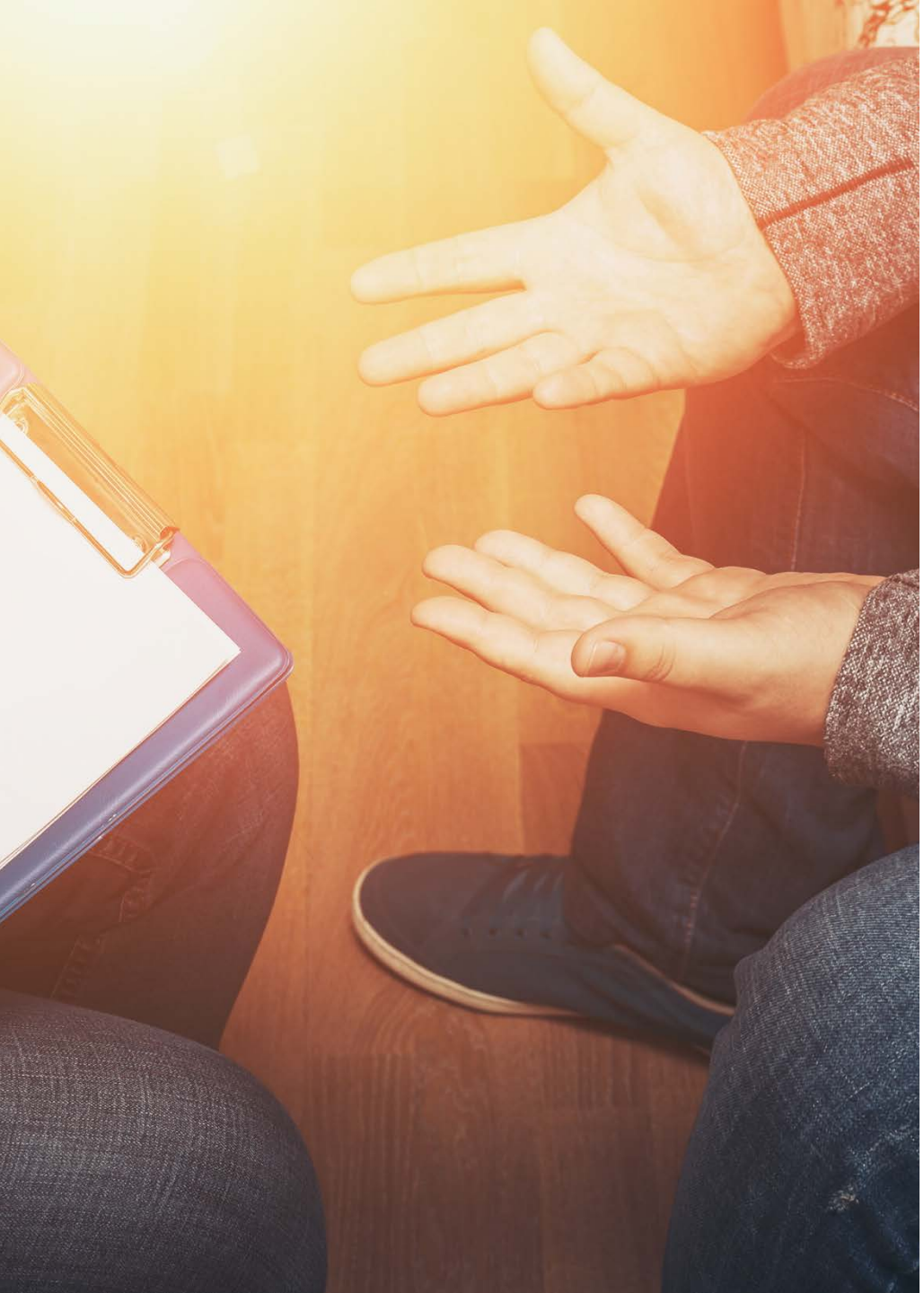
- Assess possible DSM diagnoses
- Rate worst period of use
- Use multiple sources of information

Functional Assessment

- Obtain patient information
- Use all available collateral sources
- Assess the patient’s range of different needs
- Identify the patient’s strengths
- Identify the patient’s support system
- Identify the patient’s recovery capital

Functional Analysis

- Identify factors that maintain substance abuse
- Explore possible motives
- View identified motives and costs as working hypotheses, not facts



Methods of Obtaining Assessment Information

- Face-to-face interviewing
- Semi-structured interview and structured interview
- Paper-and-pencil tests
- Computerized assessments

Assessment Tools

Addiction Severity Index (ASI)

- Semi-structured interview assessing:
  - Medical status
  - Employment and support
  - Drug use
  - Alcohol use
  - Legal status
  - Family/social status
  - Psychiatric status

Comprehensive Drinking Profile (CDP)

- Structured intake interview
  - History and current status of drinking problems and related manners
  - Consumption and problematic behaviors

Timeline Follow-Back (TLFB)

- Analyzes:
  - Patterns
  - Intensity
  - Frequency

- Connections between use and significant events established

Inventory of Drinking Situations (IDS)

- Assess situations of heavy drinking
- Examines 8 categories:
  - Negative emotional states
  - Urges and temptations
  - Negative physical states
  - Interpersonal conflict
  - Positive emotional states
  - Social pressure to drink
  - Testing personal control
  - Positive social situations

Situational Confidence Questionnaire (SCQ)

- Self-report instrument
- patients imagine themselves in each situation
  - Rate on scale of 0-100, (0=not confident to 100=very confident)
  - How likely they will be able to resist the urge to use heavily in that situation

Substance Abuse Subtle Screening Inventory (SASSI)

- One-page self report screening
- Resistance to faking
- Identifies individuals in denial or deliberately trying to conceal chemical dependence

Global Appraisal of Individual Needs (GAIN)

Eight core sections:

1. Background
2. Substance use
3. Physical health
4. Risk behaviors
5. Mental health
6. Environment
7. Legal
8. Vocational

DSM-5

Substance-Related Disorders in DSM-5

- The **DSM-5** chapter on **Substance-Related and Addictive Disorders** includes 10 substance-related disorders:
  - Alcohol-Related Disorders
  - Caffeine-Related Disorders
  - Cannabis-Related Disorders
  - Hallucinogen-Related Disorders
  - Inhalant-Related Disorders
  - Opioid-Related Disorders
  - Sedative-, Hypnotic-, or Anxiolytic-Related Disorders
  - Stimulant-Related Disorders
  - Tobacco-Related Disorder
  - Other Substance-Related Disorders.

