Building the Evidence Based Intensive OP Service

Presenter: Thomas L. Moore
Two Moons LLC
LMSW, LLP, CAADC, CCS
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Participants will demonstrate the ability to link ASAM Criteria with treatment goals and objectives.

Participants will state continued stay criteria and how this relates to length of stay in IOS programming.

Participants will list a therapeutic flow through IOS using the ASAM Criteria.
| # 33 Comprehensive Assessment | Current validated instruments and protocols  
|                              | Selecting and administering appropriate assessment instruments and protocols |
| # 30 Application of SUD Diagnosis to treatment recommendations | Use of commonly accepted criteria for client placement  
|                              | The continuum of care and range of treatment modalities |
| # 34 Data analysis and interpretation to determine treatment recommendations | Appropriate scoring methodology  
|                              | Using results to identify client needs and treatment options |
| #43 Formulation of mutual/measurable treatment goals and objectives | Translate assessment information into measurable treatment goals and objectives  
|                              | Use of goals and objectives to individualize treatment planning |
Offered in any setting meeting state licensure or certification criteria.

Evening, weekend, after school

Hours= 9-19 or 6-19
Individual, group, family, medication management, educational programs, occupational or recreational therapy

Family therapy which includes family members, guardians, significant others

Planned format of therapies, delivered in individual and group, adapted to developmental stage and comprehension level

Minimum # of hours

Use of MI, MET, and engagement strategies
Assessment
- Biopsychosocial
- Physical exam
- Can use extenders

Treatment Plan
- Problems, needs, strengths, skills and priority formulation
- Short term measureable goals and activities designed to achieve them

Monitoring
- Biomarkers
- Toxicology testing
The ASAM Criteria
<table>
<thead>
<tr>
<th>Year</th>
<th>Key Events</th>
</tr>
</thead>
</table>
| 1992 | - ASAM PCC published  
      - Four (4) levels of care |
| 1997 | - PPC-2 published  
      - Ten (10) levels of care  
      - Criteria for continued stay and discharge |
| 2001 | - PPC-2R published |
| 2013 | - ASAM Third Edition CRITERIA published |
GUIDING PRINCIPLES

- Multi-dimensional
- Clinically & outcome driven
- Variable length of service
- Clarifying goals
- Focusing on treatment outcomes
- ASAM’s definition of addiction
Not based on diagnosis alone

- Does not justify entering a certain modality or intensity

Holistic

- Addresses multiple needs, as well as clinical and functional dimensions

Addresses six (6) defined dimensions

- Determined in intake and assessment
Discharge date determined at admission

Treatment plan is virtually identical to other clients
Five to nine problems are listed with 3-5 objectives, interventions or strategies
Treatment plan still being developed five or more days after admission
Use terms like “must complete the program” or “the full program”

PLAN of DAP or SOAP states “Continue current course of treatment”

Treatment plan is preprinted
Same numbers in more than one chart (14 sessions)
Assessment document does not sync with treatment goals
Progress notes are duplicated for group members
Individually
Severity of illness
Level of functioning
Response to treatment, progress and outcomes

VARIABLE LENGTH OF SERVICE
| **Identifies** | • problems or priorities  
  • e.g. obstacles, knowledge or skill deficits |
| **Includes** | • skills and resources  
  • positive social and spiritual supports  
  • e.g. coping strategies, exercise, medication |
| **States** | • goals (realistic, measurable, achievable)  
  • short term resolution of priorities or reduction of symptoms or problems |
| **Lists** | • methods or strategies identifying actions of client and staff provided services, staff responsible, site of services, and a timetable for follow through |
| **Written** | • to facilitate measurement of progress. Length of stay linked to treatment response |
TRENDS IN DISEASE AND ILLNESS MANAGEMENT

EMPHASIS ON ENGAGEMENT AND OUTCOMES

REAL TIME MEASUREMENT IN EACH VISIT

EBP
“Addiction is a primary, chronic disease of brain reward, motivation, memory, and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social, and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one’s behaviors in interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse in remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.”
Treatment follows theory

• Disease concept, public health perspective, behaviorist view, psychiatric theory

Biopsychosocial perspective

• Etiology, expression and treatment
• Productive integration from all theories

Individualized treatment

• Patient/participant assessment, problems/priorities, plan, progress

Treatment follows assessment
Intake and assessment

What does the patient want?

