

# Assessing Levels of Care for Substance Use

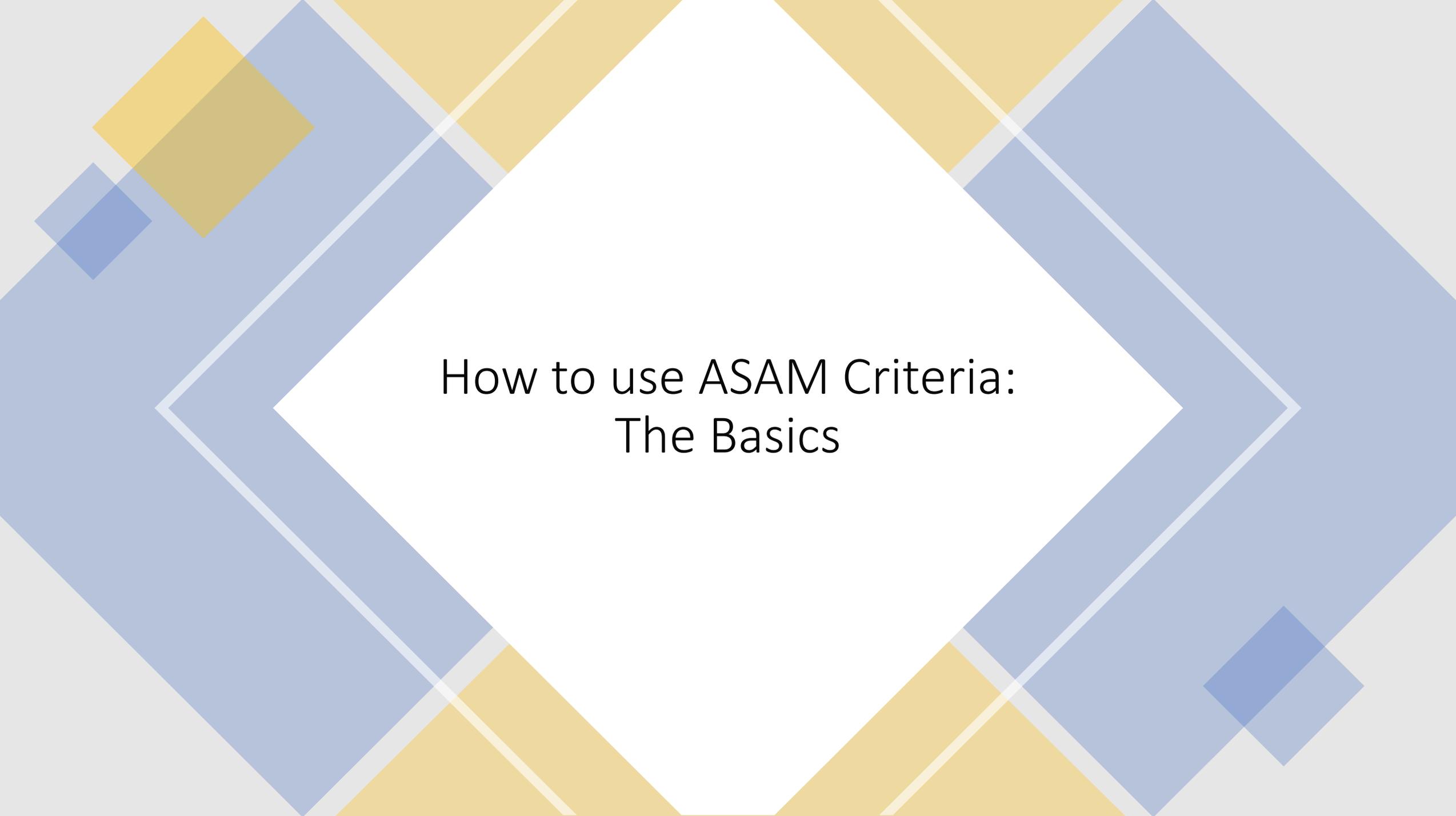
For Case Managers

# What is ASAM?

- **ASAM** criteria was developed by the **American Society of Addiction Medicine**
- One key purpose of the development of **ASAM criteria** is to provide **\*objective guidelines** that give clinicians a way to standardize treatment planning and where clients are placed in treatment.