Polling Question

How many diagnostic criteria are listed in the DSM-5 in the section for Substance Use Disorders?

a) 9
b) 11
c) 8
d) None of the above

Substance Use Disorders

- Almost all substance-related disorders in DSM-5 include:
  - Substance use disorders
  - Substance intoxication
  - Substance withdrawal
- Almost all specify that the substance use disorders be rated mild, moderate, or severe.
- **Exceptions** include:
  - **Caffeine-Use** Disorders: no severity ratings
  - **Hallucinogen-Use** Disorders: no intoxication or withdrawal
  - **Inhalant-Use** Disorder: no intoxication
  - **Tobacco-Use** Disorder: no intoxication

Alcohol Use Disorders

- **Alcohol-Related Disorders** include:
  - **Alcohol Use Disorders** (mild, moderate, and severe)
  - **Alcohol Intoxication**
  - **Alcohol Withdrawal**
  - **Unspecified Alcohol-Related Disorder**

The distinction between alcohol abuse and dependence has been eliminated in DSM-5.

Polling Question

If a patient has a diagnosis of Alcohol Use Disorder (Moderate) how many DSM-5 criterion would they need to currently meet?

a) 3-4
b) 4
c) 5
d) b and c

Alcohol Use Disorders

- **Mild** Alcohol Use Disorder
  - **2-3 symptoms** present
- **Moderate** Alcohol Use Disorder
  - **4-5 symptoms** present
- **Severe** Alcohol Use Disorder
  - **6 or more symptoms** present

Alcohol Use Disorder

- Alcohol use disorder is a **problematic pattern of alcohol use** leading to clinically significant impairment or distress, as manifested by:
- at least **2 of 11** listed symptoms
- occurring within a 12-month period.

Symptoms of Alcohol Use Disorder

1. Often taking alcohol in **larger amounts** or **over a longer period** than intended
   - “Even when I go out to a bar or a party having resolved to drink no more than three beers or spend no more than two hours, by the end of the evening I discover I’ve consumed 10 beers over four hours.”
2. A **persistent desire** or unsuccessful efforts **to cut down** or control alcohol use
   - “Time and again, I’ve tried to control my drinking, but I’ve never been able to do so.”
3. Spending **a great deal of time** in activities necessary to obtain alcohol, use alcohol, or recover from its effects
   - “Alcohol takes up a lot of time in my life, what with getting the money to buy it, spending time at bars consuming it and talking to friends, and then getting over whatever hangover I might have developed from my drinking.”

Symptoms of Alcohol Use Disorder

4. Craving, or a strong desire or urge to use alcohol (New Symptom)
   - “When I haven’t been drinking for a day or two, I’ll begin to experience strong craving for alcohol, which stays with me until I take a drink to get rid of the craving.”
5. Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home
   - “It will sometimes happen that my drinking makes it impossible for me to go to work or take care of my family. This makes me feel terrible, but I still do it. Why?”

Symptoms of Alcohol Use Disorder

6. **Continued alcohol use** despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol
   - "Even though I have a tendency to become angry and, sometimes, violent when I've been drinking, I continue to drink and then to suffer the consequences of my anger and fights."
7. Important social, occupational, or recreational activities are **given up or reduced** because of alcohol use
   - "I used to like to dance and visit with my friends and family but since I've started to drink so much, I've given up almost everything that doesn't involve drinking."
8. Recurrent alcohol use in situations in which it is **physically hazardous**
   - "I've had three OWIs and have been in two accidents because of my drinking in which I was pretty seriously injured. But every time I can drive, I've been drinking."

Symptoms of Alcohol Use Disorder

9. **Alcohol use is continued** despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol
   - “Even though I almost always get very depressed after I’ve been drinking for some time, I continue to drink. I don’t know why. It doesn’t make sense to me.”

Symptoms of Alcohol Use Disorder

Tolerance

10. A need for markedly increased amounts of alcohol to achieve intoxication or desired effect, or
11. A markedly diminished effect with continued use of the same amount of alcohol

Withdrawal

12. The characteristic withdrawal syndrome for alcohol, or
13. Alcohol (or a closely related substance, such as a benzodiazepine) is taken to relieve or avoid withdrawal symptoms

Course Specifiers

- **DSM-5 simplified Remission Specifiers**
- **Early Remission** (patient not meeting any SUD criterion for at least 3 months, but less than 12)
- **Sustained Remission** (not meeting any SUD criterion for at least 12 months)

❖ ***"Early partial," "early full," "sustained partial," and "sustained full" remission language is removed.***

Recovery-Oriented Systems of Care (ROSC)

Recovery Oriented Systems of Care: A Paradigm Shift

Recovery-Oriented Systems of Care shifts the question from:

“How do we get the patient into treatment?”

To: *“How do we support the process of recovery within the person’s environment?”*

Polling Question

Which if the following is not a key component of the ROSC approach?

