



AN INTEGRATED MODEL FOR ASSESSMENT AND PLANNING

Moving from the ASAM Framework to an
Integrated Approach to Co-Occurring
Care

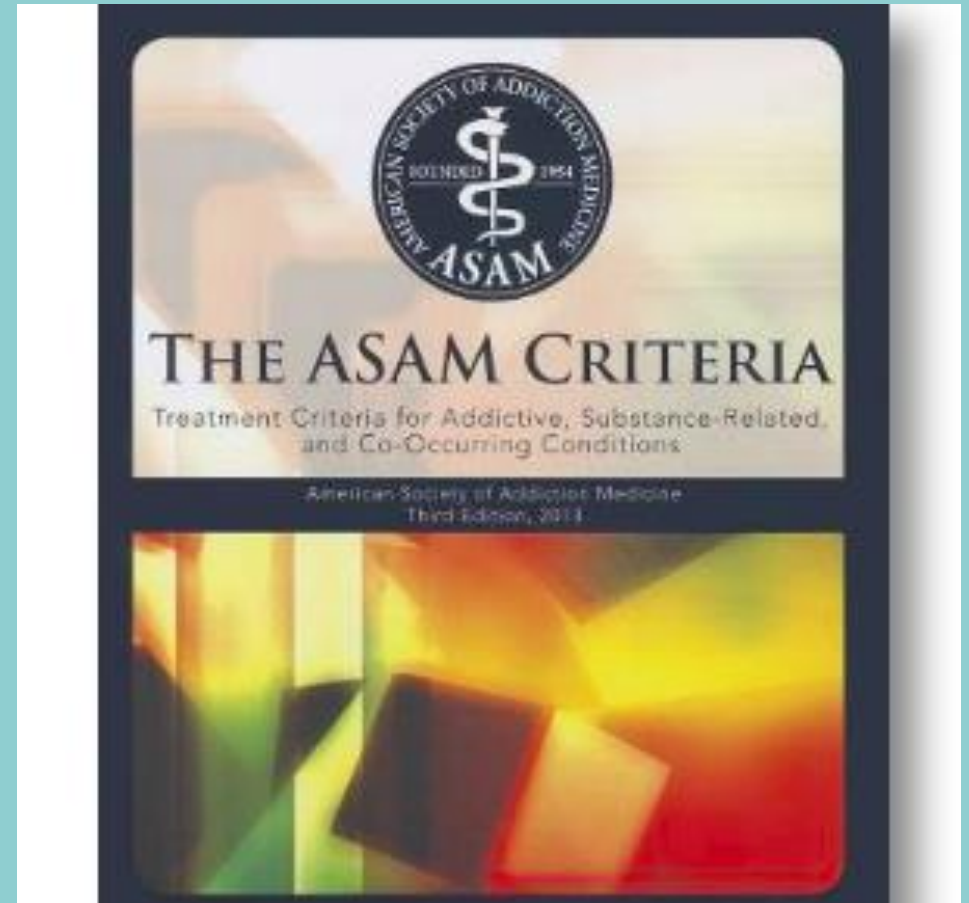
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ABOUT ME

- Clinical Trainer and Research Associate at CPT
- Two fantastic teenagers
- Love spending time with my animals
- Also, video games and home improvement
- Founder of the ARCS Institute

WHAT IS ASAM?

Guide for assessment
and placement of
people with substance
use disorders in
appropriate levels of
care



Fees, T. (2013). The ASAM criteria: Treatment criteria for addictive, substance-related and co-occurring conditions.

AMERICAN SOCIETY FOR ADDICTION MEDICINE

- Rise in need for variety of care options
 - Inpatient/Outpatient / Detoxification
- Need for standardized criteria for placement
- Combination of two sets of guidelines (1991)
 - Cleveland Criteria
 - NAATP
- Field testing (1993)

Morey, L. C. (1996). Patient placement criteria: Linking typologies to managed care. *Alcohol Health and Research World*, 20(1), 36.

