

ASAM Dimensions and Risk Rating: Guidance and Narrative Examples

ABC Treatment requests authorization for 7 days of ASAM 3.5 LOC DOS 1/8/21 to 1/14/21. Client admitted on 1/8/21.

Guide: Dimension 1: Acute Intoxication/ Withdrawal Potential

- Explore past and current experience of substance use and withdrawal
- Vitals, CIWA, COWS, current symptomatology client is experiencing

Assessment Considerations: Is there significant risk of severe withdrawal symptoms, seizures, or other medical complications based on the client's previous withdrawal history?

Application of Severity Rating Matrix:

- None-Mild/Low (0-1)
- Not under the influence; no withdrawal potential
- Moderate-Medium (2-3)
- Recent use; Moderate withdrawal potential requires 24 hour monitoring
- Severe-High (4)
 1. Potential for or history of severe withdrawal
 2. Presenting with severe withdrawal requiring medical/nursing monitoring (elevated vitals, etc.)
 3. History of, or current seizure activity

Dimension 1 Narrative: Risk low. Client is a 47 year-old married, unemployed, Caucasian male who lives with his wife and son (age 16) in Canyon City, CO. He admitted to 3.7 WM at QRS Hospital on 1/3/21, a result of making statements to his wife while intoxicated that he planned to shoot himself with his gun. Client has a 20-year drinking history with early onset at age 13 with heavy use and disease progression at age 27. Client drinks 2 pints of whiskey/daily to blackout. No other illicit drug use. By history, client experiences withdrawal symptoms to include AVH, disorientation, fatigue, nervousness, anxiety, depression, vomiting, diarrhea, and SI. No prior substance abuse treatment. Diagnosis: F10.20 severe, F41.1, and F32.9. On 1/8/21,

client's UDS was negative for all substances. Also on this date, client's BAL 0.0. Client's date of last use 1/3/21. Vitals as of 1/8/21 WNL. PAWS as of 1/8/21: mild tremors, moderate anxiety, moderate agitation, mild sensory issues, mild bone and joint aches, and cravings 8/10. Appetite at 25% of baseline. Client sleeps 4 to 5 hrs/night with difficulty going and staying asleep.

Guide: Dimension 2: Biomedical conditions and complications

- Explore medical history and identify any current medical complications
- Assessing for medical stability

Assessment Considerations: Are there chronic conditions that need stabilization or ongoing disease management? (i.e., chronic pain). Is there a communicable disease present? For female clients, is the client pregnant? Pregnancy history?

Application of Severity Rating Matrix:

- None-Mild/Low (0-1)
 1. No medical complications; not distracting from treatment.
- Moderate-Medium (2-3)
 1. Medical condition requires monitoring but not intensive treatment
- Severe-High (4)
 1. History of, or identified medical condition that requires 24 hour medical/nursing monitoring and/or intensive treatment.

Dimension 2 Narrative: Risk low to moderate. Client endorsed a history of hypertension and knee problems related to his work as a painter and has been prescribed Neurontin to address chronic pain and Amlodipine for hypertension. Client has Hepatitis C, but does not demonstrate any acute symptoms at this time.

Guide: Dimension 3: Emotional, behavioral, or cognitive conditions and complications

- Explore patient thoughts, emotions and mental health issues

- Assess emotional and behavioral stability – i.e. SI/HI or Psychosis

Assessment Considerations:

- Are there chronic conditions that need stabilization or ongoing treatment? (i.e., bipolar disorder)
- Do any emotional, behavioral, or cognitive signs or symptoms appear to be an expected part of the addictive disorder or do they appear to be autonomous? (i.e., anxiety and withdrawal)
- Is the client able to manage activities of daily living?
- Current psychiatric medications?

Application of Severity Rating Matrix:

- None-Mild/Low (0-1)
 1. None to mild psychiatric and/or behavioral symptoms
- Moderate-Medium (2-3)
 1. Impaired mental status; passive SI/HI; impaired ability to complete ADLs
- Severe-High (4)
 1. Active SI/HI; acutely psychotic/delusional/labile

Dimension 3 Narrative: Risk moderate to high. Client has a history of depression and anxiety dating back to 2009. He was seeing a psychiatric nurse practitioner who at that time diagnosed him with bipolar disorder and medications were prescribed at this time. He reported over his lifetime 3 IP psychiatric hospitalizations primarily related to endorsing SI when intoxicated with the most recent on 1/3/21. Client met with the MD on 1/9/21 and there are no acute symptoms, therefore, there is no current diagnosis of bipolar disorder or recommended medications, however, client will continue to be evaluated. MAT was reviewed and client declined. MD recommended an SSRI; however, client reports ongoing anxiety and remains leery of taking additional medications. Prescribed medications: Amlodipine 5 mg qam, Bupropion ER 150 mg bid, Gabapentin 300 mg bid, Trazadone 50 mg qhs. Client's appearance is adequate, speech pressured, mood anxious and affect congruent, speech is circumstantial, however, goal

directed. Thoughts obsessive, cognition distracted. Judgment and insight poor. No SI/HI or psychosis. Client is able to manage ADLs. PHQ9 17, GAD 12.