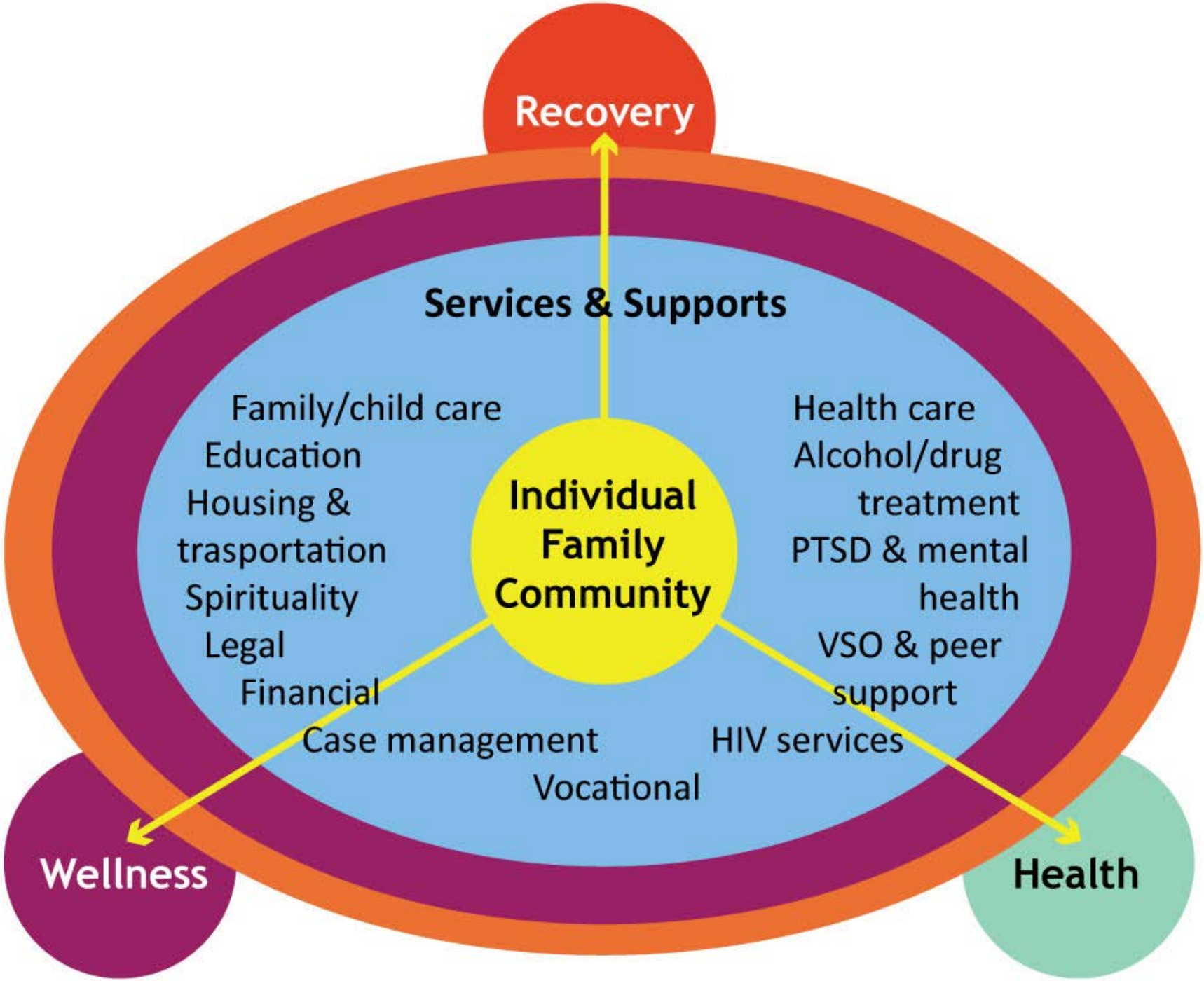
a) Various support systems need to work separately with the patient
b) Builds on strengths and resilience of the patient
c) Offer comprehensive menu of services that can be adjusted to meet the needs of the patient
d) Adjustable to the patient's pace and recovery process

Recovery Oriented Systems of Care

- Treatment agencies are considered one of many resources for the patient
- No one source is more important than another
- Various support systems need to work together very closely with the patient

ROSC support person-centered and self-directed approaches to care that build on the personal responsibility, strengths, and resilience of individuals, families and communities to achieve health, wellness, and recovery from substance related disorders

- ROSC offer a comprehensive menu of services and supports that can be combined and readily adjusted to meet the individual's needs and chosen pathways to recovery



Recovery Oriented Systems of Care

- Person centered and self-directed care
  - Building on strengths and resilience in the patient
  - Involving families and communities to take some responsibilities for their health, wellness and recovery from mental illness
  - Offer comprehensive menu of services that can be adjusted to meet the needs of the patient
  - Adjustable to the patient’s pace and recovery process

Recovery Oriented Systems of Care

- Encompass and coordinate the operations of multiple systems, providing *responsive, outcomes-driven approaches to care*

- Require an *ongoing process of systems improvement* that incorporates the experiences of those in recovery and their family members

- Effect our *involvement in the assessment process:* patient is an equal partner in the assessment process

Elements of Recovery Oriented Systems of Care

- Person centered
  - Individualized
  - Responsive to culture and personal belief systems
  - Community based
  - Commitment to peer services
  - Involvement of families and other allies
  - Ongoing monitoring and outreach

Elements of Recovery Oriented Systems of Care

- Cost effective
  - Outcomes oriented
  - Integration of services resulting in no duplication of services
  - Competency based
  - Effective use of collaborators and partners
  - System-wide education and training
  - Continuum of care
  - Research based
  - Flexible funding

ASAM Criteria

Dimensions, Risk-ratings, and Levels of Care

Polling Question

What does ASAM stand for?

a) Association of Substance Abuse Measurement
b) Addiction Society of American Medicines
c) American Society of Addiction Medicine
d) Alternative Source for Addictive Maladies

ASAM criteria background

- Around 1981, NAATP and ASAM assemble taskforce to integrate two existing admission/continued stay criteria sets:
  - The Cleveland Criteria
  - The NAATP Criteria
- NAATP decided to relinquish any ownership/branding of the criteria