DIMENSIONAL APPROACH

- Evaluation across 6 dimensions with risk levels assigned to each dimension based on severity in each area
- Placement is determined based on overall look at risk across dimensions



ASAM DIMENSIONS

1. Acute intoxication and withdrawal potential
2. Biomedical conditions/concerns
3. Emotional and behavioral conditions/concerns
4. Readiness to change
5. Relapse potential
6. Recovery environment

Fees, T. (2013). The ASAM criteria: Treatment criteria for addictive, substance-related and co-occurring conditions.

EVALUATING THE ASAM CRITERIA

PROS

- Widely used
- Developed by a multidisciplinary group
- Allow for Tx matching

CONS

- Poor evidence supporting Tx matching
- Clunky for care planning
- System-oriented

Morey, L. C. (1996). Patient placement criteria: Linking typologies to managed care. *Alcohol Health and Research World*, 20(1), 36.

RISK RATINGS

- 0 = low to no risk
 - 1 = mild risk
 - 2 = moderate risk
 - 3 = serious risk
 - 4 – utmost severity
- Each dimension is given a risk score
 - Dimensions can influence risk in other dimensions
 - Placement can be based on overall risk or in specific dimensions

ASAM FOR CO-OCCURRING CARE

- Developed for SUD care and adapted for COD issues
 - Doesn't integrate MH and SUD issues
- Difficult to use in settings for COD where SUD is not a given
 - Focus is on SUD issues and doesn't integrate MH
- Not developed for care planning and ongoing clinical decision-making
 - Placement of goals is not well delineated
- Deficit-based ratings
 - Focus is not on recovery-oriented clinical work

EMILIO

- 5 years old being seen for outbursts at school and home
- First time the family is seeking help
- Assessing them for intoxication or withdrawal is not appropriate
- Is readiness to change appropriate for young children?
- How do you assess relapse?

STEVE


- 67 year-old veteran with acute PTSD symptoms
- Has AUD diagnoses from 5 years ago, drinks weekly
- Conducting an in-depth drug history at the outset of assessment is misguided
- Readiness to change for PTSD, Dimension 3 or 4?
- Continuing to use, how to assess relapse?

MARIA

- 36 year-old, has been struggling with escalating meth use and long-term cannabis use
- taking antidepressants prescribed by her PCP but no therapy
- What if she wants to stop using meth but not marijuana?
- Where do antidepressants go if they contribute to relapse risk?

I MAP

- A clinical framework for integrating care across disciplines from assessment to clinical documentation
- Shared language
- True integration of MH and SUD issues
- Ongoing assessment and care planning




I MAP
INTEGRATED
MODEL FOR
ASSESSMENT
AND
PLANNING

A. Assessment

- Incorporates all the elements of good assessment, that can be updated throughout care

B. Recovery Planning

- Focuses on care planning, including clinical and personal goals



I MAP
INTEGRATED
MODEL FOR
ASSESSMENT
AND
PLANNING

A. Assessment

1. Crisis and safety
2. Physical health
3. Behavioral health

B. Recovery Planning

4. Personal goals
5. Barriers and symptoms
6. Interpersonal engagement

I MAP SCORING

- Section A
 - Assessment
 - Risk scoring
- 0 = no risk
 - 1 = mild risk
 - 2 = moderate risk
 - 3 = serious risk
 - 4 = severe risk

I MAP SCORING

- Section B
 - Care planning
 - Engagement scoring
- 0 = Maintenance, ready for discharge
 - 1 = Action, active in care and implementing strategies
 - 2 = Preparation, active in care and not implementing strategies
 - 3 = Contemplation, ambivalent about care but somewhat engaged
 - 4 = Precontemplation, not

AREA 1 - CRISIS AND SAFETY

- Suicide/Homicide Assessment
- Intoxication or Withdrawal
- Medical Emergency
- Physical Safety
- This is conducted first to ensure that the client is safe and is not a danger to others
- History of suicidal and homicidal ideation, withdrawal, and abuse informs this area, but largely belongs in Area 3