Is there immediate needs due to imminent risk in any dimension?

Conduct multidimensional assessment

What are the DSM diagnoses?
Service Planning and Placement

Multidimensional Severity/Level of functioning Profile

Identify which assessment dimensions are currently most important to determine treatment priorities

Choose a specific focus and target for each priority dimension

What specific services are needed for each dimension?
Level of care placement

What “dose” or intensity of these services is needed for each dimension?

Where can these services be provided, in the least intensive but safe level of care or site of care?

What is the process of the treatment plan and placement decision-outcomes measurement?
LEVELS OF CARE

I. OP services

II. IOS

III. Residential

IV. Medically-Managed Intensive TX

0.5 Early Intervention Prevention

OMT
While most users of ASAM know the names of the Six Dimensions....
<table>
<thead>
<tr>
<th>RISK RATING</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>This rating would include issues of utmost severity. The patient would present with critical impairments in coping in functioning, signs and symptoms, indicating “imminent danger” concern.</td>
</tr>
<tr>
<td>3</td>
<td>This rating would indicate a serious issue or difficulty coping with a given dimension. A patient presenting at this level of risk may be considered to be in or near “imminent danger.”</td>
</tr>
<tr>
<td>2</td>
<td>This rating would indicate moderate difficulty in functioning. However, even with moderate impairment, or somewhat persistent chronic issues, relevant skills or support systems may be present.</td>
</tr>
<tr>
<td>1</td>
<td>This rating would indicate a mildly difficult issue, or present minor signs and symptoms. Any existing chronic issues and problems would be able to be resolved in a short period of time.</td>
</tr>
<tr>
<td>0</td>
<td>This rating would indicate a non-issue or very low risk issue. The patient would present no current risk in any chronic issues would be mostly or entirely stabilized.</td>
</tr>
</tbody>
</table>