Goal of the ASAM Criteria:

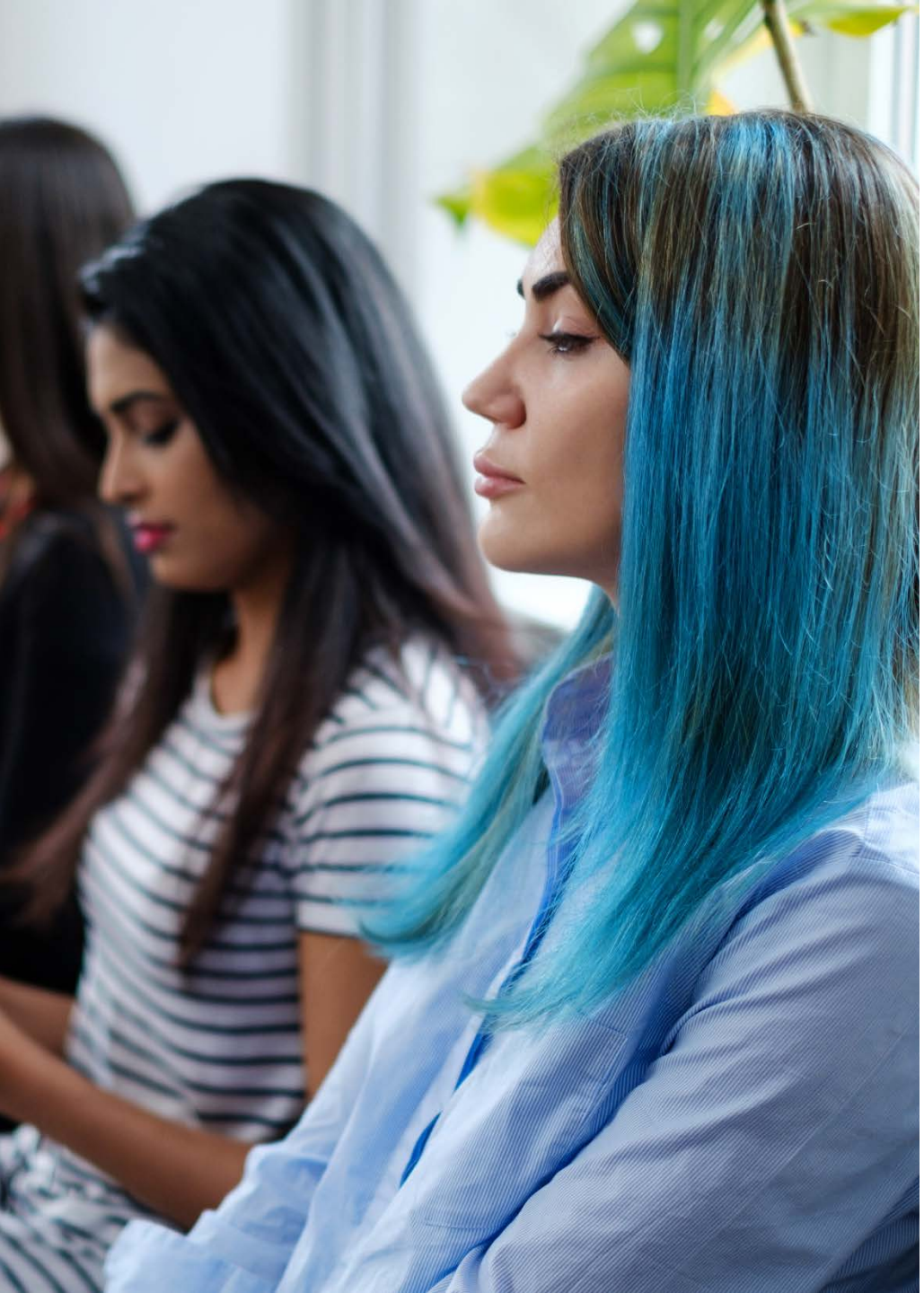
- To unify the addiction field around a single set of criteria

Levels of Care .05 thru 4

- Early Intervention (Level .05)
  - Pre-treatment (Early Intervention Services)
  - Basic Education, risk assessment screening
- Outpatient treatment (Level 1, 2.1, and 1)
  - Extended Outpatient treatment
  - Intensive Outpatient
  - Continuing Care Outpatient
- Partial Hospitalization (Level 2.5)
- Residential/Inpatient treatment (Level 3.1, 3.5, 3.3, 4, and 3.7)
  - Low-Intensity Residential treatment
  - Medium-Intensity Residential treatment
  - High-Intensity Residential treatment
  - Medically Monitored Intensive Inpatient treatment
  - Detoxification
- OTP
  - Opioid Treatment Program (Level 1)

ASAM Criteria-Six Dimensions

- Dimension 1: Acute intoxication and/or withdrawal
- Dimension 2: Biomedical conditions and complications
- Dimension 3: Emotional, behavioral or cognitive conditions and complications
- Dimension 4: Readiness to change
- Dimension 5: Relapse, continued use or continued Problem Potential
- Dimension 6: Recovery/living environment



Polling Question

Which ASAM Dimension is associated with determining a patient's willingness to engage in the treatment process?

a) Dimension 2
b) Dimension 6
c) Dimension 1
d) Dimension 4
e) None of the above

Risk ratings 0-4a/b

The ASAM risk rating system are based on a 0-4a/4b scale.

- This risk ratings act as a guide for Clinician's, Managed Care Providers, Medical Staff, and support staff.
- A rating of 0 may indicate no concerns or stable condition in that given dimension.
- A rating of 4a or 4b may indicate a significant concern and the presence of an acute condition(s) in the dimension
- Risk rating are based on direct observations, current patient information derived from a multitude of sources as well as historical information from the patient's records/ self-reports.