AREA 1
CRISIS AND SAFETY

Risk Score 0
No Risk

- Individual has no suicidal ideation, intent, plan or means and has no history of suicide attempts
- Individual has not used substances in the past month and has no history of withdrawal problems
- Individual does not have acute medical concerns or history and no stabilization is required
- Individual is in a safe environment and their physical safety is not at risk

AREA 1 CRISIS AND SAFETY

Risk Score 4
Severe Risk

- Individual has current suicidal ideation, intent, plan, means, and history of suicide attempts
- Individual has used substances in the past 12 hours, has been using multiple substances at the same time, and is experiencing severe or life threatening symptoms of withdrawal or intoxication: seizures, loss of consciousness, psychosis, disorientation, or hallucinations
- Individual is experiencing an acute medical emergency that is severe and life threatening
- Individual is being abused at this time. Neglect is impairing functioning

AREA 2- PHYSICAL HEALTH

- Acute Conditions
- Chronic Conditions
- Vaccination History and Needs
- Pediatric Care
- Primary Care Engagement
- The "bio" part of a biopsychosocial assessment
- Focuses on engagement in primary care engagement / prevention services
- Assesses chronic or acute conditions in

AREA 2 PHYSICAL HEALTH

Risk Score 0
No Risk

- Individual has no medical conditions, medications, and there is no functional impairment
- Individual is not pregnant
- Individual has primary care and engages in annual preventive care or routine well childcare.
- Caregivers for pediatric individuals are able to meet their medical needs.

AREA 2 PHYSICAL HEALTH

Risk Score 2
Moderate Risk

- Individual has acute medical conditions that are not life threatening
- Individual has a moderate chronic condition(s) that create barriers or moderate functional impairment
- Individual is pregnant and is not receiving prenatal care or is receiving care and is experiencing complications
- Individual takes medications as directed much of the time
- Caregiver is inconsistent with providing access to medical care for pediatric individual

AREA 3- BEHAVIORAL HEALTH

- Developmental & Social History
- Mental Health History
- Substance Use History
- Current Symptoms
- Cognitive Deficits
- Cultural Considerations
- The “psychosocial” part of a biopsychosocial assessment
- Focuses on the traditional elements of a diagnostic assessment
- Pays particular attention to integrating SUD, cultural considerations,

AREA 3
BEHAVIORAL
HEALTH

Risk Score 1
Mild Risk

- Individual has mild cognitive deficits or some difficulty focusing and completing tasks
- Individual has some symptoms that are mild or controlled: disordered thinking, mood problems, anxiety or trauma history, eating problems, or other
- Individual shows few or mild signs or behaviors typical of personality disorders
- Individual has mild problems with socializing but is able to function in social situations
- Individual takes prescribed medications as directed
- Individual has mild developmental concerns

AREA 3 BEHAVIORAL HEALTH

Risk Score 4
Severe Risk

Individual has cognitive deficits that are incapacitating or is unable to focus or complete most tasks

- Individual has mental illness that causes severe impairment in functioning
- Individual has a personality disorder or displays symptoms across multiple diagnostic categories that seriously impair ability for self-conceptualization or relations with others
- Individual has serious impairments impacting social functioning that are persistent in nature
- Medication is taken in a way that poses serious problems for mental health or relapse
- Child has significant behavioral

AREA 4- PERSONAL GOALS

- Personal Goals and Recovery Vision
- Employment Goals
- Educational Goals
- Housing Goals
- Parent Goals for Child
- This area focuses on an individual's personal goals and begins the treatment planning process
- Essential when engaging a person who is not in action stage of change
- Can include a variety of things and is not limited to clinical strategies

RECOVERY SCORE
4

Precontemplation
Not engaged in
care process

- Individual does not recognize change is needed and is unwilling to change
- Individual does not engage in care services and is not making progress toward goals
- Caregiver is unable or unwilling to support child in care services

RECOVERY SCORE
3

Contemplation
Ambivalent about
care but
somewhat
engaged

- Individual is not yet ready to change and has feelings associated with change and staying the same
- Individual may talk about but is not making progress toward goals
- Individual is sporadically engaged in care process and services
- Caregiver is somewhat supportive of engagement in care services