**Revised ASAM Criteria**
DIMENSION 1:

RISK

Current level of intoxication

Withdrawal symptoms

WITHDRAWAL

Assess signs

Ambulatory detox supports
<table>
<thead>
<tr>
<th>LEVEL</th>
<th>Withdrawal Management-Adults</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-WM</td>
<td><strong>Ambulatory Withdrawal Management W/O Extended On-Site Monitoring</strong></td>
<td>Mild withdrawal with daily or less than daily OP supervision; likely to complete withdrawal management and to continue treatment or recovery</td>
</tr>
<tr>
<td>2-WM</td>
<td><strong>Ambulatory Withdrawal Management with Extended On-Site Monitoring</strong></td>
<td>Moderate withdrawal with all day withdrawal management support and supervision; at night, has supportive family or living situation; likely to complete withdrawal management</td>
</tr>
<tr>
<td>3.2-WM</td>
<td><strong>Clinically Managed Residential Withdrawal Management</strong></td>
<td>Moderate withdrawal, but each 24 hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery</td>
</tr>
<tr>
<td>3.7-WM</td>
<td><strong>Medically Monitored Inpatient Withdrawal Management</strong></td>
<td>Severe withdrawal and needs 24 hour nursing care and physician visits as necessary; unlikely to complete withdrawal management without medical, nursing monitoring</td>
</tr>
<tr>
<td>4-WM</td>
<td><strong>Medically Managed Intensive Inpatient Withdrawal Management</strong></td>
<td>Severe, unstable withdrawal and needs 24 hour nursing care and daily physician visits to modify withdrawal management regimen and manage medical stability</td>
</tr>
<tr>
<td>Risk Rating</td>
<td>Withdrawal Management Service Needs &amp; Interventions</td>
<td>Level of Care &amp; Setting</td>
</tr>
<tr>
<td>---------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------</td>
</tr>
<tr>
<td>0 (Minimal or None)</td>
<td>If zero, then placement determined by other dimensions</td>
<td></td>
</tr>
</tbody>
</table>
| 1 (Mild)            | **Service Needs** *(Daily Monitoring, Measurement of BAL, Urine Screen)*  
                      | **Treatment Interventions** *(Prescribing and dispensing of long acting benzodiazepines)*                           | 1-WM 3.2 WM                                                  |
| 2 (Moderate)        | **Service Needs** *(Hourly monitoring until improvement, then every 2-3 hours)*  
                      | **Treatment Interventions** *(Symptom triggered withdrawal management using long acting benzodiazepines)*           | 2-WM                                                        |
| 3 (Significant)     | **Service Needs** *(Same as moderate)*  
<pre><code>                  | **Treatment Interventions** *(Same as moderate)*                                                                   | 2-WM 3.7 WM                                                 |
</code></pre>
<p>| 4 (Severe)          | <strong>Service Needs</strong> <em>(24 hour monitoring-every 30-60 minutes until improvement begins, then every 2 hours)</em>              | 4-WM                                                         |</p>
<table>
<thead>
<tr>
<th>Risk Rating</th>
<th>Withdrawal Management Service Needs &amp; Interventions</th>
<th>Level of Care &amp; Setting</th>
</tr>
</thead>
</table>
| 0 (Minimal or None) | **Service Needs** *(No immediate detox or monitoring)*  
**Treatment Interventions** *(No need to initiate new professional services for problems in this Dimension)* | If zero, then placement determined by other dimensions |
| 1 (Mild)         | **Service Needs** *(Daily Monitoring or Withdrawal Management Services, Measurement of BAL, Urine Drug Testing)*  
**Treatment Interventions** *(Prescribing and dispensing of long acting benzodiazepines-daily, immediate access to counseling)* | 1-WM  
2-WM  
3.2 WM |
| 2 (Moderate)     | **Service Needs** *(Moderate-intensity intoxication monitoring or management, or withdrawal management services)*  
**Treatment Interventions** *(Symptom triggered withdrawal management using long acting benzodiazepines, 2-8 weeks)* | 2-WM  
3.2-WM |
| 3 (Significant)  | **Service Needs** *(Moderately high-intensity intoxication monitoring or management, or withdrawal management services)*  
**Treatment Interventions** *(Same as moderate)* | 2-WM *(May need supportive living)*  
3.7 WM |
| 4 (Severe)       | **Service Needs** *(High Intensity Intoxication Management or Monitoring, or withdrawal management services, more than hourly)*  
**Treatment Interventions** *(Same as Moderate & Significant)* | 4-WM |
ADDICTION MEDICINE ESSENTIALS
Clinical Institute Withdrawal Assessment of Alcohol Scale, Revised (CIWA-Ar)

Clinical Institute Withdrawal Assessment Scale Benzodiazepines
DIMENSION 2:

Current physical illness

- besides withdrawal

Chronic conditions

- pain
- disabilities
Emotional

- Current psychiatric conditions
- Acute or chronic

Behavioral

- Impulse control
- Legal, vocational, familial

Cognitive

- Developmental conditions
- Brain dysfunction

Exacerbated by substance use? Require psych testing, psychiatric evaluation?
Dangerousness
- Lethality
- Seriousness

Interference
- Distraction
- Focus

Social functioning
- Relationships
- Personal responsibilities

Course of illness
- Chronicity
- Acuity

Self-care
- ADL
Danger of severe distress

Continued problems and distress

Recognition or understanding of skills

Awareness of triggers, coping mechanisms with cravings, impulses
Historical pattern
Chronicity
Treatment of Change Response

