Los Angeles County

Optimizing Use of the ASAM CONTINUUM Assessment

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Outline

- **Background**
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  - SUD Continuum of Care
- **Motivational Interviewing – A Primer**
- **ASAM CONTINUUM Assessment**
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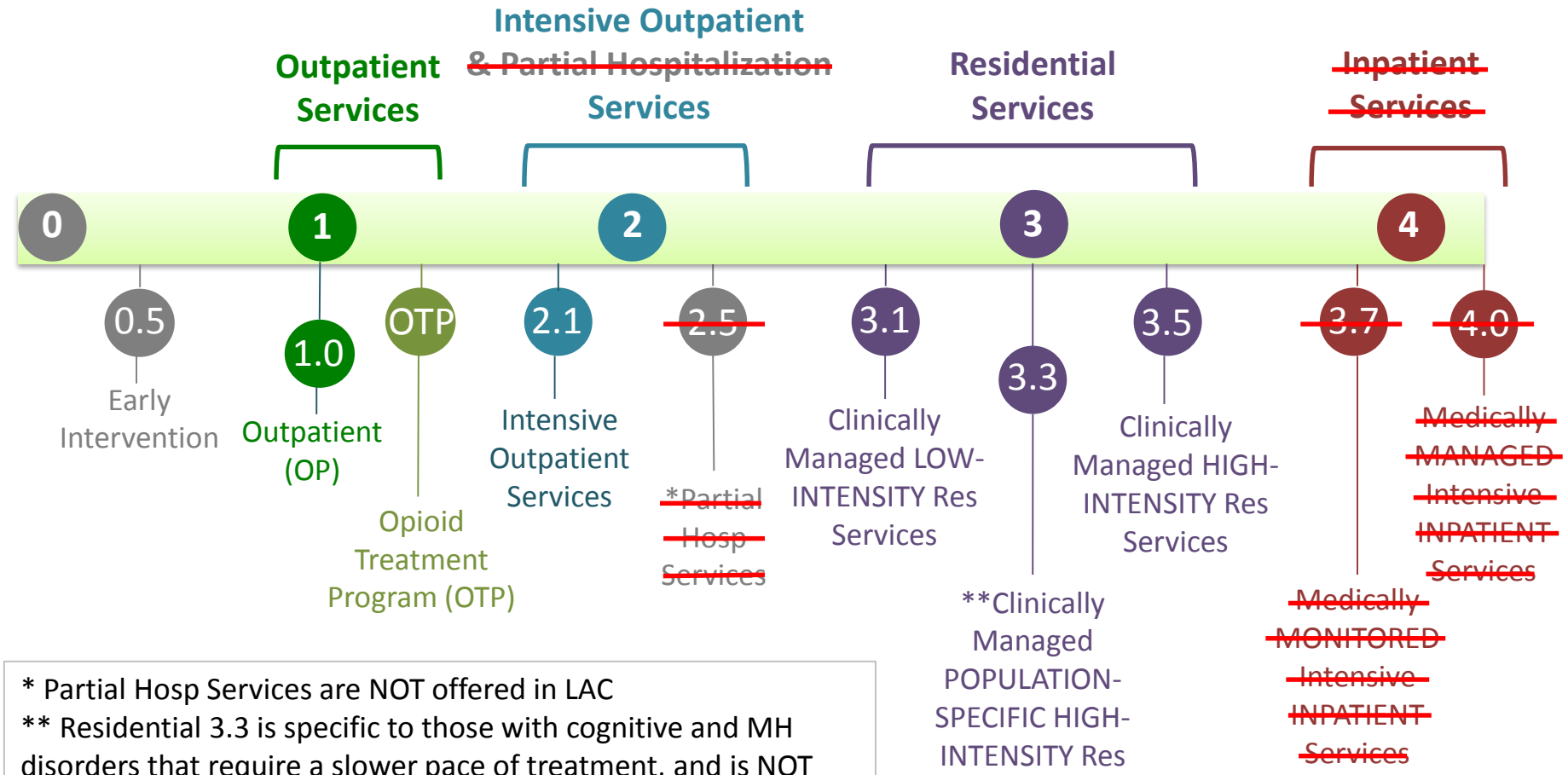
- **Summary**

Background: ASAM Criteria

- **The ASAM Criteria** is a standardized and organized way to deliver comprehensive and biopsychosocial substance use disorder (SUD) treatment services through a multidimensional assessment.

The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, 3rd Edition.

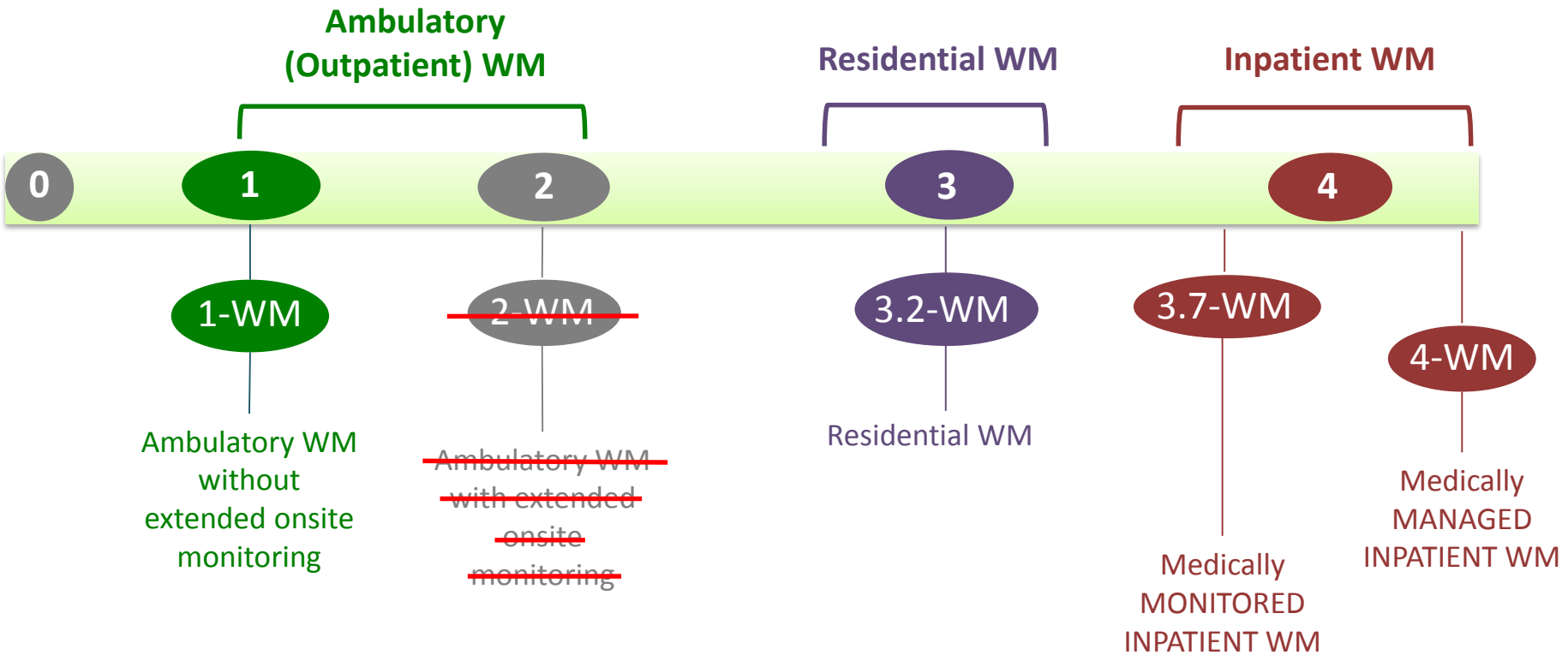
SUD Continuum of Care – Treatment Levels of Care



* Partial Hosp Services are NOT offered in LAC
** Residential 3.3 is specific to those with cognitive and MH disorders that require a slower pace of treatment, and is NOT intended for youth under age 18

The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, 3rd Edition.

