

ASAM NOTES

- ASAM dimensions interact with one another. Do not look at only the individual dimensions, but look at the interaction of dimensions.

EX: Chronic pain increases chance of relapse

If client has a psyche diagnosis and is noncompliant with medication, this could increase the chance of relapse

If client has high level of denial and does not accept problem, this could also increase the chance of relapse

If client is recently divorced or unemployed, this could increase the chance of relapse

- Remember, all problems/dimensions are not created equal
- Address the most obvious problems first
- High resistance and denial does not alone indicate a need for an increased intensity of treatment. In fact, over treatment in terms of intensity and length of stay can lead to decreased positive outcomes.
- Carefully look at inconsistencies with client reporting and collateral information when identifying problem areas and a diagnosis, especially with ASAP and DOC clients.
- For incarcerated clients look at the following:
 - Any cravings to use while incarcerated?
 - If client was not incarcerated, what would he/she be doing?
 - What was going on 30 days - 6 months prior to being incarcerated?
 - Dirty UA's while incarcerated?
 - Participation in treatment and other classes while incarcerated?
- Look at client strengths when looking at dimensions.
- Pay close attention to Dimension 6; the absence of a support system is the greatest obstacle to recovery.
- Having a support group even without the 12 steps is important.
- Unemployment and illiteracy is terrible, but if you have support you can cope with it better.

SAMPLE QUESTIONS

DIMENSION 1:

ACUTE INTOXICATION AND/OR WITHDRAWAL POTENTIAL

- What risk is associated with the patient's current level of acute intoxication?
- Is there serious risk of severe withdrawal symptoms or seizures based on the patient's previous withdrawal history, amount, frequency, and recency of discontinuation or significant reduction of alcohol or other drug use?
- Are there current signs of withdrawal?
- Does the patient have supports to assist in ambulatory detoxification if medically safe?

DIMENSION 2:

BIOMEDICAL CONDITIONS AND COMPLICATIONS

- Are there current physical illnesses other than withdrawal, that need to be addressed or which complicate treatment?
- Are there chronic illnesses which might be exacerbated by withdrawal, e.g., diabetes, hypertension?
- Are there chronic conditions that affect treatment, e.g., chronic pain with narcotic analgesics?

DIMENSION 3:

EMOTIONAL, BEHAVIORAL OR COGNITIVE CONDITIONS AND COMPLICATIONS

- Are there current psychiatric illnesses or psychological, behavioral or emotional problems that need to be addressed or which complicate treatment?
- Are there chronic conditions that affect treatment? e.g., stable, but chronic schizophrenic, affective or personality disorder problems.
- Do any emotional/behavioral problems appear to be an expected part of addiction illness or do they appear to be separate?
- Even if connected to addiction, are they severe enough to warrant specific mental health treatment?
- Is the patient suicidal, and if so, what is the lethality?

DIMENSION 4:

READINESS FOR CHANGE

- Does the patient feel coerced into treatment or actively object to receiving treatment?
- How ready is the patient to change?
- If willing to accept treatment, how strongly does the patient disagree with others' perception that s/he has an addiction problem?
- Is the patient compliant to avoid a negative consequence (externally motivated), or internally distressed in a self-motivated way about his/her alcohol or other drug use problems?

DIMENSION 5:

RELAPSE/CONTINUED USE OR CONTINUED PROBLEM POTENTIAL

- Is the patient in immediate danger of continued severe distress and drinking/drugging behavior?
- Does the patient have any recognition and understanding of, and skills for how to cope with his/her addiction problems and prevent relapse or continued use?
- What severity of problems and further distress will potentially continue or reappear, if the patient is not successfully engaged into treatment at this time?
- How aware is the patient of relapse triggers, ways to cope with cravings to use and skills to control impulses to use?
- What is the patient's ability to remain abstinent based on history?
- What is the patient's level of current craving and how successfully can they resist using?

GENERAL CATEGORIES OF RELAPSE

- Relapse (most likely Dimensions 3, 4, and 6 issues)
- Chronic Relapse (most likely Dimensions 2, 3 and 6 issues)
- Treatment Refractory
 - Primary mental health rather than substance use disorder (most likely Dimension 3 issues)
 - Significantly disadvantaged (most likely Dimension 6 issues)

DIMENSION 6:

RECOVERY ENVIRONMENT

- Are there any dangerous family, significant other, living or school/working situations threatening treatment engagement and success?
- Does the patient have supportive friendship, financial or educational/vocational resources to improve the likelihood of successful treatment?
- Are there barriers to access to treatment such as transportation or child care responsibilities?
- Are there legal vocational, social service agency or criminal justice mandates that may enhance motivation for engagement into treatment?

Reference:

Mee-Lee,D, Shulman GD, Fishman M, Gastfriend DR, and Griffith JH, eds. (2001). *ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition-Revised (ASAM PPC-2R)*. Chevy Chase, MD: American Society of Addiction Medicine, Inc.