

# ASAM CONTINUUM®

## THE ASAM CRITERIA DECISION ENGINE

*Patient:* **Daisy Duck**

Interviewer: **continuumdemo4@asam.org**

Admission Date: **5/12/2017 7:29 PM**

Assessment Begun: **5/12/2017 7:29 PM**

Assessment Ended: **2/26/2019 4:17 PM**

**NOTE:** This report contains an analysis and an initial placement recommendation derived by analyzing questionnaire items using a clinical consensus algorithm. This instrument is not a replacement for individual provider assessment and sound clinical judgment. ASAM and FEi Systems assume no direct or indirect liability for improper care or negative outcomes that may ensue from the use of this instrument. Consider your patient's needs carefully, using this instrument as one of many clinical tools that determine proper care. The criteria may not encompass all levels and types of services which may be available in a changing health care field. Therefore, the criteria may not be wholly relevant to all levels and modalities of care.

Class of Assessment:

**Follow-Up**

Interview Was Conducted:

**In person**

Special Interview



Circumstances:

**Patient terminated**

## DIAGNOSTIC SUGGESTIONS

### DSM-5 DIAGNOSIS: SUBSTANCE USE DISORDER(S)

#### Dependence

Drug	<input checked="" type="checkbox"/> Criteria Met with severity based on 11 criteria	 Last Use	 Imminent Risk Of Withdrawal
None			<input type="checkbox"/>

#### Drug use

Drug	 In the past:
Other opioids	3 minutes ago

Beyond any formally diagnosed DSM-5 Substance Use Disorder(s) that may be noted above, Daisy did not endorse any items indicating any recent use or substance-related diagnoses.

1. *CONTINUUM - The ASAM Criteria Decision Engine® offers optional DSM-5 Substance Use Disorders Diagnoses, if desired, in the Report. DSM-5 Code Numbers and ICD-10 Code Numbers for medical billing purposes are not generated. Contact your EHR resource for these options and any license fees.*
2. *CONTINUUM® considers Substance-Induced Disorder signs and symptoms in calculating their risks in the Level of Care recommendations. This version of the Level of Care Report does not, however, list diagnoses of these conditions.*
3. *Remission qualifiers in are not implemented in this version of CONTINUUM.*
4. ***Gambling** is not addressed in the ASAM algorithm and it is therefore not currently included in the CONTINUUM Assessment or Report.*
5. ***Tobacco Use Disorder:** This diagnosis is listed, if present. The current version of CONTINUUM uses data and tobacco use disorder to calculate interactions across the dimensions of care. Because tobacco use causes fewer social and legal consequences as a result of intoxication than other drugs, historically the levels of care for tobacco use disorder have been less intensive. This version of CONTINUUM therefore does not report specific level of care recommendations due to tobacco use disorder alone. Treatment is described in The ASAM Criteria textbook (2013 Edition, p. 385).*

## WITHDRAWAL SCALES

### Possible Non-Substance Use Disorder Psychological Conditions

Daisy endorsed items in The ASAM Criteria that indicate the probability that she is at the moment of the interview suffering from a non-specific depression. Daisy has a history of harm to herself or others, with a relative chronic, historical risk of 6 on a scale of 0 (little or no risk) to 6 (very strong risk). Daisy is currently at risk of harming herself or others, with a relative current risk level of 4 on a scale of 0 (little or no risk) to 8 (very strong risk). Regarding her breadth of harm, the patient indicated that the risks of harm exist in 6 out of 7 areas, including , having suicidal thoughts, demonstrating violent behaviors to self or others, indicating risk of harm to others, being vulnerable to self-harm or to be victimized by another, having a history of psychotic decompensation.

The CIWA is not reported in the absence of recent alcohol, benzodiazepine, barbiturate or other sedative-hypnotic use.

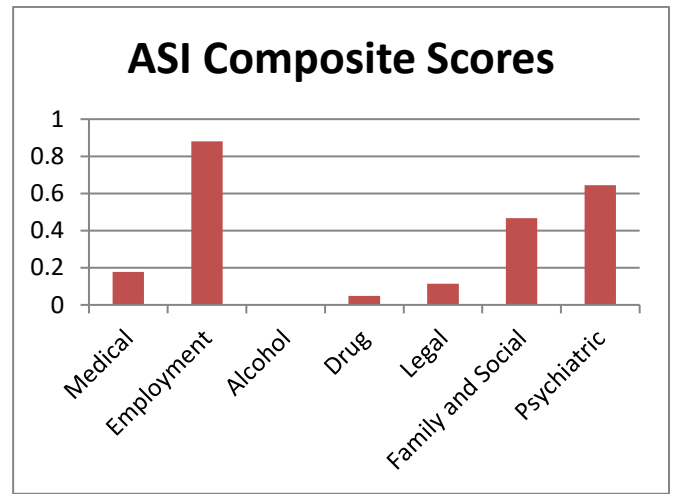
The modified Clinical Institute Narcotic Assessment Scale (CINA-M) opioid withdrawal scale score is 21 on a scale of 0 to 35.