SUD Continuum of Care – *Withdrawal Management Levels of Care



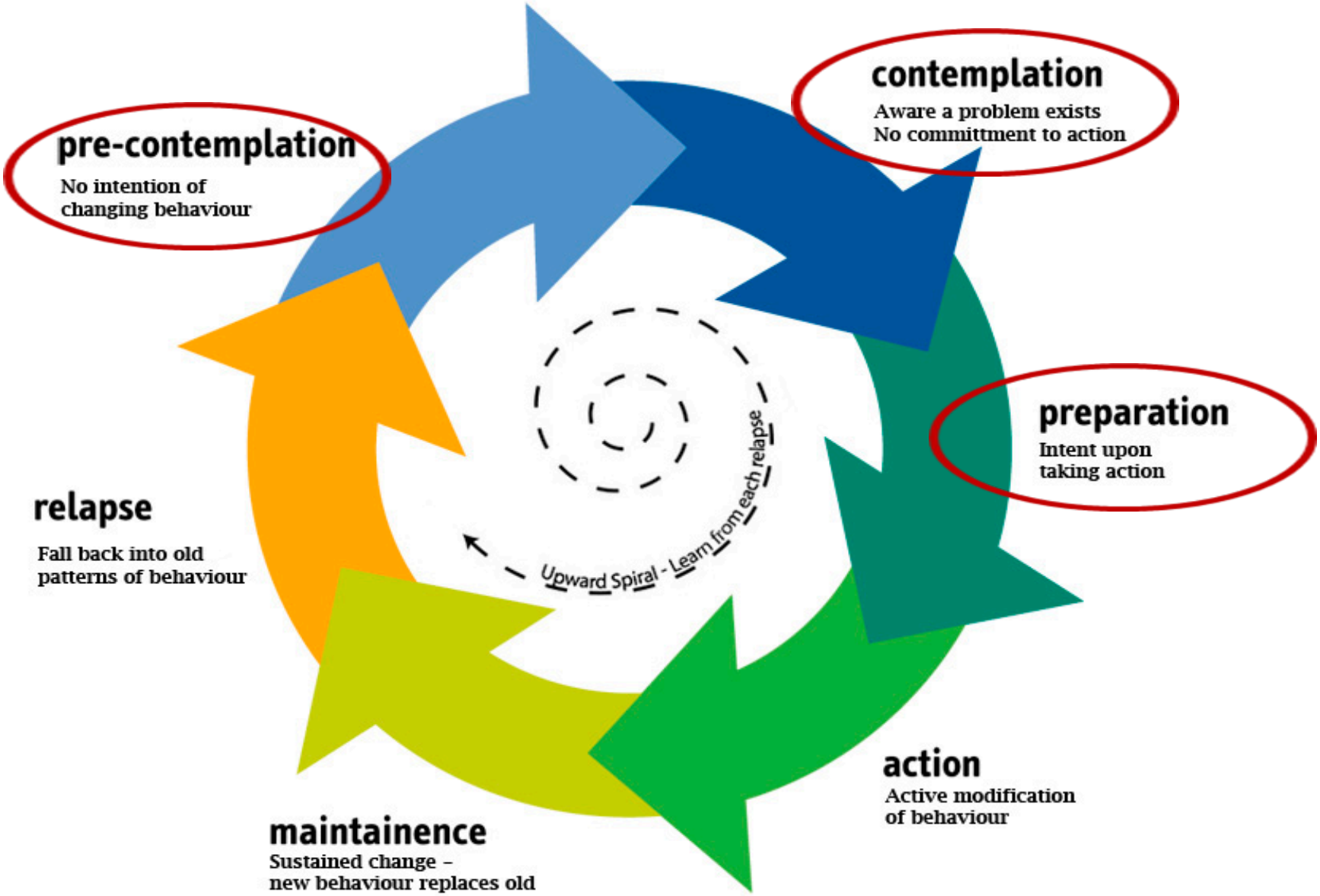
*WM services are NOT intended for youth under age 18, but are available on a case-by-case basis

The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, 3rd Edition.

Motivational Interviewing – A Primer

MOTIVATIONAL INTERVIEWING

- Motivational Interviewing (MI) is a patient-centered style of communication that engages individuals and facilitates intrinsic motivation for change. MI makes the following assumptions:
  - The relationship and alliance between a patient and provider is a collaborative partnership.
  - **Ambivalence** about substance use is normal and a primary obstacle to behavior change.
  - Direct argument and confrontation tends to result in defensiveness and in patients "digging in," negatively impacting behavior change.
  - Creating discrepancy between a patient's goals/values and their current behavior can be an effective way to address ambivalence.
  - Am empathic, supportive, yet actively guiding style often provides the conditions under which behavior change is most likely to occur.



Transtheoretical Model of Change

Prochaska & DiClemente

Motivational Interviewing in Practice – "RED OARS"

- **R → Roll with resistance**
  "You're right, it's totally your decision whether to continue drinking or not. All I can do is to share some of the potential positives and negatives with you."

- **E → Express empathy**, particularly through reflective listening
  "That's frustrating. It sounds like your situation at work is really stressful and difficult to deal with."

- **D → Develop discrepancy**
  "Even though it sounds like you sometimes feel better when you drink, its negative impacts on your marriage, relationships, and job ultimately make you feel worse."

Motivational Interviewing in Practice – "RED OARS" (cont'd)

- **O → Open-ended questions**
  "Can you tell me what you like about drinking?"

- **A → Affirmations**
  "With everything going on in your life right now, it's impressive that you've been able to stay so upbeat, let alone reduce your drinking to twice a week."

- **R → Reflective listening**
  "It sounds like you have some concerns about your drinking, but that you're not sure you can do it because prior relapses."

- **S → Support self-efficacy**
  "It's great you were able to stop drinking and find another job last year. How were you able to do that?"

Overview of ASAM CONTINUUM

- **Standardized, comprehensive, validated, computer-guided structured interview based on the ASAM Criteria that determines medical necessity for SUD services.**
  - Covers all 6 ASAM dimensions
  - Includes:
    - DSM-5 criteria and diagnosis(es)
    - Addiction Severity Index (ASI) composite scores
    - CIWA-AR (alcohol/sedatives) & CINA (opioids) withdrawal scales
    - Imminent risk considerations
  - Increases likelihood patients are referred to the appropriate ASAM level of SUD care

continuum™

THE ASAM CRITERIA DECISION ENGINE

ASAM CONTINUUM: Clinical Decision Support

- DSM-IV and DSM-5 criteria and diagnoses
- CIWA-Ar & CINA withdrawal scales (alcohol/sedatives & opioids)
- Addiction Severity Index (ASI) composite scores
- Imminent risk considerations
- Access & support needs/capabilities
- ASAM level of care recommendations
  - Including Withdrawal Management and Opioid Treatment Program (OTP) services

Guiding Principles of LOC Placement Decision-Making

1. **Primary goal of matching SUD patients to the right level of care**
   - Evidence of better treatment outcomes when intensity of care is matched to need, and poorer treatment outcomes if care intensity is either too high or too low
2. **Conserve scarce resources by using lowest intensity level of care in which effective treatment can be delivered**

Key Placement Considerations

Level 1

What the patient WANTS

What the patient NEEDS

What RESOURCES are available

Level 2

- We want to provide patient-centered services, but what patients want isn't always what they need – balance is required
- Current needs may differ from needs just a few hours into the future
- Assessors have the ability to use clinical judgment to override ASAM CONTINUUM recommendations
- Health systems have fixed resources – need to balance needs with resources

END RESULT:
Balanced Placement Decision

Optimizing Use of the ASAM CONTINUUM– Key Focuses

- **"E.D.I.F → Every Time, Do It Fantastic!"**

E → Engagement

- First and foremost, engage the patient, particularly upfront during interview!

D → Delivery

- Don't just read questions – adding normal pauses, speech inflections, etc can help patients feel more conversational

I → Improvisation

- Adaptation of questions or follow up questions may be needed to arrive at the purpose of given questions
- Think critically about the questions being asked and adjust the interview accordingly → Use comment boxes, when needed!