Pharmacologic Responsivity
Positive (pleasure, euphoria)
Negative (fear, withdrawal discomfort)

Stress reactions
Reactivity to acute stress (triggers and situations)
Reactivity to chronic stress (positive and negative stressors)

Measures of Strengths & Weaknesses
Locus of control
Coping skills (stimulus control)
Impulsivity (risk taking, thrill seeking)
Passive & passive-aggressive behavior
### Historical Pattern of Use

#### Historical Pattern
- Onset before age 25?
- Never married?
- Less than HS education?
- Unemployed?

#### Treatment or Change Response
- Periods of abstinence? Brief or extended?
- Past harm reduction?
- Responses to prior treatment?
- Success in other types of cessation?
Pharmacologic responsivity

**Positive Reinforcement**
- Pleasure, euphoria

**Negative Reinforcement**
- Withdrawal discomfort, fear
Reactivity - acute cues

- trigger objects
- situations

Reactivity - chronic stress

- positive stressors
- negative stressors
• Internal sense of self determination? Confidence?

• Risk taking? Thrill seeking?

• Demonstrate active efforts to anticipate and cope with stressors? Tendency to leave and assign responsibility to others?

• Stimulus control? Other cognitive strategies?
DIMENSION 6:

Dangerous situations
- Living, family, significant others
- Work, school

Recovery supports
- Friendships
- Financial
- Educational or vocational resources

External mandates
- Criminal justice
- Vocational
- Child welfare
- Other social services
Meets specifications in Dimension 2 AND Dimension 3 AND at least one (1) of Dimensions 4-6
Level 2.1 ADOLESCENT Admission Criteria

Meets specifications in Dimension 1

AND

Dimension 2

AND

at least one (1) of Dimensions 3-6
Highest severity problem drives initial placement
Patient has met essential treatment objectives at a more intensive level of care AND requires Level 2.1 in at least one (1) Dimension 4-6

Level 1 has proved insufficient to meet patient needs OR motivational services have prepared patient for a more intensive level of service
Patient has met essential treatment objectives at a more intensive level of care AND requires Level 2.1 in at least one (1) Dimension

Level 1 has proved insufficient to meet patient needs OR motivational services have prepared adolescent for a more intensive level of service
| Dimension 1 | • Signs and symptoms indicate continued presence of intoxication or withdrawal that required admission. |
| Dimension 2 | • A physical health problem exists (initial or new) requiring biomedical services. |
| Dimension 3 | • There exists the initial or emergent emotional, behavioral and/or cognitive problem. |
| Dimension 4 | • There remains a continued need for engagement and motivational enhancement. |
| Dimension 5 | • Initial or new problem exists requiring coping skills and strategies to prevent relapse, continued use, or continued problem potential. |
| Dimension 6 | • The initial problem or a new one exists in recovery environment requiring coping skills and support system interventions. |
What is the progress of the treatment plan and Placement decision, outcomes measurement?

Where can these services be provided—in the least intensive, safest level?

What "dose" of services is needed for each dimension?

Choose a specific focus and target for each priority dimension

Identify which ASAM PPC assessment dimensions are currently most important to determine TX priorities

What IS DSM V Diagnosis?

Severity of diagnosis

Choose a specific focus and target for each priority dimension

What "dose" of services is needed for each dimension?

Where can these services be provided—in the least intensive, safest level?