*Keeping it Real:*

*The process is rarely 100% objective and there are often decisions to make in this process, but ASAM criteria is a fantastic guideline and it eliminates guesswork*



# How to use ASAM Criteria: The Basics

Picture taken from ASAM website

## AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

1	DIMENSION 1	<b>Acute Intoxication and/or Withdrawal Potential</b> Exploring an individual's past and current experiences of substance use and withdrawal
2	DIMENSION 2	<b>Biomedical Conditions and Complications</b> Exploring an individual's health history and current physical condition
3	DIMENSION 3	<b>Emotional, Behavioral, or Cognitive Conditions and Complications</b> Exploring an individual's thoughts, emotions, and mental health issues
4	DIMENSION 4	<b>Readiness to Change</b> Exploring an individual's readiness and interest in changing
5	DIMENSION 5	<b>Relapse, Continued Use, or Continued Problem Potential</b> Exploring an individual's unique relationship with relapse or continued use or problems
6	DIMENSION 6	<b>Recovery/Living Environment</b> Exploring an individual's recovery or living situation, and the surrounding people, places, and things

## Dimension 1: Acute intoxication and/or withdrawal potential

- *In simple terms* – Dimension one is focused on the likelihood that a client is going to experience **withdrawal symptoms** (Or, if the client is actively using substances, what is the potential for withdrawal symptoms if that individual were to suddenly stop using)
- What are withdrawal symptoms? - the \*unpleasant physical reaction that accompanies the process of ceasing to take an addictive drug. (\*at times potentially deadly)
- It is important to know which substances can cause physical withdrawal, which situations are more harmful (or even potentially fatal) and what to do

# Substances and withdrawal – *THE BASICS*

- KEEP IN MIND - This topic is a lot more complex. but this is a ***brief overview***

# Substances and withdrawal – *THE BASICS*

- The substances you will come across most often nowadays that involve the consideration of withdrawal symptoms are:
  1. Opioids – Heroin, morphine, methadone, prescription painkillers (Oxycodone, Percocet, Vicodin and others)
  2. Alcohol
  3. Benzodiazepines – Prescriptions often prescribed for anxiety – (Xanax, Klonopin, Ativan, Valium)

# Substances and withdrawal – *THE BASICS*

**Opioids** – Heroin, morphine, methadone, prescription painkillers (Oxycodone, Percocet, Vicodin and others)

- If a client is using any of these substances **daily** for more than 3 or 4 days, it is likely they will already start experiencing some withdrawal symptoms if they stop using - **Some factors to consider**
  - How long is person using opioids?
  - How much is person using each day?
  - Person's age and overall health

**Some common opioid withdrawal symptoms:** Cramping, flu-like symptoms, watery eyes, restlessness, sweating, anxiety, yawning, goose bumps, insomnia

# Substances and withdrawal – *THE BASICS*

**Opioids** – Heroin, morphine, methadone, prescription painkillers (Oxycodone, Percocet, Vicodin and others)

## What to do?

- Client tells you he or she is using opioids daily
- Client tells you that they will go into withdrawal if they stop using
- You observe active withdrawal symptoms

This client will need to be referred to an **opioid detoxification program:**

**Inpatient/Residential** – The client goes and stays there for a few days to detox

**Outpatient** – Using **Medication Assisted Treatment (MAT)** for opioid use disorders (most commonly Suboxone, Subutex or Methadone) the outpatient clinic can manage withdrawal with daily or frequent visits but no need to stay overnight

# Substances and withdrawal – *THE BASICS*

**Alcohol** – This can be much more complicated to assess than opioids.

## **Some factors to consider –**

If a person is on a “binge” and has used “large amounts” for a few days in row, the client may be at risk of alcohol withdrawal – The idea of “large amounts” varies from person to person but an obvious serious alcohol binge needing detox would be if a person was drinking a large bottle (a fifth or a quart) of hard alcohol daily for a short period (a few days) or a smaller bottle of alcohol (a pint) for an extended period (weeks or longer)

These are just guidelines so focus on how much the client is drinking, how often, and the person’s size and weight – Also ask if they have an alcohol withdrawal history –

**Common alcohol withdrawal symptoms** – Shakes, sweats, nausea, agitation, **seizures**

# Substances and withdrawal – *THE BASICS*

**Benzodiazepines** – This can be the most complicated to assess for withdrawal potential

## **Some factors to consider –**

For benzo withdrawal to be a factor, the client will usually be consuming heightened doses of benzos daily for an extended period

The statement above is very vague because there is variability with regard to what is a concerning dose which can differ greatly depending upon which benzo is being consumed.