F → Flow

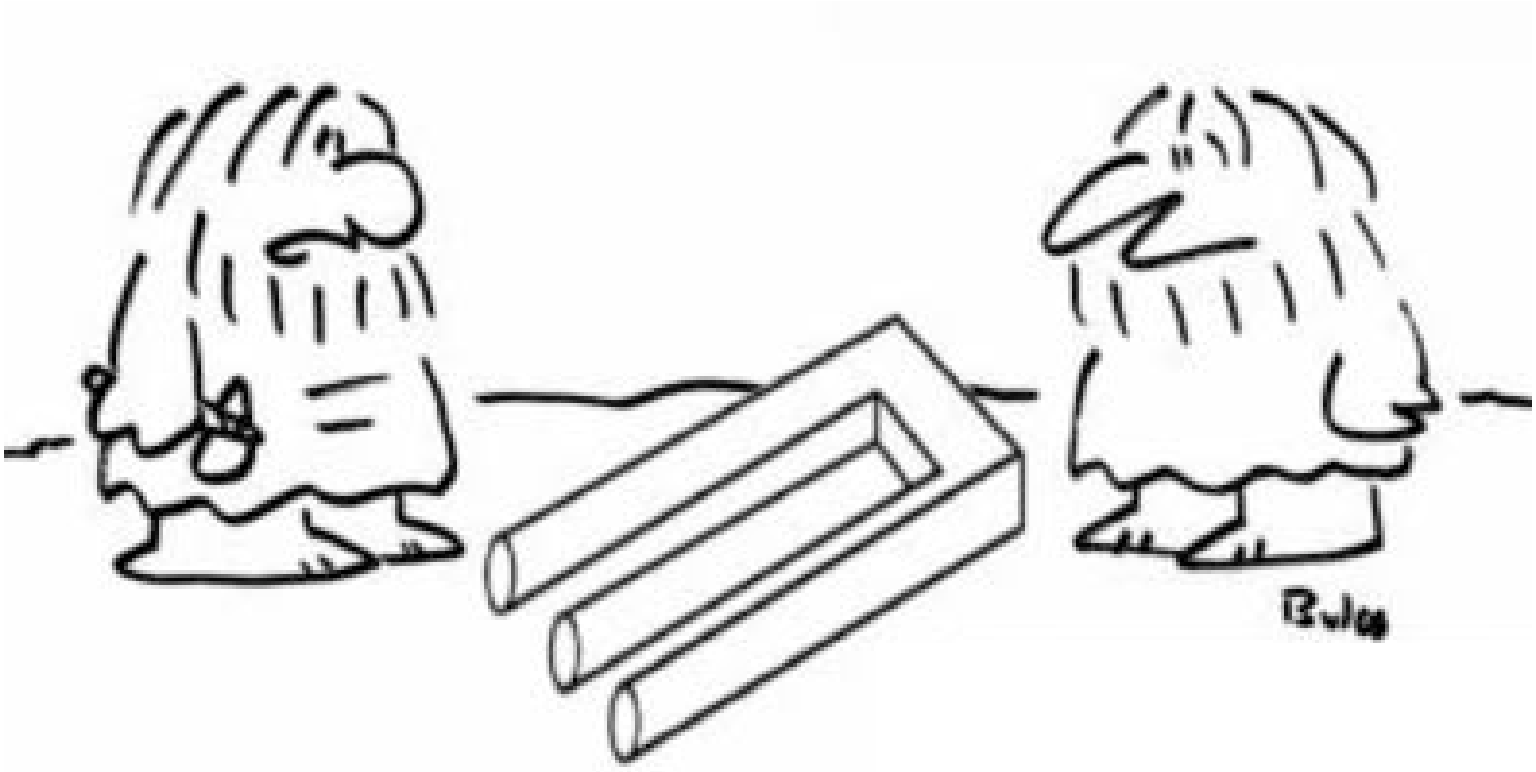
- Keep the interview flexible so it can evolve naturally
- Do your best to only ask questions that impact your decision-making – curiosity is not enough to prolong an interview

ASAM CONTINUUM: Design & Operation

- **Structured interview designed by addiction specialists**
  - Clinical focus with built-in flexibility
    - Questions are highly branched (e.g., individualized)
    - Comment sections for free-texting important details not directly covered in interview
    - Allows assessors to disagree with final recommendation, as needed
  - Open- & closed-ended questions
  - Guides assessment of medical and psychiatric conditions/symptoms, as well as imminent risk considerations
  - 45 – 90+ min completion time → LA County ASAM CONTINUUM pilot found a learning curve where assessments got quicker the more that were done

- **Questions in yellow textboxes contribute to the computerized level of care algorithm within the ASAM CONTINUUM assessment**
  - Answering these questions is required for the software to arrive at a level of care recommendation at the end of the assessment

Practical & Optimal Use of the ASAM CONTINUUM Tool

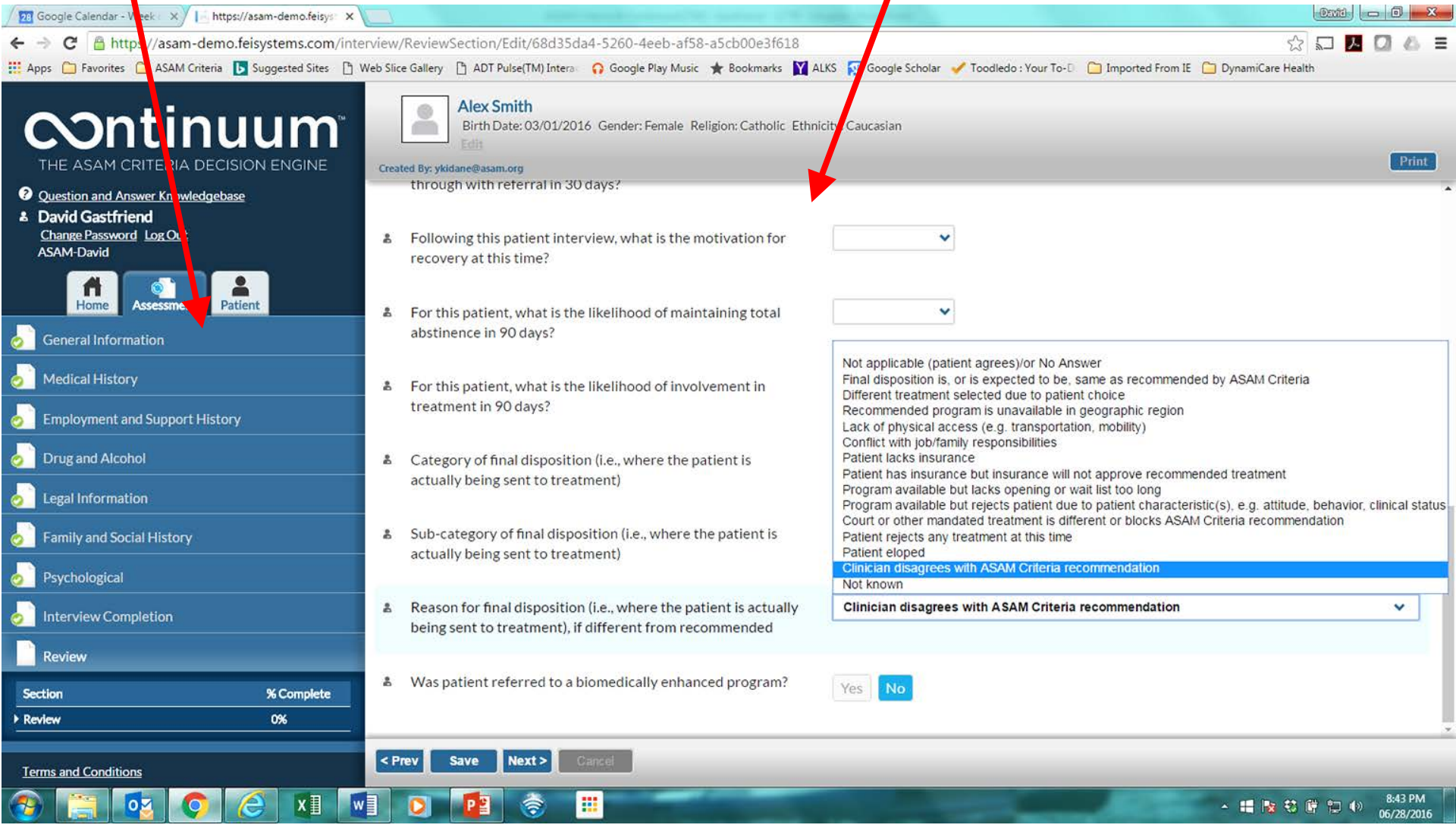


"Yeah, it's a neat invention. But I haven't found a practical use for it yet."