RECOVERY SCORE 2

Preparation
Engaged in care
not yet
implementing
strategies

- Individual is interested in making changes and has not yet engaged in making change.
- Individual is exploring options for making changes and is moderately engaged in the care process
- Individual is making minor progress toward goals
- Caregiver is interested in care options and appears to support engagement in care activities

RECOVERY SCORE 1

Action
Active in care and
implementing
strategies

Recovery score 1:

Action, active in care and
implementing strategies

- Individual is actively engaged in behavioral change
- Individual is making measurable progress toward goals and is engaged in care activities
- Caregiver is facilitating engagement in care and services in collaboration with or on behalf of the child

RECOVERY SCORE
0

Maintenance
Ready for
discharge

- Individual is working on maintaining changes made and recovery gains
- Individual has actively participated in care and is ready for discharge
- Individual has achieved most goals
- Caregiver has engaged in the care process and is able to support child

AREA 5- BARRIERS & SYMPTOMS

- Current & Potential Symptoms
- Mental Health Interventions
- Cognitive Interventions
- Physical Health Interventions
- Medications
- Here is where we address the symptoms and barriers assessed in Areas 2 and 3.
- Recommendations are made in how to resolve the symptoms and barriers in this area

AREA 6- INTERPERSONAL

- Friendships & Intimate Relationships
- Family Relationships & Education
- Community Involvement
- This is for developing a plan to improve relationships and enhance connections to community
- Family education and therapy can be recommended in this area

EMILIO

- 5 years old being seen for outbursts and hitting at school and home
 - First time the family is seeking help
1. 0, no risk
 2. 0, no risk
 3. 2, moderate risk
 4. Play games in school
 5. Emotion management skills
 6. Family time on weekends

EMILIO

1. No changes
 - 0, no risk
2. Chronic ear infection
 - 1, mild risk
3. Fewer behavioral issues
 - 1, mild risk
4. Playing games some days
 - 1, actively implementing strategies
5. Practicing emotion regulation in therapy
 - 1, active in care process
6. No family time

STEVE

- 67 year-old veteran with acute PTSD symptoms
- Has AUD diagnoses from 5 years ago, drinks weekly

1. 0, no risk
2. 2, moderate risk
3. 2, moderate risk
4. Get apartment
5. Exposure therapy
6. Spend time with daughter

STEVE

1. No changes
 - 0, no risk
2. Getting primary care
 - 1, mild risk
3. PTSD improving, alcohol use increasing
 - 3, moderate risk
4. Applied for apartments
 - 1, action stage
5. Finishing PE, doesn't want to go to SUD care
 - 1, action stage
 - 3, contemplation
6. Getting ready to reach out
 - 2, preparation

MARIA

- 36 year-old, has been struggling with escalating meth use and long-term cannabis use
 - taking antidepressants prescribed by her PCP but no therapy
1. 1, mild risk
 2. 0, no risk
 3. 4, serious risk
 4. Get a cooking job
 5. SUD and MH program
 6. Assertiveness skills

MARIA

1. Physical abuse
 - 3, serious risk
2. No change
 - 0, no risk
3. Not using meth, smoking less marijuana, depression improved
 - 2, mild risk
4. Was looking, stopped. Finding new place to live, safety plan
 - 2, preparation stage
5. In SUD care, taking meds
 - 1, action stage
6. Practicing assertiveness skills in group
 - 1, action stage

I MAP STRENGTHS

- Developed with integration in mind
- Specifically for assessment and care planning
- Able to address SUD or MH alone
- Incorporates child treatment issues
- Involves recovery progress

WHO CAN USE I MAP?

- Substance use disorder agencies
- Mental Health care programs
- COD agencies including
 - Hospital units
 - CCBHCs
 - Outpatient programs
 - Private practice

FUTURE I MAP DIRECTIONS

- Field testing
- Incorporation of standard measures and screening tools
- Evaluation of efficacy for improving communication between multidisciplinary team members and agencies

THANK YOU



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