What is the progress of the treatment plan and Placement decision, outcomes measurement?
TASK #1

Examine cases

Determine additional information needed

Estimate level of care

Define risks per dimension
<table>
<thead>
<tr>
<th>DIMENSION</th>
<th>INCREASES RISK</th>
<th>DECREASES RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Diabetic (Non adherence to diet, continued substance use)</td>
<td>Adherence to guidelines (diet, rest, exercise, glucose monitoring)</td>
</tr>
<tr>
<td>3 (Cognitive)</td>
<td>Concrete thinker</td>
<td>Able to conceptualize</td>
</tr>
<tr>
<td>3 (Emotional)</td>
<td>Significant mood swings</td>
<td>Stable mood</td>
</tr>
<tr>
<td>3 (Behavioral)</td>
<td>Impulse control issues</td>
<td>DBT skills</td>
</tr>
<tr>
<td>4</td>
<td>Precontemplation about connection of behavior and consequences</td>
<td>Can verbalize consequences of actions and take ownership</td>
</tr>
<tr>
<td>5</td>
<td>Contemplative about abstinence</td>
<td>Convinced that harm reduction is unattainable</td>
</tr>
<tr>
<td>6</td>
<td>Precontemplative about support group attendance</td>
<td>Attending mutual self help on regular basis, has home meeting, reads program material</td>
</tr>
</tbody>
</table>
SASSI PROFILE
SYMPTOMS

SYM

Notes early substance misuse

Higher scores indicate negative consequences from misuse

Individuals will evaluate their consumption as normal defined by family of origin and peers

Clarifies amount of structure needed
Obvious Attributes

OAT

Notes personality characteristics e.g. frustration tolerance, compulsivity, level of patience

Indicates openness of individual to receive feedback

Determination of internal versus external locus of control

Clarifies if individual is an appropriate referral for group services
<table>
<thead>
<tr>
<th>Subtle Attributes</th>
<th>SAT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Notes centrality of substance misuse in the individual’s life</td>
</tr>
<tr>
<td></td>
<td>Indicates capability of insight in regard to substance misuse, being able to link misuse and consequences</td>
</tr>
<tr>
<td></td>
<td>Determination of therapeutic approach (e.g. cognitive therapy versus addressing affective issues)</td>
</tr>
<tr>
<td></td>
<td>Clarifies if responses are an attempt at impression management, or if further screening for an anxiety disorder is warranted</td>
</tr>
<tr>
<td><strong>Defensive-ness</strong></td>
<td><strong>DEF</strong></td>
</tr>
<tr>
<td>--------------------</td>
<td>---------</td>
</tr>
<tr>
<td>Notes direction of pain (externalized versus internalized)</td>
<td></td>
</tr>
<tr>
<td>Indicates capacity of insight and need to defend as well as fear of being judged.</td>
<td></td>
</tr>
<tr>
<td>May point to situational issues (e.g. job jeopardy, legal issues, child custody, etc.)</td>
<td></td>
</tr>
<tr>
<td>Clarifies if therapeutic approach is one of avoiding expert trap, versus evaluating hopelessness, anhedonia, mood disorder, or suicidal tendencies</td>
<td></td>
</tr>
</tbody>
</table>
Supplemental Addiction Measure (SAM)

Secondary scale for defensiveness

Indicates presence of secrets (can be non-substance related)

Expectation of shame regarding secrets

Therapeutic approach follows building trust and rapport, as well as addressing precontemplation and contemplation regarding issues of shame
<table>
<thead>
<tr>
<th>Family versus Control</th>
<th>FAM</th>
<th>Not a clinical scale</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Identifies self-centeredness as opposed to a need to be a caretaker for others</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Depending on scores, use of an additional instrument (MILLON, or MMPI) may be indicated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Determines direction of therapeutic approach (e.g. reading social cues, boundary issues, assertiveness training, development of empathy, etc.)</td>
</tr>
</tbody>
</table>
Identifies tendency to break rules, which determines level of legal supervision, and/or treatment structure.

Depending on score, primary services may focus on social/behavioral interventions and behavioral management strategies.

Determines therapeutic approach (e.g. impulse control, social skills development, addressing frustration tolerance, sensation seeking, etc.)

Corrections

COR

Not a clinical scale
SASSI SAMPLE PROFILE

SASSI-3 Substance Abuse Subtle Screening Inventory

The sheet reflects updated wording to accommodate DSM-5 language and probability statements.