User Interface Overview

Left side: Navigation Panel

Right side: Interview Panel



Navigation Through the Interview Panel

Navigation Panel	"%" indicates percentage of completion of each section
Yellow Highlighted Questions	All questions are important, but the ***yellow questions must be answered*** to be scored into the computer level of care algorithm
Save Button	Saves data and yields percentage completed
Next Button	After saving, use Next to go to the next section of the assessment
Tab Key	Moves from question to question
Pointer of Mouse	Use mouse to choose responses in tool
Up/Down Arrow	Can also be used to choose responses in tool
Letter Keys	Can type "Y" for Yes, "N" for No, among other options

ASAM CONTINUUM – Questions

Question Type	
Dialogue	2-person icon, in “quotes” and *italics*
Observation	1-person icon, in plain text
Open-Ended	Followed by “…” or similar indicator. Similar to natural conversation, pause and allow patient to think and discuss
Closed-Ended	Specific and usually concrete information, but may require follow-up questions not included in the assessment that may be captured via free-text comment boxes
Multi-Part	Use phrasing and approach that is individualized to each patient’s understanding and vocabulary

- **<u>Question Approach</u>**
  - Use natural/conversational language
  - *Paraphrase* based on patient need and ensure comprehension
  - It is OK to group related questions & timeframes together
    - Asking, “Which drugs are problematic for you?” is OK and can streamline the assessment, as opposed to asking about each individual drug type.

ASAM CONTINUUM – Responses

Approach to Response	
Answer	Use the patient's best answer filtered through the assessor's best judgment
Comment Boxes	View these as opportunities to individualize an assessment and provide more information that isn't captured in assessment questions. These comment boxes will print out, so USE THEM!
Precision of Responses	Be as precise as possible, but it's OK to respond with estimates • For example, for psychiatric disorders, severity levels, etc. – use your best judgment. When in question, usually it's best to err on the side of being conservative
If Question is Not Applicable	OK to use "0", no, none, or lowest response if NA is not available
If Answer is a Range	Use your judgment to determine if using the average or maximum makes most sense

Setting Expectations

- **PATIENT**
  - **Set Expectations of Assessment**
    - Inform patient that he/she will be asked a series of questions about various aspects of their health and life, including about their substance use, to gain a better understanding of what types of services might be most helpful.
    - Acknowledge that some questions may be sensitive and or difficult to answer, and thank the patient in advance for providing the best answers they can.
  - **Length** – Inform patient that the assessment should take between 60 – 90 minutes, and invite patient to indicate if he/she needs a break at any point.
  - **Confidentiality** – Inform patient that the information provided for the assessment is confidential & protected.

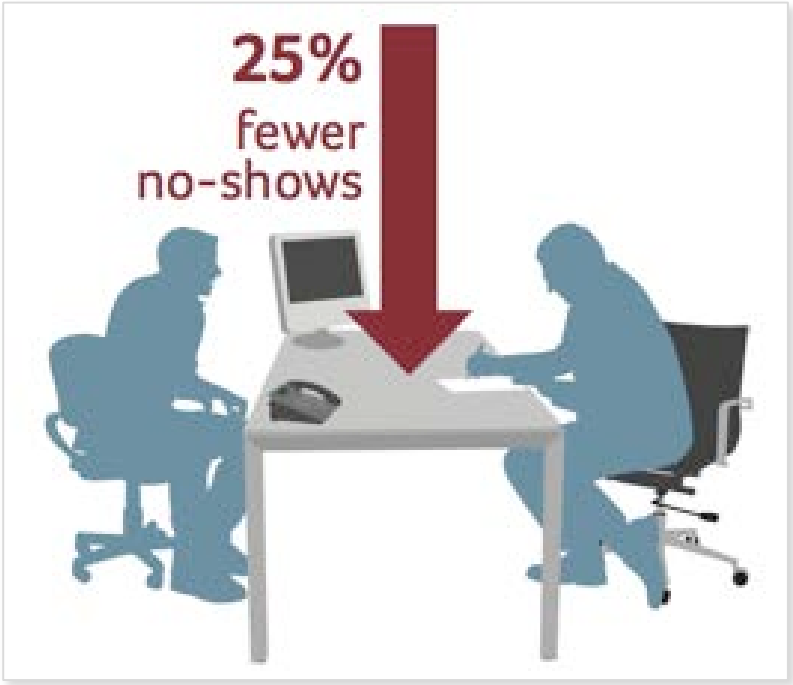
- **ASSESSOR**
  - **Practice Runs** – When first starting out, complete several practice assessments where you pretend to interview yourself as a patient.
  - **Expect first 5 or more interviews to go slowly** (e.g., 90 – 120+ minutes).
  - **Consider breaking up sessions**
    - Consider offering breaks mid-way through assessment for bathroom, fatigue, water, coffee, etc.
    - Consider breaking up assessment into 2 separate sessions.

Reassessments

- Patient information from prior assessments may be pulled forward for future re-assessments.
  - Given that only the questions in the yellow textboxes are factored into the computer algorithm, assessors can simply update patient information that is likely to have changed from the previous assessment.
    - For example, if patient being transferred from withdrawal management to residential treatment, assessor can update the withdrawal questions while skipping (keeping the same information) the questions about lifetime substance use, family history, etc.
  - Reassessments with the ASAM CONTINUUM should be much quicker.

Evidence and Outcomes

- **Compared to usual assessment/placement:**



30% better retention
at 3 months

Gastfriend, David (2017). CO-Triage and CONTINUUM Training. http://asamcontinuum.org/wp-content/uploads/2015/04/CONTINUUM-ROI-flyer.pdf

Structure of Interview – ASAM CONTINUUM

- **The following slides are a targeted review of ASAM CONTINUUM questions, with a particular focus on yellow questions that are factored into the computer algorithm, as well as questions that may require more clarity.**
  - The structure of this review mirrors the structure of the ASAM CONTINUUM (see below)

General Information	Rapport Building, and Introduction to Assessment Process
Medical History	Biomedical Conditions or Complications
Employment & Support History	Employment and Social Support Information
Drug & Alcohol	Substance Use, Acute Intoxication and/or Withdrawal Potential, Readiness to Change, Relapse Risk or Continued Problem Potential
Legal Information	Legal History and Information
Family and Social History	Family and Social History, Recovery/Living Environment
Psychological	Emotional, Behavioral, or Cognitive Conditions or Complications
Interview Completion	Wrap-up of Interview Questions
Review	Explanation of Assessment Findings and Next Steps

ASAM CONTINUUM – Questions

- **General Information**
  - Background questions about interview details and patient living situation.
  - Use “Intake Notes” section to add additional context and paint a picture of the patient for future reviewers of assessment.
    - Consider spending more time building rapport at the very beginning of the interview.

ASAM CONTINUUM – Questions

- **Medical History**
  - ***Using the listed categories, indicate whether or not the patient has had each of the following medical problems.***
    - **Depending on the patient, different approaches include:**
      - Rather than asking about each category on this list of medical conditions, assessor can ask a grouped question and simply ask the patient if he/she has any major or minor medical issues.
      - To emphasize thoroughness, assessor can also ask the patient, **"Do you have any problems with _____,"** and use the list of health problems in the tool to guide a full review of the major body systems that may be impacted with medical conditions.

ASAM CONTINUUM – Questions

- **Medical History (cont'd)**
  - ***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?"***
    - The purpose of this question is to determine of a patient with HIV/AIDS requires additional medical care that might require a higher level of care. If a patient is stable and has adequate medical care for their HIV/AIDS, this response will likely be "no" or "possibly," depending on the situation.
  - ***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?"***
    - This question is asking if someone is having a alcohol-induced illness after taking Antabuse.