ASAM Risk Ratings

When assigning a risk rating in each dimension, remember;

- It may not match word for word, just focus on selecting the risk rating that most accurately reflects the patient's condition for each dimension at the time of the review (assessment).
- Risk rating are not static, they will likely change over time (i.e. continued stay review), but the risk ratings at the time of your assessment will help decide the best LOC for the patient.
- Risk ratings for MHD and SUDs are assigned separately in Dimensions 4, 5, and 6, but will often interact/ influence each other at the time of assessment and/or throughout a patient's treatment stay.

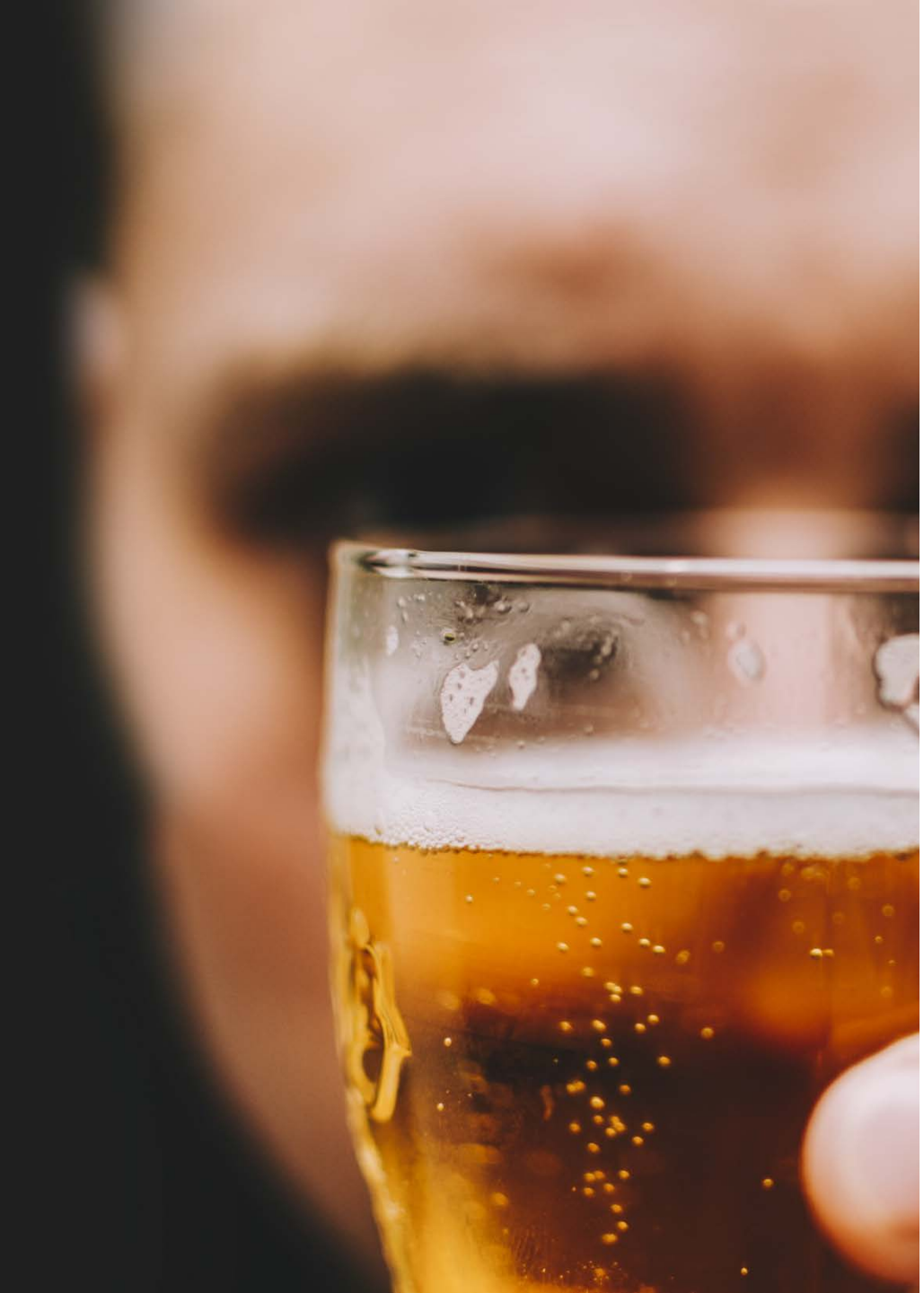
ASAM Criteria-Six Dimensions and Related Risk Ratings

Dimension 1: Acute intoxication and/or withdrawal

0) The patient is fully functioning and demonstrates good ability to tolerate and cope with withdrawal discomfort. No signs or symptoms of intoxication or withdrawal are present, or signs or symptoms are resolving.

1) The patient demonstrates adequate ability to tolerate and cope with withdrawal discomfort. Mild to moderate intoxication or signs and symptoms interfere with daily functioning, but do not pose an imminent danger to self or others. There is minimal risk of severe withdrawal.

2) The patient has some difficulty tolerating and coping with withdrawal discomfort. Intoxication may be severe, but responds to support and treatment sufficiently that the patient does not pose an imminent danger to self or others. Moderate signs and symptoms, with moderate risk of severe withdrawal



ASAM Criteria-Six Dimensions and Related Risk Ratings

Dimension 1: Acute intoxication and/or withdrawal

3) The patient demonstrates poor ability to tolerate and cope with withdrawal discomfort. Severe signs/symptoms of intoxication indicate that the patient may pose an imminent danger to self or others, and intoxication has not abated at less intensive levels of service. There are severe signs/symptoms of withdrawal, or risk of severe but manageable withdrawal; or withdrawal is worsening despite withdrawal management at a less intensive level of care.