For fast consultation call toll-free: 1-888-267-2774. To order: 1-800-729-0520

Name: Amy A  Gender: F  Age:

Case Number:  Test Date:

Adult Female Profile

### High Probability

- Moderate to Severe Substance Use Disorder

#### Decision Rules

1. At least one rule answered "yes"?

2. All rules answered "no"?

#### Mild Substance Use Disorder Guideline

- Check if any rule answered "yes".
- Full or more... FVOD or more... SAT or more...
- OAS or more... SATS or more...
- Further evaluation is suggested if any are checked "yes".

#### Low Probability

- Moderate to Severe Substance Use Disorder
Example

Jenny Morris

SASSI SCORES

<table>
<thead>
<tr>
<th>Component</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face Valid Alcohol</td>
<td>0</td>
</tr>
<tr>
<td>Face Valid Drugs</td>
<td>14</td>
</tr>
<tr>
<td>Symptoms</td>
<td>5</td>
</tr>
<tr>
<td>Obvious Attributes</td>
<td>4</td>
</tr>
<tr>
<td>Subtle Attributes</td>
<td>4</td>
</tr>
<tr>
<td>Defensiveness</td>
<td>7</td>
</tr>
<tr>
<td>Addon Measure</td>
<td>8</td>
</tr>
<tr>
<td>Family vs. Controls</td>
<td>6</td>
</tr>
<tr>
<td>Correctional</td>
<td>2</td>
</tr>
</tbody>
</table>
Examine cases

Determine additional information needed

Define considerations for approach

Compare to ASAM criteria and risks noted previously
COMPETENCIES
Initial Plan of Service/Assessment

Name: Rachel Corcoran
Time In: 4:30 PM

1. Presenting Problems/Expectations for Counseling (use client’s own words):
   “I have been sentenced to you from the court. They state that I need counseling because of my prior drinking and driving offense. I am uncertain of what type of counseling that I actually need. I don’t want to focus on past issues.”

2. Symptoms Patterns

   **Symptom Cluster**
   **Specific Symptoms**

   **Disturbances in Thinking:** Confusion, irritability, difficulty with problem solving

   **Date of Onset:** Age 19

   **Somatoform Symptoms:** An exploratory surgery occurred in 1989 resultant to bleeding from her kidneys. Rachel also states gastrointestinal problems as well as heart disease which she calls COPD. This was diagnosed in 1999

   **Date of Onset:** 1989

   **Disturbances in Behavior:** There are a number of behavioral issues. Client states she obtained a drinking driving charge in 1998. In addition, Rachel noted that she was hospitalized at Pine Rest when she was approximately 19 years of age. Apparently there are behavioral problems that stem back to adolescence

   **Date of Onset:** 1976

   **Depressive Disturbances:** Client admits to feeling hopeless, deserted, displaying sleep disturbances. Although she would admit only to severe anxiety problems, there are depressive features to her presentation.

   **Date of Onset:** 1999

   **Anxiety Related Disturbances:** Rachel reports her first panic attack at age 13. She describes her symptoms as that she could not breathe and felt insecure all the time. She stated prior to being prescribed medication her panic attacks would last all day long. She also experienced a graphophobia at age 19 state that she did not want to leave the house