ASAM CONTINUUM – Questions

- **Medical History (cont'd)**
  - ***Do you have any medical problem or do you require any medication that might create difficulties during withdrawal or detox treatment?***
    - This question is pertaining to the fact that certain medical conditions such as severe heart or lung problems can make withdrawal dangerous, and certain medications such as opioid painkillers can interact with medications for withdrawal management.
  - ***Auditory Disturbances: Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing to you? Are you hearing things you know are not there?***
  - ***Visual Disturbances: Does the light appear to be too bright? Is the color different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?***
    - These two questions are screening for auditory & visual hallucinations, which sometimes can be caused by substances, withdrawal from substances, psychiatric conditions, or neurological conditions.

ASAM CONTINUUM – Questions

- **Medical History (cont'd)**
  - ***Orientation and Clouding of Sensorium: What day is it? Where are you? Who am I? Can you add 7+7 and keep going until you get to about 50? If that's too much, how about adding 3+3 until you get to about 20?***
    - This question is screening for altered mental status, such as confusion, altered level of consciousness, and altered executive brain functions responsible for processing information. These symptoms can be caused by substances, withdrawal from substances, trauma, neurological conditions (e.g., dementia), or psychiatric conditions.
  - ***Are there symptoms of signs of toxic psychosis?***
    - **Toxic psychosis** = substance-induced psychosis. Drugs which commonly cause psychosis include stimulants (methamphetamine & cocaine), hallucinogens (PCP, LSD), and marijuana, however some medications (antibiotics, cold medicines, steroids, etc) can also sometimes lead to toxic psychosis.

ASAM CONTINUUM – Questions

- **Medical History (cont'd)**
  - ***Has the patient had a significant head trauma or injury in the past 48 hours?***
  - ***Have you been knocked out or unconscious because of head trauma in the last 24 hours? (This should be more than an alcoholic blackout, memory loss, or loss of consciousness from intoxication alone)***
  - ***Have you had a seizure within the past 24 hours?***
    - All of these questions are attempting to identify signs of head trauma or neurological damage that may require immediate medical attention. If the answer to any of these questions is "yes," consider referral for immediate medical care.
  - ***Have you had a fever of 102 F (orally) or above within the past 24 hours?***
  - ***Do you have any liver problems or disease (e.g., jaundice) hat are so serious and worsening to the point that you might require inpatient treatment?***
    - **Jaundice** = yellowing of the skin caused by liver problems. Alcohol, particularly chronic use, is a common cause of liver problems.
  - ***Do you have any serious risk of gastrointestinal bleeding that might require inpatient treatment?***
    - Signs of serious gastrointestinal bleeding include vomiting blood, or dark or bright red stool, and often require immediate medical attention.

ASAM CONTINUUM – Questions

- **Medical History (cont'd)**
  - ***Do you have acute pancreatitis that might require IV's or other inpatient treatment?***
    - Severe abdominal pain, nausea, vomiting, fever, and diarrhea can all be signs and symptoms of acute pancreatitis, which is commonly related to alcohol abuse and gallstones. Acute pancreatitis requires immediate medical attention.
  - ***Interviewer: How would you rate the patient's need for medical treatment?***
    - **Assessors should use their best judgment to rate this based on a compilation of all the patient's responses to these medical questions up to this point.**
    - **If a patient can be safely managed on an outpatient basis and does NOT require hospital level care, they should generally be rated as 4 or below on the Likert scale. Patients above this level may require care in more acute medical settings.**
  - ***Vitals: Blood Pressure & Heart Rate***
    - **Unless an assessor plans on performing vitals by taking the blood pressure and pulse of patients, enter normal readings for these vitals so as not to skew the LOC algorithm.**

      Below are values that are considered "normal":
      - Blood Pressure: 110 (systolic) / 70 (diastolic)
      - Heart Rate: 60
  - Use ***Comments*** box to add additional notes/observations and answers to follow-up questions that were noted during this section of the patient interview.

ASAM CONTINUUM – Questions

- **Employment and Support History**
  - Questions in this section are fairly straightforward. However, the last two questions for the interviewer give the assessor an opportunity to acknowledge if the responses given by the patient are either purposefully or unintentionally misrepresented:
    - ***Interviewer: Is the above information significantly distorted by the patient's misrepresentation?***
    - ***Interviewer: Is the above information significantly distorted by the patient's inability to understand?***
  - Whether due to intoxication, irritation, or frustration, patients can sometimes answer questions in ways that may misrepresent reality. It is the responsibility of the assessor to use his/her best judgment to interpret the validity of a patient's response and to adjust responses accordingly, particularly for yellow questions that are factored into the LOC algorithm.
    - The ***Comments*** box is a great way for assessors to contextualize patient responses, and can include commentary about how intoxication, sarcasm, etc may be impacting the validity of a patient's responses.

ASAM CONTINUUM – Questions

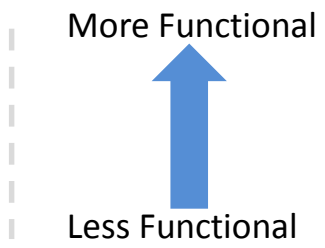
- **Drug and Alcohol**
  - ***Have you ever used any of the following substances?***
    - **Rather than asking about each substance on the list, assessor can ask a grouped question and simply ask the patient what substances he/she has used that has been problematic.** If patient is unclear what this means, assessor can go into more detail by providing examples of different types of substances.
    - Each substance that is checked off will result in additional questions for that specific substance. Some questions are specific to certain substances depending on their mechanisms of actions and the nature of their addiction (stimulants such as meth/cocaine have the same questions, sedatives such as alcohol/benzo's/barbiturates have the same questions, etc).
    - **NOTE: This question wants the assessor to ask about lifetime use (if patient has "ever used any of the following substances").** This is important because certain types of concurrent substance use (e.g., concurrent alcohol and opioid use) increase the risk of overdose and should be factored into treatment decision-making.
      - **For patients who use multiple substances, it's important NOT to minimize substance use simply to avoid having to ask more interview questions.**
    - **If time is a major concern for patient cooperation, assessors may consider focusing on answering only the yellow questions that are factored into the LOC algorithm.**

ASAM CONTINUUM – Questions

- **Legal Information**
  - ***How many times in your life have you been arrested and charged with the following criminal offenses?***
    - Non-judgmental tone of this questions is very important.
    - **Rather than asking about each criminal offense on the list, assessor can ask a grouped question and simply ask the patient if he/she has ever been arrested and charged with a criminal offense, and if so, what?** Providing examples of sample criminal offenses may help to initiate a response.
  - Use ***Comments*** box to add additional notes and answers to follow-up questions that were noted during this section of the patient interview.

ASAM CONTINUUM – Questions

- **Family and Social History**
  - ***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?***
    - Responses:
      - ❑ *Has track record of coping effectively with problems*
      - ❑ *Health social network and skills*
      - ❑ *Some plans to use recovery supports*
      - ❑ *Passive about developing protective relationships*
      - ❑ *Reclusive or drawn to high-risk social groups*



    - While it may seem like someone may have multiple responses for this question, it's designed to be a Likert scale with the top questions being higher functioning responses compared to the bottom questions. Use best judgment to choose best response.
  - ***Is there are PRN caretaker/support person available to the patient for the next 7 days (e.g., reminding about medications, contacting providers, and helping with transportation)?***
    - **PRN** = As needed
  - ***Is continuous monitoring available to the patient on an outpatient basis for at least 8 – 24 hours?***
    - By "continuous monitoring," this question is seeking to determine if a patient will have necessary social support if he/she is placed in an outpatient vs. residential setting.

ASAM CONTINUUM – Questions

- **<u>Psychological</u> – Psychological History**
  - **To improve precision for this question, given the common phenomena of patients self-diagnosing themselves, consider phrasing this question as: "In terms of mental health conditions, have you ever been diagnosed with _____,"** and use the list of mental health diagnoses in the tool to guide a full review of major mental health conditions. Another option is to ask, **"Have you ever been diagnosed with any mental health conditions? If so, what?"**
  - Particularly for mental health questions, patients can sometimes answer questions in ways that may misrepresent reality. For example, when asked about suicidal thoughts, someone may answer, "Absolutely," even if they are smiling and talking about their upcoming vacation plans. In these instances, it is important for assessors to use their best judgment to interpret the validity of a patient's response and to adjust responses accordingly, particularly for yellow questions that are factored into the LOC algorithm.
  - The ***Comments*** box is a great way for assessors to contextualize patient responses, and can include commentary about how intoxication, sarcasm, etc may be impacting the validity of a patient's responses.