4) The patient is incapacitated, with severe signs and symptoms. Severe withdrawal presents danger, such as seizures. Continued use poses an imminent threat to life

ASAM Criteria-Six Dimensions

Dimension 2: Biomedical conditions and complications

0) The patient is fully functioning and demonstrates good ability to cope with physical discomfort. No biomedical signs or symptoms are present, or biomedical problems
1) The patient demonstrates adequate ability to tolerate and cope with physical discomfort. Mild to moderate signs or symptoms (such as mild to moderate pain) interfere with daily functioning.
2) The patient has some difficulty tolerating and coping with physical problems, and/or has other biomedical problems. These problems may interfere with recovery and mental health treatment. The patient neglects to care for serious biomedical problems. Acute, non-life threatening medical signs and symptoms (such as acute episodes of chronic, distracting pain, or signs of malnutrition or electrolyte imbalance) are present.

ASAM Criteria-Six Dimensions

Dimension 2: Biomedical conditions and complications

3) The patient demonstrates poor ability to tolerate and cope with physical problems, and/or his or her general health condition is poor. The patient has serious medical problems, which he or she neglects during outpatient or intensive outpatient treatment. Severe medical problems (such as severe pain requiring medication, or brittle diabetes) are present but stable.
4) The patient is incapacitated, with severe medical problems (such as extreme pain, uncontrolled diabetes, GI bleeding, or infection requiring IV antibiotics).

ASAM Criteria-Six Dimensions

Dimension 3: Emotional, behavioral/cognitive conditions/ complications

0) The patient either has no mental health problems or has a diagnosed but stable mental disorder.
1) The patient has a diagnosed mental disorder that requires intervention but does not significantly interfere with addiction treatment.
2) This risk rating implies chronic mental illness, with symptoms and disability that cause significant interference with addiction treatment, but do not constitute an immediate threat to safety and do not prevent independent functioning.

ASAM Criteria-Six Dimensions

Dimension 3: Emotional, behavioral/cognitive conditions/ complications

3) This risk rating is characterized by severe psychiatric symptomatology, disability, and impulsivity, but the patient has sufficient control that he or she does not require involuntary confinement.

4) Patients have severe psychiatric symptomatology, disability, and impulsivity, and require involuntary confinement.

ASAM Criteria-Six Dimensions

Dimension 4: Readiness to change (RR for SUD and MHD

0) Substance Use Disorders: The patient is willingly engaged in treatment as a proactive, responsible participant, and is committed to changing his or her alcohol, tobacco, and/or other drug use.

   Mental Health Disorders: The patient is willingly engaged in treatment as a proactive, responsible participant, and is committed to changing his or her mental functioning and behavior.

1) Substance Use Disorders: The patient is willing to enter treatment and to explore strategies for changing his or her substance use, but is ambivalent about the need for change. He or she is willing to explore the need for treatment and strategies to reduce or stop substance use. Or the patient is willing to change his or her substance use, but believes it will not be difficult to do so, or does not accept a full recovery treatment plan.

   Mental Health Disorders: The patient is willing to enter treatment and to explore strategies for changing his or her mental functioning, but is ambivalent about the need for change. He or she is willing to explore the need for treatment and strategies to deal with mental disorders. The patient's participation in mental health treatment is sufficient to avert mental decompensation.

ASAM Criteria-Six Dimensions

Dimension 4: Readiness to change (RR for SUD and MHD)

2) Substance Use Disorders: The patient is reluctant to agree to treatment for substance use problems. He or she is able to articulate the negative consequences of substance use, but has low commitment to change his or her use of alcohol or other drugs. The patient is assessed as having low readiness to change and is only passively involved in treatment, and is variably compliant with attendance at outpatient sessions or meetings of self/mutual help or other support groups.

   Mental Health Disorders: The patient is reluctant to agree to treatment for mental disorders. He or she is able to articulate the negative consequences of his or her mental health problems, but has low commitment to therapy. The patient is assessed as having low readiness to change and is only passively involved in treatment (eg, is variable in follow through with use of psychotropic medications or attendance at therapy sessions).

ASAM Criteria-Six Dimensions

Dimension 4: Readiness to change

3) Substance Use Disorders: The patient exhibits inconsistent follow through and shows minimal awareness of his or her substance use disorder and need for treatment. He or she appears unaware of the need to change, and thus is unwilling or only partially able to follow through with treatment recommendations.

   Mental Health Disorders: The patient exhibits inconsistent follow through and shows minimal awareness of his or her mental disorder and need for treatment. He or she appears unaware of the need to change, and thus is unwilling or only partially able to follow through with treatment recommendations.

ASAM Criteria-Six Dimensions

Dimension 4: Readiness to change

4a) Substance Use Disorders: The patient is unable to follow through, has little or no awareness of substance use problems and any associated negative consequences, knows very little about addiction, and sees no connection between his/ her suffering and substance use. He or she is not imminently dangerous or unable to care for self, and is not willing to explore change regarding his or her illness and its implications (for example, he or she blames others for legal or family problems, and rejects treatment).

Mental Health Disorders: The patient is unable to follow through, has little or no awareness of a mental disorder and any associated negative consequences, knows very little about mental illness, and sees no connection between his or her suffering and mental health problems. He or she is not imminently dangerous or unable to care for self, is not willing to explore change regarding his or her illness and its implications.

ASAM Criteria-Six Dimensions

Dimension 4: Readiness to change

4b) Substance Use Disorders: The patient is unable to follow through with treatment recommendations. As a result, his or her behavior represents an imminent danger of harm to self or others, or he or she is unable to function independently and engage in self-care. For example, the patient repeatedly demonstrates inability to follow through with treatment, continues to use alcohol and/or other drugs, and to become violent, suicidal, or to drive dangerously.

Mental Health Disorders: The patient is unable to follow through with treatment recommendations. As a result, his or her behavior represents an imminent danger of harm to self or others, or he or she is unable to function independently and engage in self-care. For example, the patient refuses all medications and is overtly psychotic, so that his or her judgment and impulse control is severely impaired.