   **Date of Onset:** 1973

   **Harm to Self/Others:** Rachel denies
List specific behavioral indicators that demonstrate mastery.
<table>
<thead>
<tr>
<th>DIMENSION</th>
<th>RISK LEVEL (0-4)</th>
<th>NEEDED TO LOWER RISK (skill or competency)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-Emotional Conditions and Complications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-Cognitive Conditions and Complications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-Behavioral Conditions and Complications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-Readiness to Change</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-Relapse, Continued Use, Continued Problem Potential</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6-Recovery/Living Environment</td>
<td></td>
<td></td>
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<tr>
<td>Dimension</td>
<td>Indicator</td>
<td>Competency</td>
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<td>-----------</td>
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<tr>
<td>3</td>
<td>Psychiatric illness</td>
<td></td>
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<td></td>
<td>Psychological, behavioral, emotional or cognitive problems</td>
<td></td>
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<tr>
<td></td>
<td>Chronic conditions</td>
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<td></td>
<td>Ability to manage activities of daily living</td>
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<td></td>
<td>Coping strategies</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Current relapse prevention skills</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Severity of past relapse episodes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Past periods of abstinence or controlled use</td>
<td></td>
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<tr>
<td></td>
<td>Benefits from past treatment episodes</td>
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<tr>
<td></td>
<td>Pharmacological Responsivity (+ or -)</td>
<td></td>
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<tr>
<td></td>
<td>Reactivity to acute stimuli (triggers)</td>
<td></td>
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<td></td>
<td>Reactivity to chronic stress</td>
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<td></td>
<td>Cognitive/Behavioral strengths</td>
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<tr>
<td></td>
<td>Cognitive/Behavioral weaknesses</td>
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<td></td>
<td>Locus of Control</td>
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<td></td>
<td>Self-efficacy</td>
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<td></td>
<td>Coping skills (stimulus control)</td>
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<td></td>
<td>Impulsivity (risk taking, thrill seeking)</td>
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<tr>
<td></td>
<td>Aggressive, passive, passive-aggressive behavior</td>
<td></td>
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<tr>
<td>6</td>
<td>Threats to safety, engagement in treatment</td>
<td></td>
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<td></td>
<td>Resources increasing likelihood of successful treatment</td>
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<tr>
<td></td>
<td>Legal, vocational, social service agency mandates that can enhance treatment engagement</td>
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<tr>
<td></td>
<td>Transportation, childcare, housing or employment issues</td>
<td></td>
</tr>
<tr>
<td>Dimension</td>
<td>Indicator</td>
<td>Strategy</td>
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<td>3</td>
<td>Psychiatric illness</td>
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<td>Psychological, behavioral, emotional or cognitive problems</td>
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<td>Chronic conditions</td>
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<td></td>
<td>Ability to manage activities of daily living</td>
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<td></td>
<td>Coping strategies</td>
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<td>5</td>
<td>Current relapse prevention skills</td>
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<tr>
<td></td>
<td>Severity of past relapse episodes</td>
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<td></td>
<td>Past periods of abstinence or controlled use</td>
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<td></td>
<td>Benefits from past treatment episodes</td>
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<td></td>
<td>Pharmacological Responsivity (+ or -)</td>
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<td></td>
<td>Reactivity to acute stimuli (triggers)</td>
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<td>Reactivity to chronic stress</td>
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<td>Cognitive/Behavioral strengths</td>
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<td></td>
<td>Cognitive/Behavioral weaknesses</td>
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<td></td>
<td>Locus of Control</td>
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<td>Self-efficacy</td>
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<td></td>
<td>Coping skills (stimulus control)</td>
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<td></td>
<td>Impulsivity (risk taking, thrill seeking)</td>
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<td></td>
<td>Aggressive, passive, passive-aggressive behavior</td>
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<td>6</td>
<td>Threats to safety, engagement in treatment</td>
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<td>Resources increasing likelihood of successful treatment</td>
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<td>Legal, vocational, social service agency mandates that can enhance treatment engagement</td>
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<tr>
<td></td>
<td>Transportation, childcare, housing or employment issues</td>
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</tbody>
</table>
Admission per ASAM Criteria

Determine risk in each dimension

Align treatment plan with skills to decrease risk

Approach through SASSI indicators

Client attends until risk level warrants transfer to another level of care

Discharge/transfer from IOS per ASAM Criteria
Tom Moore
TwoMoonsGRMI@comcast.net
www.TwoMoons.consulting