ASAM CONTINUUM – Questions

- **<u>Psychological</u> – Psychological History**
  - **RISK ASSESSMENTS**
    - **People oftentimes will have <u>thoughts</u> of harming themselves or others, but the focus during risk assessments is on <u>clear and present risk</u> of suicide, self-harm, or harm to others.**
      - Particularly for mental health questions, patients can sometimes answer questions in ways that may misrepresent reality. For example, when asked about suicidal thoughts, someone may answer, "Absolutely," even if they are smiling and talking about their upcoming vacation plans. In these instances, it is important for assessors to use their best judgment to interpret the validity of a patient's response and to adjust responses accordingly, particularly for yellow questions that are factored into the LOC algorithm.
    - **It's important to assess for if the patient has thought about <u>how</u> they would harm themselves or others.** These plans can oftentimes given an assessor an idea of how concrete and formulated someone is considering acting on their harmful thoughts. Someone with a clear plan (e.g., "I plan on giving away my belongings to friends and family, and then going to the Golden Gate Bridge to jump off") is generally at higher risk than someone with more vague thoughts about harm.
    - **Having a clear plan, engaging in planning activities, and prior history are all key prognostic indicators of risk. These need to be taken seriously, whether they are associated with coming off of alcohol/drug or not.**

ASAM CONTINUUM – Questions

- **<u>Psychological</u> – Psychological Interviewer Rating**
  - ***Is the patient able to safely access the community for work, education, and other community resources?***
    - Another way to think about this question is if the patient is safe enough to leave your interview, given his/her psychiatric presentation, or are you so concerned that you feel this person needs immediate/emergent psychiatric help?
  - ***Does the patient carry or show evidence of a chronic organic mental disability, such as Alcohol Amnestic Disorder (Korsakoff's Dementia), or Alzheimer's Disease?***
    - Korsakoff's Dementia and Alzheimer's are both cognitive conditions that may require residential level 3.3 care, which offers a slower pace of treatment for those with co-occurring mental health or cognitive conditions.
  - ***Are current problem behaviors so severe as to require continuous limit-setting interventions?***
    - This question focuses on if a patient's behaviors are out-of-control enough to require continuous boundary-setting, likely in a residential setting.

ASAM CONTINUUM – Questions

- **<u>Psychological</u> – Psychological Interviewer Rating (cont'd)**
  - ***Will the patient require any treatment modalities that require a 24-hour controlled, supervised environment?***
    - Similar to the prior question, this question focuses on if a patient's condition and behaviors require continuous monitoring in a higher level of care, such as an inpatient setting. Patients who require this level of monitoring likely are too severe for the residential setting.
  - ***Are psychiatric evaluation and treatment services accessible to the patient, as needed?***
    - Essentially, is the patient either already connected with mental health services, or are these services readily available, if needed?
  - ***Can patient access services such as Assertive Community Treatment and Intensive Case Management?***
    - **Assertive Community Treatment (ACT)** = A type of Intensive Case Management (ICM) generally reserved for individuals with moderate – severe mental illness. In LA County, this type of service is known as "Full Service Partnership" (FSP) services. Patients must qualify for these services and unless someone is already followed by an FSP or ICM team, it may not be easy to access these high-intensity, community-based services.

ASAM CONTINUUM – Questions

- **<u>Psychological</u> – Psychological Interviewer Rating (cont'd)**
  - ***Global Assessment of Functioning (GAF): Consider psychological, social, and occupational functioning on a hypothetical continuum of mental health-illness from 0 to 100. Do not include impairment in functioning due to physical (or environmental) limitations.***
    - The GAF is a subjective, overall determination of functional status from 0 to 100, with 0 being completely non-functional and 100 being completely functional and without the need for help.
    - **In instances in which staff either do not or do not know how to perform a GAF determination, use a GAF score of 80 as a neutral value so as not to skew the algorithm underlying the ASAM CONTINUUM.**

ASAM CONTINUUM – Questions

- **<u>Psychological</u> – Depression Evaluation**
  - Questions in this "Depression Evaluation" section of the ASAM CONTINUUM are grouped together in categories and the goal is for these questions to give the assessor a clearer idea of the depth of the patient's depression.
  - Once the assessor gets a clear sense of the patient's response to a series of questions, even if all the questions haven't been asked yet, the assessor can answer with his/her best judgment and move to the next question. Similarly, if the patient denies any depression, the questions need not be asked in totality.
  - Responses in this section can be viewed as a Likert scale, with responses ranging from mild to severe in terms of functional impairment.

ASAM CONTINUUM – Questions

- **<u>Psychological</u> – Depression Evaluation (cont'd)**
  - ***What has your mood been like in the past week? Have you been feeling down or depressed? Sad or hopeless? In the last week, how often have you felt blue, sad, or depressed? Everyday? All day? Have you been crying at all?***
    - <u>Responses</u>:
      - ❑ *Absent*
      - ❑ *Indicated only on questioning*
      - ❑ *Spontaneously reported verbally*
      - ❑ *Communicated non-verbally (e.g., facial expression, posture, voice, tendency to weep)*
      - ❑ *Predominant mood, by spontaneous and non-verbal communication*

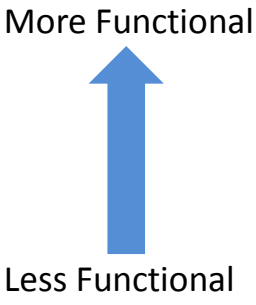
More Functional

Less Functional

- **Basically, how evident is the patient's depression? Is it so clear that you can see it when the assessor looks at them (e.g., crying, looking down at ground, depressed body language). This is often directly evident during the interview.**

ASAM CONTINUUM – Questions

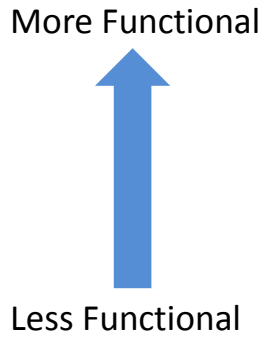
- **<u>Psychological</u> – Depression Evaluation (cont'd)**
  - ***Have you been especially critical of yourself this past week, feeling you've done things wrong or let others down? Have you been feeling guilty about anything that you have done or not done? Have you thought that you've brought this depression on yourself in some way? Do you feel you're being punished by your addiction?***
    - <u>Responses</u>:
      - ❑ *Absent*
      - ❑ *Self-reproach; feel he/she has let people down*
      - ❑ *Ideas of guilt of ruminations over past errors or sinful deeds*
      - ❑ *Present illness is a punishment, delusions of guilt*
      - ❑ *Hears accusatory or denunciatory voices and/or experiences threatening visual hallucinations*



- **Basically, how much has the patient beating himself/herself up during the past week? Is this not happening at all, are there feelings of guilt, or are these feelings so severe that they are manifesting as hallucinations, which can happen in very severe cases of depression.**

ASAM CONTINUUM – Questions

- **<u>Psychological</u> – Depression Evaluation (cont'd)**
  - ***How have you been spending your free time this past week? Have you felt interested in doing things, or do you feel that you have to push yourself to do them? Have you stopped doing anything you used to do? If yes, why? Is there anything you look forward to?***
    - <u>Responses</u>:
      - ❑ *No difficulty*
      - ❑ *Thoughts and feelings of incapacity, fatigue or weakness related to activities, work, or hobbies*
      - ❑ *Decrease in actual time spent in activities or decrease in productivity*
      - ❑ *Stopped working because of present illness*
      - ❑ *Loss of interest in activities, hobbies, or work – by direct report of the patient or by direct listlessness, indecision, and vacillation*



- **Basically, how spiritless and inactive has the patient been in the past week? Is he/she just lacking motivation, or has his/her actions actually been impacted by the lethargic thoughts caused by depression?**