ASAM Criteria-Six Dimensions

Dimension 5: Relapse, continued use or continued Problem Potential

0) Substance Use Disorders: The patient has no potential for further substance use problems or has low relapse potential and good coping skills.

   Mental Health Disorders: The patient has no potential for further mental health problems or has low potential and good coping skills.

1) Substance Use Disorders: The patient has minimal relapse potential, with some vulnerability, and has fair self-management and relapse prevention skills.

   Mental Health Disorders: The patient has minimal relapse potential, with some vulnerability, and has fair self-management and relapse prevention skills.

ASAM Criteria-Six Dimensions

Dimension 5: Relapse, continued use or continued Problem Potential

2) Substance Use Disorders: The patient has impaired recognition and understanding of substance use relapse issues, but is able to self-manage with prompting.

   Mental Health Disorders: The patient has impaired recognition and understanding of mental illness relapse issues, but is able to self-manage with prompting.

3) Substance Use Disorders: The patient has little recognition and understanding of substance use relapse issues, and has poor skills to cope with and interrupt addiction problems, or to avoid or limit relapse.

   Mental Health Disorders: The patient has little recognition and understanding of mental illness relapse issues, and has poor skills to cope with and interrupt mental health problems, or to avoid or limit relapse.

ASAM Criteria-Six Dimensions

Dimension 5: Relapse, continued use or continued Problem Potential

4a) Substance Use Disorders: Repeated treatment episodes have had little positive effect on the patient's functioning. He or she has no skills to cope with and interrupt addiction problems, or to prevent or limit relapse. However, the patient is not in imminent danger and is able to care for self.

Mental Health Disorders: Repeated treatment episodes have had little positive effect on the patient's functioning. He or she has no skills to cope with and interrupt mental health problems, or to prevent or limit relapse. However, the patient is not in imminent danger and is able to care for self.

ASAM Criteria-Six Dimensions

Dimension 5: Relapse, continued use or continued Problem Potential

4b) Substance Use Disorders: The patient has no skills to arrest the addictive disorder, or to prevent relapse to substance use. His or her continued addictive behavior places the patient and/or others in imminent danger.

Mental Health Disorders: The patient has no skills to arrest the mental illness, or to prevent relapse to mental health problems. His or her continued psychiatric disorder places the patient and/or others in imminent danger.

ASAM Criteria-Six Dimensions

Dimension 6: Recovery/living environment

0) Substance Use Disorders: The patient has a supportive environment or is able to cope with poor supports.

   Mental Health Disorders: The patient has a supportive environment or is able to cope with poor supports.

1) Substance Use Disorders: The patient has passive support, or significant others are not interested in his or her addiction recovery, but he or she is not too distracted by this situation and is able to cope.

   Mental Health Disorders: The patient has passive support, or significant others are not interested in an improved mental health environment, but he or she is not too distracted by this situation and is able to cope.

ASAM Criteria-Six Dimensions

Dimension 6: Recovery/living environment

2) Substance Use Disorders: The patient's environment is not supportive of addiction recovery, but, with clinical structure, the patient is able to cope most of the time.

   Mental Health Disorders: The patient's environment is not supportive of good mental health, but, with clinical structure, the patient is able to cope most of the time.

ASAM Criteria-Six Dimensions

Dimension 6: Recovery/living environment

3): Substance Use Disorders: The patient's environment is not supportive of addiction recovery and he/she finds coping difficult, even with clinical structure.

Mental Health Disorders: The patient's environment is not supportive of good mental health and he/she finds coping difficult, even with clinical structure.

ASAM Criteria-Six Dimensions

Dimension 6: Recovery/living environment

4a) Substance Use Disorders: The patient's environment is not supportive and is chronically hostile and toxic to addiction recovery or treatment progress (eg, the patient has many drug-using friends, or drugs are readily available in the home environment, or there are chronic lifestyle problems but not acute conditions). The patient is unable to cope with the negative effects of this environment on his or her recovery.

Mental Health Disorders: The patient's environment is not supportive and is chronically hostile and toxic to good mental health (eg, the patient is homeless and unemployed and has chronic lifestyle problems but not acute conditions). The patient is unable to cope with the negative effects of this environment on his or her recovery.

ASAM Criteria-Six Dimensions

Dimension 6: Recovery/living environment

4b) Substance Use Disorders: The patient's environment is not supportive and is actively hostile to addiction recovery, posing an immediate threat to the patient's safety and wellbeing.

Mental Health Disorders: The patient's environment is not supportive or is actively hostile to a safe mental health environment, posing an immediate threat to the patient's safety and well-being.

Polling Question

True or False:

ASAM’s 6 dimensions and 0-4 risk-rating system are designed as a stand-alone assessment tool to guide the clinician in determining diagnosis and course of treatment

Levels of Care-
Level 0.5 Early Intervention

- One-on-one counseling and educational programs
- Patients do not meet criteria for Substance-Related Disorder
- Problems in Dimensions 1, 2 or 3 are stable or being addressed

Levels of Care:
Level 1- Outpatient Treatment

Therapies include:

- Individual and group counseling
- Motivational enhancement
- Opioid substitution therapy
- Family therapy
- Educational groups
- Occupational and recreational therapy
- Psychotherapy
- Other therapies

Level 1- Outpatient Treatment Dimensional Admission Criteria

- Dimension 1: No withdrawal signs or symptoms
- Dimension 2: Biomedical concerns stable
- Dimension 3: (a) or (b) and (c) and (d)
  a) Diagnosed but stable mental disorder or NO mental health diagnosis
  b) Mental disorder requires intervention, but does not interfere with addiction treatment
  c) Persistent mental illness, with symptoms and disability that cause significant interference with addiction treatment,
  d) Does not form immediate threat to safety

Level 1- Outpatient Treatment Dimensional Admission Criteria

- Dimension 4: (a) or (b) or (c) and/or (d)
  a) Willingly engaged in treatment as a proactive, responsible participant
  b) Willing to enter treatment, and to explore strategies for changing substance use and/or tobacco, but ambivalent about the need for change
  c) Reluctant to treatment, low commitment to change substance use, variably compliant with attendance
  d) May not recognize substance use as a problem

- Dimension 5: Able to achieve or maintain abstinence only with support

Level 1- Outpatient Treatment Dimensional Admission Criteria

Dimension 5: (a) or (b) or (c)

a) No potential for further SA problems, or has low relapse potential and good coping skills.

b) Minimal relapse potential, with some vulnerability, fair self-management and relapse prevention skills.

c) Impaired recognition and understanding of SA relapse issues but can self manage with prompting.