Guide: Dimension 4: Readiness for change

- Assess stage of change
 1. Pre-contemplation - Don't want to change
 2. Contemplation - Thinking about change
 3. Preparation - Ready to make changes
 4. Action - Making changes
 5. Maintenance - Changes made

Assessment Considerations: How ready, willing, or able does the client feel to make changes to his/her addictive behaviors? Is the client able to perceive the negative and positive aspects of using vs. sobriety?

Application of Severity Rating Matrix:

- None-Mild/Low (0-1)
 1. Can identify future goals and plans for recovery
- Moderate-Medium (2-3)
 1. Ambivalent about treatment; seeking help to avoid consequences and/or to please others
- Severe-High (4)
 1. Mandated for treatment by workplace, CPS, and/or court system

Dimension 4 Narrative: Risk moderate to high. Client is attending all assigned groups and individual sessions and is currently in the Contemplation SOC. Client recognizes his drinking is problematic and impacts his ability to work, results in marital conflict with his wife, and his relationship with his son is strained. Client reports financial problems, as his wife is the sole income earner. Client continues to be educated on the psychosocial problems of addiction. Client needs to work on his commitment to himself and develop plans to manage chronic pain, personal and external pressures. He will be educated on how drinking exacerbates mental health symptoms. The client

identifies improving relationships with his wife and son, and resuming work as a painter as external motivators. Client describes internal motivation as wanting long-term life changes and sobriety. Client is working on tolerating anxiety that results from creating negative situations in his life, developing skills to deactivate alcohol cravings while postponing instant gratification. Client will work on impulsiveness, and how the short-term feeling good when drinking leads to long-term adverse consequences.

Guide: Dimension 5: Relapse, continued use, or continued problem potential

- Explore client's unique relationship with relapse or continued use
- Past patterns of abstinence and likely ability to maintain abstinence

Assessment Considerations:

- Does the client have any understanding of his or her addictive disorder or co-occurring mental health disorder in order to prevent relapse, continued use, or continued psychosocial problems?
- Does the client have awareness of their triggers?
- What are the client's skills in coping with withdrawal, cravings, or urges to use?
- Does the client have a relapse prevention plan? If not, how active are they in making recovery plans?

Application of Severity Rating Matrix:

- None-Mild/Low (0-1)
 1. Can recognize onset of signs and triggers; uses coping skills
- Moderate-Medium (2-3)
 1. Awareness of potential signs and triggers, but requires close monitoring
- Severe-High (4)
 1. Continues to use; unable to recognize potential signs and triggers despite consequences

Dimension 5 Narrative: Risk high. Client will work on developing the skills needed to learn to identify/recognize relapse triggers and the dangers of high-risk situations; such

as avoidance, defensive behavior, and excessive worrying. Client needs to work on developing the necessary refusal skills and delay impulses to drink. He has little understanding of how his drinking exacerbates depression and anxiety. Client's personal relapse prevention plan will be completed within the week, and this plan will be tailored to the client's recovery needs. ASAM 3.5 LOC is recommended as without the structure of a clinically managed high-intensity residential treatment setting, the client is at high risk for returning to his same patterned drinking.

Guide: Dimension 6: Recovery/ living environment

- Explore client's recovery or living situation and surrounding people, places or things

Assessment Considerations:

- Do any natural supports, living situations, or school/work situations pose a threat to the client's safety or engagement in treatment? Are supports encouraging change?
- Are there any legal, vocational, or social service agency mandates that may enhance the client's motivation for engagement in treatment?
- Are there transportation, childcare, housing, or employment issues that needed to be addressed?

Application of Severity Rating Matrix:

- None-Mild/Low (0-1)
 1. Supportive environment exists
- Moderate-Medium (2-3)
 1. Moderately supportive environment/resources
- Severe-High (4)
 1. Resides with an emotionally/physically abusive individual, or active user

Dimension 6 Narrative: Risk high. There is no drinking or illicit drug use in the client's home however; this is where he primarily drinks alone. Client's wife will not allow him

to return home upon discharge from treatment, as she requires demonstrated sobriety. The treatment team recommends that client discharge to sober living to further develop and implement skills to remain sober. Client is considering sober living, however, is not agreeable currently. Client will continue working on developing a sober support system outside of the treatment environment. Client will attend 12-Step meetings, complete step work, obtain and work with a sponsor, step down to ASAM 2.1 followed by general outpatient treatment, and psychiatric services for symptom and medication management. Client and his wife may benefit from marital counseling and referrals will be provided.