ASAM CONTINUUM – Questions

- **<u>Psychological</u> – Depression Evaluation (cont'd)**
  - ***How has your energy been this past week? Have you felt tired all of the time? This week, have you had any backaches, headaches or muscle aches? This week, have you felt any heaviness in your limbs, back or head? How often do you feel this way? How much has it affected you?***
    - <u>Responses</u>:
      - ❑ *None, no problems*
      - ❑ *Mild, intermittent, infrequent loss of energy and fatigue*
      - ❑ *Problems definitely present most every day, subjectively experienced as severe*

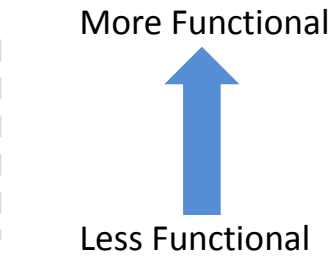
More Functional

Less Functional

- **Basically, how lethargic has the patient been in the past week? Is it evident that he/she has been completely immobilized by lack of energy from depression to the point where he/she feels as if they can barely move? This is often directly evident during the interview.**

ASAM CONTINUUM – Questions

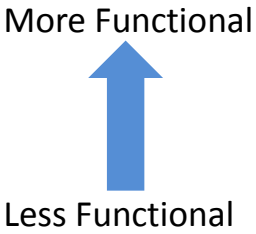
- **<u>Psychological</u> – Depression Evaluation (cont'd)**
  - ***Have you been feeling especially tense or irritable this past week? Have you been worrying a lot about little unimportant things; things you wouldn't ordinarily worry about? If yes, like what?***
    - <u>Responses</u>:
      - ❑ *No difficulty*
      - ❑ *Subjective tension and irritability*
      - ❑ *Worrying about minor matters*
      - ❑ *Apprehensive attitude apparent in face or speech*
      - ❑ *Fears expressed without questioning*



    - **Basically, how worried, tense, and irritable has the patient been during the past week? Is this not evident at all, or can you see the tension and worry on the patient's face without even asking this question?**

ASAM CONTINUUM – Questions

- **Psychological – Depression Evaluation (cont'd)**
  - ***Retardation (slowness of thought & speech; impaired ability to concentrate; decreased motor activity): Observation***
    - Responses:
      - ❑ *Normal speech and thought*
      - ❑ *Slight retardation at interview*
      - ❑ *Obvious retardation at interview*
      - ❑ *Interview difficult*
      - ❑ *Complete stupor*



    - **When patients are severely depressed, their physical movements, speech, and thoughts can slow down to the point where they may find speaking difficult. This question is assessing the severity of this slowness/"retardation," which is often directly evident during the interview.**

ASAM CONTINUUM – Questions

- **Interview Completion**
  - ***Are the patient's symptoms stabilized by end of treatment day such that symptoms can be managed at home with supervision?***
    - This question is essentially asking if someone's condition can be safely managed in an outpatient and non-residential or inpatient setting.
  - ***What are acceptable Levels of Care for which the patient's mental status is sufficiently stable and adequate to participate in therapeutic interventions and to benefit from treatment (check all that apply)?***
    - **Considering a patient's mental health conditions, assessor should use best clinical judgment to determine what level(s) of SUD care is/are overall most appropriate.**
    - **NOTE:**
      - ASAM level 0.5 → Can either be provided in ASAM level 1.0-AR (At-Risk) or referred to health plans (e.g., LA Care or Health Net).
      - ASAM levels 2.5 (Partial Hospitalization) or 2-WM (Ambulatory Withdrawal Management with Extended On-site Monitoring) → These SUD levels of care are not offered in Los Angeles County currently.

ASAM CONTINUUM – Questions

- **Interview Completion (cont'd)**
  - ***Are any particular treatment settings unacceptable to you (check all that apply)?***
    - **This question is NOT required, but gives the patient an opportunity to provide their input on their desired level of care.**
    - **Assessors should note that there are times when patients request levels of care that may be inappropriate. While providers should always consider a patient's wishes, when their best clinical judgment conflicts with the patient's wishes, there are times when providers need to do what is clinically best for the patient even if it disagrees with their stated desire (e.g., simply because a patient states they want residential or inpatient SUD treatment doesn't mean it is always appropriate or that they should be placed there).**
  - ***Does the patient require a treatment mode that is only available in Level 3.7 or a similar behavioral therapy?***
    - This yes/no question is essentially asking the assessor to use his/her best judgment to determine if a patient requires inpatient SUD treatment.

ASAM CONTINUUM – Questions

- **<u>Interview Completion</u> (cont'd)**
  - **Clinical Summary Notes**
    - Now that the assessor has completed the interview, he/she is encouraged to use this section to include elements of the interview that were not captured (e.g., additional follow-up questions, observations, etc).
  - **Consider elaborating more on the remaining process for the intake.**

DIAGNOSTIC SUGGESTIONS

Possible Non-Substance Use Disorder Psychological Conditions

Joanne endorsed items in The ASAM Criteria that indicate the probability that she is at the moment of the interview suffering from a major depressive disorder. The patient endorsed items in The ASAM Criteria that indicate the probability that she has a history of an anxiety disorder without a true panic disorder.

The patient did not endorse any items indicating any recent use or substance-related diagnoses.

DSM-5 DIAGNOSIS: SUBSTANCE USE DISORDER(S)

Dependence

Drug	☑ Criteria Met with severity based on 11 criteria	Last Use	△ Imminent Risk Of Withdrawal
Alcohol	Severe 10	1 day ago	☑
Other opioids	Moderate 5	12 hours ago	☑
Nicotine products	Mild 2	15 years ago	☐

Drug use

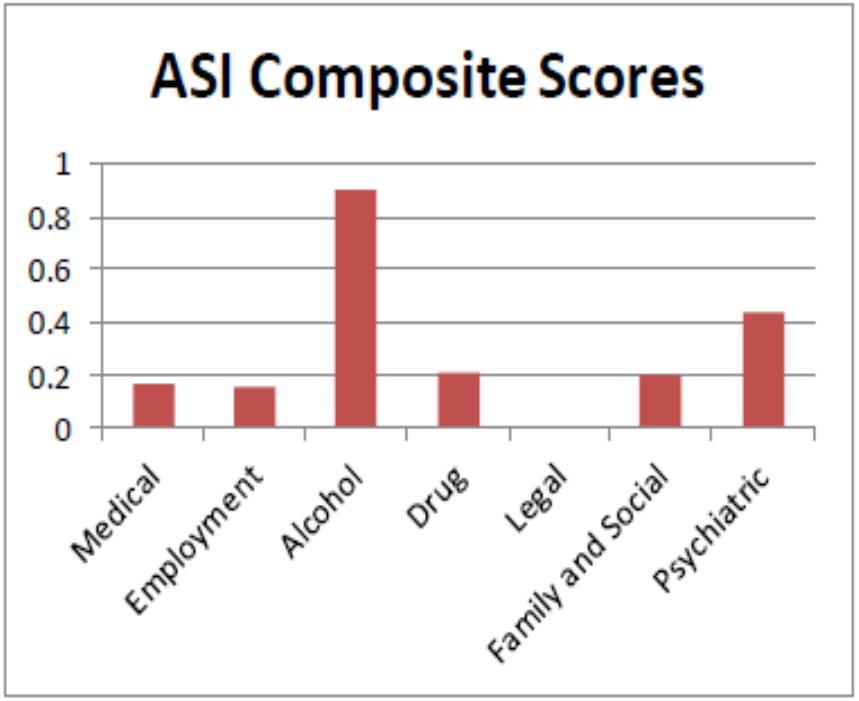
Drug	In the past:
None	

ADDICTION SEVERITY INDEX COMPOSITE SCORES

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

ASI Composite Scores

Category	Value
Medical	0.167
Employment	0.152
Alcohol	0.898
Drug	0.205
Legal	0.000
Family and Social	0.200
Psychiatric	0.432



Johnathan Wesley
Birth Date: 06/17/1980 Gender: Male Religion: Other Ethnicity: Caucasian
Edit

Created By: gastfriend@gmail.com

Category of final disposition (i.e., where the patient is actually being sent to treatment): **Level 3.7 - Medically Monitored Intensive Inpatient Treatment**

Reason for final disposition (i.e., where the patient is actually being sent different from Recommende: **Clinician disagrees with ASAM Criteria recommendation**

- Not applicable (patient agrees)/or No Answer
- Final disposition is, or is expected to be, same as recommended by ASAM Criteria
- Different treatment selected due to patient choice
- Recommended program is unavailable in geographic region
- Lack of physical access (e.g. transportation, mobility)
- Conflict with job/family responsibilities
- Patient lacks insurance
- Patient has insurance but insurance will not approve recommended treatment
- Program available but lacks opening or wait list too long
- Program available but rejects patient due to patient characteristic(s), e.g. attitude, behavior, clin
- Court or other mandated treatment is different or blocks PPC-2R recommendation
- Patient rejects any treatment at this time
- Patient eloped
- **Clinician disagrees with ASAM Criteria recommendation**
- Not known

**NOTE: This provisional rec
individual provider assessr
(including FEi Systems) ass
ensue from the use of this i
many clinical tools that det
which may be available in a
levels and modalities of car**

Comments:

This is a Demo Site do not enter any actual PHI.