Level 1- Outpatient Treatment Dimensional Admission Criteria

- Dimension 6: (a) or (b) or (c)
  - a) Client has a supportive environment or can cope with poor supports.
  - b) Passive Support or significant others not interested in recovery efforts; client can cope.
  - c) Client’s environment non-supportive of addition recovery, but, with clinical structure, client can cope most of the time.

Level 2.1 Intensive Outpatient Dimensional Admission Criteria

- Dimension 1: No withdrawal signs or symptoms or adequate ability to cope with withdrawal discomfort
- Dimension 2: Biomedical stable or monitored concurrently with no interference or adequate ability to cope with physical discomfort

Level 2.1 Intensive Outpatient Dimensional Admission Criteria

- Dimension 3: (a) or (b)
  a) Persistent MHD with symptoms, but does not interfere with addiction treatment
  b) Diagnosed severe emotional, behavioral or cognitive disorder that not require involuntary confinement

- Dimension 4: (a) or (b)
  a) Reluctant to treatment, low commitment to change substance use, variable
  b) Inconsistent follow through, minimal awareness of substance disorder, unaware of need to change, unwilling or partially able to follow through

Level 2.1 Intensive Outpatient Dimensional Admission Criteria

- Dimension 5: Symptoms intensifying and functioning deteriorating at lower level of care
  - Impaired recognition and understanding of SA relapse issues, but is able to self manage with prompting.
  - Little recognition and understanding of SA relapse issues, poor skills to cope with and interrupt addiction problems or to avoid or limit relapse

- Dimension 6: (a) or (b)
  a) Client's environment non-supportive of addition recovery, but, with clinical structure, client can cope most of the time.
  b) Client's environment non-supportive of addiction recovery, client finds coping difficult even with clinical structure.

Level 3.5 Residential Dimensional Admission Criteria

- Dimension 1: minimal risk of severe withdrawal/ or severe but manageable in 3.7 (detox)

- Dimension 2: None/ stable or receiving concurrent medical monitoring/ requires medical monitoring but manageable in 3.7 (detox)

Level 3.5 Residential Dimensional Admission Criteria

- Dimension 3: (a) or (b)
  a) Repeated inability to control impulses
  b) Psychiatric disorder requires high structure to shape behavior

- Dimension 4: (a) or (b)
  a) Unable to follow through, has little or no awareness of substance use problems & any associated negative consequences, not imminent danger to self or others, unwilling to explore change
  b) Unable to follow through with treatment recommendations, behavior presents as imminent danger to self or others, unable to function independently and to engage in self-care.

Level 3.5 Residential Dimensional Admission Criteria

- Dimension 5: No recognition of skills needed to prevent continued use, with dangerous consequences, repeated treatment episodes

- Dimension 6: (a) or (b)
  a) Non-supportive environment chronically hostile, toxic to recovery or treatment progress, Client is unable to cope with the negative effects of this environment.
  b) Non-Supportive, Actively hostile to addiction recovery, posing immediate threat to client's safety (e.g. client lives with a drug dealer who offers drugs daily.)

Withdrawal Management Overview

- Components of WM Services: WM services (Levels 1, 2, 3.2, 3.7 and 4 in ASAM) are provided as part of a continuum of five WM levels in the American Society of Addiction Medicine (ASAM).

- WM criteria include a continuum of care that ensures that patients can enter SUD treatment at a level appropriate to their needs and step up or down to a different intensity of treatment levels.

Withdrawal Management (cont.)

- **Intake:** The process of admitting a patient into a substance use disorder (SUD) treatment program. This includes the substance abuse evaluation (SAE), the diagnosis of SUD, the assessment of treatment needs, and may include a physical examination and/or laboratory testing

- **Observation:** The process of monitoring the patient's course of withdrawal as frequently as deemed medically appropriate. This may include, but is not limited to, observation of the patient's health status.

- **Medication Services:** The prescription or administration related to SUD treatment services, and/or the assessment of the side effects and results of that medication.

- **Discharge Services:** Preparing the patient for referral into another level of care, post treatment return, or re-entry into the community, and/or the linkage of the individual to community treatment, housing, and human services.

Withdrawal Management (cont.)

- Licensing and Certification Requirements;

- In order to provide withdrawal management/detoxification services providers must obtain specific licensing and certification requirements according to the level of service provided.

Polling Question

If a patient has at least one risk rating of 3 which level of treatment care should be considered?

a) Level 2.1 (Intensive Outpatient)
b) Level 1 (Extended Outpatient)
c) Level 3.5 (Residential)
d) Level .05 (Early Intervention)

ASAM risk ratings and LOC

General ASAM RR (Risk Rating)guidelines are as follows:

- RR 0-1 = .05 EIS or Level 1 Continuing Care
- RR 1-2 = Level 1 EOP
- RR 2-3 = Level 2.1 IOP
- RR 3-4a/4b = 3.5 Residential

Clinical Evaluation: Assessment Summary

- Assessment Process
- Assessment Instruments
- DSM-5 Diagnostic criteria
- ASAM Levels of Care and Criteria

- Questions?
- Comments?
- Thoughts?
- Ideas?

References

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