Therefore, if you suspect benzo withdrawal potential, speak with a supervisor, an addiction counselor or a medical professional such as an APN, MD or psychiatrist

# Substances and withdrawal – *THE BASICS*

## Alcohol and Benzodiazepines–

### **Factors to consider when making a referral for alcohol or benzo withdrawal potential**

Opioid withdrawal is very uncomfortable, however most often not potentially fatal. However due to the potential for seizures, alcohol and benzo withdrawal can be very dangerous and therefore should be treated in an appropriate program

Alcohol and benzo withdrawal can be managed in an **Outpatient Detox Program** however this only works when the client is very motivated with a supportive living environment.

**Most often, for alcohol or benzo withdrawal you should refer to an Inpatient Detox Program** - If you have no other options, you can send a client to the ER for alcohol or benzo withdrawal but this is usually only a short term solution

## Dimension 2: Biomedical concerns and complications

- *In simple terms* – Dimension two involves considering how a client's current physical health status and medical history can impact their treatment
- Consider how an individual's medical situation may be impacted by their current substance use.
  - *For example* a person who uses cocaine a few times per week is at a much higher risk level if that same person happened to have had a history of heart problems.
  - *Another example* – Consider how a person alcohol use may be much more serious if that person has diabetes or liver disease

When a biomedical risk is present, the recommended intensity for the level of care for treatment would increase

- Returning to the first example above, the person using cocaine a few times per week may be able to be treated in an outpatient setting, however the presence of a heart condition may likely involve a residential treatment referral

## Dimension 3: Emotional, behavioral, or cognitive conditions or complications

- *In simple terms* – Dimension three involves considering how a client's mental health status and psychiatric risk may impact treatment
- Consider how an individual's mental status and psychiatric risk may be impacted by their current substance use.
  - *For example* a person who drinks a few times per week may only need a lower level of care but consider these factors:
    - What if sometimes when this client drinks, he or she become suicidal?
    - What if several times in the past few months this person became violent and was psychiatrically hospitalized when drinking?

When a mental health risk is present, the recommended intensity for the level of care for treatment would increase

- Returning to the first example above, the person drinking a few times per week may need inpatient care as opposed to outpatient if there was psychiatric risk associated with alcohol

## Dimension 4: Readiness to change

- *In simple terms* – Dimension four considers the client's insight and motivation for changing substance use behavior and willingness to take action

The basic formula is that clients who are more self aware and motivated about the need to change their substance use, can be treated successfully at lower levels of care

Again, this can be complicated, but in short, always consider a client's motivation and willingness to follow through with a treatment recommendation

- For example you may assess a client needs a level of care such as a residential program, for example, but that client may outright refuse so other plans may need to be made

## Dimension 5: Relapse/continued use potential

- *In simple terms* – Dimension five considers the client's past ability to successfully abstain from or at least manage their substance use

The basic formula is that clients who have had some past knowledge, skills and success with recovery are more likely to succeed in lower levels of care.

### **Consider:**

- Has the client had past periods of success with regard to recovery from substance use disorders?
- Does the client know and understand basic coping tools and supports for recovery and relapse prevention?

## Dimension 6: Recovery/Living environment

- *In simple terms* – Dimension six considers how the client's living situation impacts their ability to succeed in recovery from substance use

The basic formula is that clients who have more stable and supportive living situations can succeed in lower levels of care

### **Consider:**

- Does the client live where substances are easily accessible?
- Does the client have a positive support system or are the vast majority of the client's associates also using substances?
- Is the client homeless or at risk of homelessness?

# Substance use levels of care

There can be a lot more to the levels of care but here are the basics for the purpose of this training

ASAM Level 1 – Outpatient – (less than 9 hours per week)

ASAM Level 2 – Intensive Outpatient – (9 hours/week or more)

ASAM Level 3 – Residential/Inpatient Services

- Short term - (Usually up to about a month)
- Long term – (Several months)

Outpatient detoxification – Withdrawal managed during the day while client returns home at night (MAT often involved especially with opioids)

Inpatient Detoxification – Client stays overnight and is released when withdrawal has subsided, can be a few days to a few weeks depending on severity

# Summing this all up

- Rule of thumb- **Safety first** – Always consider safety and risk factors as # priority with clients
- Don't be concerned if this seemed like a lot of information. Most ASAM criteria trainings are anywhere from one to three full days of training. This was general overview to help guide your decision-making process
- So, when in doubt **consult a supervisor** or someone who has more training in substance use treatment