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Relation between ASAM CONTINUUM and Sage

- **DATA**
  - **The ASAM CONTINUUM is a 3rd party application within Sage. As a result, when a user accesses this ASAM tool within Sage, it actually takes users outside of the Sage system into a separate window.**
  - **As a result, once an ASAM CONTINUUM assessment is completed, the user will need to pull the ASAM data into Sage → This is accomplished by syncing the data within the ASAM website and then going into Sage and refreshing the data**
    - If users do NOT pull the ASAM data into Sage in this way, Sage will NOT contain the ASAM data, as should be the case.

- **TIMING OUT**
  - **Since users on the ASAM are no longer on Sage, using ASAM for more than 15 min will result in users being timed out of Sage.**
    - As a result, after the ASAM CONTINUUM assessment is completed, users will need to save their information in the ASAM tool and then log back into Sage and pull the data into Sage, per the process described above.

Clinical Considerations of SUD Placement

Important Points of Emphasis

- **Impact of substance use on functional status should be main focus in LOC determinations.**
- **Assessment tools are only tools. They should augment, but NOT replace, sound clinical judgment by counselors and clinicians.**
  - Balancing the use of a standardized electronic assessment with the need for clinical flexibility is a learned art, and user judgment should ALWAYS be involved in the decision-making process.
  - If an assessor disagrees with the ASAM CONTINUUM software due to clinical or resource reasons, the clinician can and should justify the discrepancy between the ASAM CONTINUUM recommendation and actual placement.
- **Whether due to intoxication, irritation, or frustration, patients can sometimes answer questions in ways that may misrepresent reality. It is the responsibility of the assessor to use his/her best judgment to interpret the validity of a patient's response and to adjust responses accordingly, particularly for yellow questions that are factored into the LOC algorithm.**
  - The ***Comments*** box is a great way for assessors to contextualize patient responses, and can include commentary about how intoxication, sarcasm, etc may be impacting the validity of a patient's responses.
- **As with the use of any assessment tool, it will be easier and quicker to use with time and experience.**

Withdrawal Management – Key Concepts

- **Alcohol and sedative-hypnotic (e.g., benzodiazepines and barbiturates) withdrawal** can be severe and life threatening, and may require medical intervention → ER or 3.7-WM/4-WM.
- **Opioid withdrawal** is extremely uncomfortable. Though opioid withdrawal itself is usually not life threatening, the symptoms of opioid withdrawal oftentimes lead patients to relapse, which can be life threatening. As such, opioid withdrawal is often best managed with medical intervention, such as medications and withdrawal management.
- **Withdrawal from other drugs** of abuse, including but not limited to methamphetamine, cocaine, and marijuana, typically produce non-life threatening withdrawal symptoms and generally do not require medical intervention.

Withdrawal Management – Key Concepts

- **Withdrawal symptoms typically present between several hours to 48 hours after the last use of a substance.**
  - Even if a patient is not currently exhibiting withdrawal symptoms, withdrawal potential should be considered during the triage decision-making process.
- **Importantly, the majority of ASAM 3.2-WM settings are SOCIAL MODEL detox programs and do NOT offer Medications for Addiction Treatment (MAT) or medical detoxification currently.**
  - Most patients that require MAT for their withdrawal symptoms from substances such as opioids, alcohol, or sedative-hypnotics should be considered for inpatient withdrawal management (3.7-WM or 4-WM).

Inpatient Treatment (3.7, 3.7-WM, 4.0, 4-WM) – Key Concepts

- The most important consideration for inpatient SUD care is whether the severity level of the patient's SUD warrants hospital-based care. In these cases, patients appropriate for inpatient SUD care should require medical intervention to address issues identified in Dimensions 1, 2, and 3.
- Medical intervention is generally required when the following following three (3) substances are involved:
  - Opioids
  - Alcohol
  - Sedative-hypnotics (e.g., benzodiazepines, barbiturates)

Inpatient Treatment (3.7, 3.7-WM, 4.0, 4-WM) – Key Concepts

- However, medical intervention may also be required when SUD patients have co-occurring physical and/or mental health conditions that require medical care.
  - **The physical and/or mental health conditions should be a *consideration* in placement decisions in terms of whether ASAM 3.7 or 4.0 are appropriate.**
  - **HOWEVER, the physical and/or mental health conditions must NOT be the primary reason for the determination that inpatient placement in ASAM 3.7 or 4.0 is necessary, and the SUD severity must be the PRIMARY driver for this placement determination.**
    - For example, a patient with a severe opioid use disorder might be more highly considered for inpatient SUD treatment because they also have co-occurring bipolar disorder that would be better managed in the inpatient setting where there are medical staff familiar with this condition, but the bipolar disorder must not be the primary or sole reason why an inpatient SUD setting is determined to be appropriate.

Residential Treatment (3.1, 3.3, 3.5) – Key Concepts

- All residential levels offer the same set of services, as indicated in the Rate and Standards Matrix on the SAPC website. In other words, patients can receive the same services in residential levels 3.1, 3.3, and 3.5 – they just receive different amounts of these services.
  - **ASAM 3.1** – Minimum weekly service hour requirement of **20 hrs/week**
  - **ASAM 3.3** – Minimum weekly service hour requirement of **24 hrs/week**
  - **ASAM 3.5** – Minimum weekly service hour requirement of **22 hrs/week**
- The only difference in types of services between the residential levels is that residential 3.3 settings have staff more familiar with treating patients with co-occurring cognitive and mental health conditions, and thus can better care for individuals with these co-occurring conditions.

Residential Treatment (3.1, 3.3, 3.5) – Key Concepts

- The most important consideration for residential SUD treatment is whether the severity level of the patient's SUD(s) warrants residential care.

- Since residential levels 3.1, 3.3, and 3.5 are more similar than they are different, rather than focusing on trying to determine which specific residential level of care is most appropriate, the focus should be on whether the patient meets criteria for residential treatment and if residential is a reasonable treatment option, considering the unique circumstances of each case.

- Problems in Dimensions 4, 5, and/or 6 do NOT necessarily qualify a patient for residential or inpatient SUD care, and must not be the primary or sole reason why residential or inpatient settings are determined to be appropriate.

SUMMARY

- A working knowledge of the **ASAM Criteria** and the **continuum of levels of SUD care** is essential to delivering high quality SUD services and effectively using the ASAM CONTINUUM assessment.

- **Motivational Interviewing (MI)** is a foundational skill for engaging callers/patients, and can be the difference between engagement or drop-out.
  - Rolling with resistance and dealing with expected ambivalence in the triaging and treatment of SUDs is essential to effective MI.

- The **ASAM CONTINUUM** assessment is designed to provide a standardized and organized framework to help with decision-making around SUD diagnoses and appropriate care and placement.
  - Using the ASAM CONTINUUM assessment effectively is an art, with clinical among other considerations → "E.D.I.F." (Engagement; Delivery; Improvisation; Flow)
  - Optimizing use of the ASAM CONTINUUM assessment will result in more effective SUD service delivery.

Questions/Discussion

“The opposite of addiction is not sobriety; the opposite of addiction is social connection.”

- Johann Hari