## 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	0.178
Employment	0.881
Alcohol	0.000
Drug	0.049
Legal	0.113
Family and Social	0.467
Psychiatric	0.645



## CRITICAL ITEMS

The following critical medical/addiction item(s) were noted while completing this assessment:

1. The patient has or had a tuberculosis infection which is being or has been medically treated.
2. The patient was noted as showing symptoms or signs of intoxication at the time of the interview.
3. Symptoms or signs of toxic psychosis were present at the time of the interview.
4. The interviewer indicated that Daisy had a significant head trauma or injury in the past 48 hours. Suspected head trauma requires rapid evaluation by physician or emergency room.
5. The patient has had a loss of consciousness in the past 24 hours. Suspected loss of consciousness requires rapid evaluation by physician or emergency room.
6. The patient indicated during the interview that she has a cardiovascular problem that requires inpatient cardiac monitoring. Suspected serious cardiovascular condition requires rapid evaluation by physician or emergency room.
7. Ms Duck indicated that she has liver problems that are serious and/or worsening to the point that may necessitate inpatient treatment. Suspected worsening of liver problems may require physician evaluation.
8. Ms Duck has a serious risk of gastrointestinal bleeding that might require inpatient treatment. Suspected gastrointestinal bleeding requires evaluation by a physician or emergency room.
9. The patient has stated that he has acute pancreatitis that might require I.V. inpatient treatment. Suspected acute pancreatitis requires evaluation by a physician or emergency room.

The following critical psychological/psychiatric item(s) were noted in this assessment:

1. The patient indicated that she has been emotionally abused during the past 30 days.
2. The patient indicated that she has been physically abused during the past 30 days.
3. The patient indicated that she has been sexually abused during the past 30 days.
4. The patient indicated that she has recently neglected or abused family members. Further evaluation is needed to determine if the neglect or abuse needs to be reported to protective services.
5. Daisy indicated that there is some likelihood that she might harm or neglect someone else. Additional assessment is needed to determine if the other parties should be informed or protected.
6. Daisy indicated that there is some likelihood that she might be hurt or victimized by someone else. Additional assessment is needed to determine the nature and extent of the threat. Once completed, this assessment will help to determine the extent of needed protective measures, if any.
7. The interviewer indicated that the patient demonstrates or could potentially be at imminent risk of uncontrolled behavior which could be self endangering or could endanger someone else. Close observation and protective measures may need to be effected to ensure safety.
8. Ms Duck has reported seeing, hearing, smelling or feeling things that were not there within the past 24 hours.
9. Daisy has had serious thoughts of suicide in the past 24 hours. The patient should be evaluated by a mental health specialist to determine the proper level of care. The level of care needed to protect the patient from suicide may exceed the recommended level of care from this ASAM Criteria instrument. If this is the case, and Daisy is evaluated to be at suicide risk, then she should be housed in a safe psychiatric environment where her status can be continuously evaluated until she no longer poses a risk of suicide.
10. The patient has had thoughts of how she might hurt herself in the past 24 hours. The patient should be evaluated by a mental health specialist with a frequency indicated by the patient's previous condition as to any current indication that she might act on ideas to harm herself or others.
11. She has had thoughts of how she might hurt herself in the past month. She's care should include attention to her suicidal thinking.
12. She has attempted suicide in the past 24 hours. Careful observation and repeated assessment of Ms Duck's suicide potential is indicated.
13. She has attempted suicide in the prior month. Further evaluation of suicide potential is indicated.
14. She has attempted suicide during her lifetime.

## DIMENSIONAL ANALYSIS

### Dimension 1 - Acute Intoxication and/or Withdrawal Potential

The ASAM Criteria has no Dimension 1 information to report.

### Dimension 2 - Biomedical Conditions and Complications

In Dimension 2, the patient's needs regarding biomedical issues can be met at multiple levels, including: Level 4, Level 4-BioMed.

### Dimension 3 - Emotional, Behavioral or Cognitive Conditions and Complications

In Dimension 3, the patient's needs regarding emotional, behavioral or cognitive conditions and complications can be met at multiple levels, including: Level 2.1-COC, Level 2.1-COE, Level 2.5-COC, Level 3.3-COC, Level 3.3-COE, Level 3.7-COC, Level 4-COE.

### Dimension 4 - Readiness to Change

In Dimension 4, the patient's needs regarding readiness to change can be met at multiple levels, including: Level 0.5, Level 1, Level 2.1, Level 2.1-COE, Level 3.5, Level 3.5-COE.

### Dimension 5 - Relapse, Continued Use or Continued Problem Potential

In Dimension 5, the patient's needs regarding relapse, continued use or continued problem potential can be met at multiple levels, including: Level 3.1, Level 3.1-COE.

### Dimension 6 - Recovery Environment

In Dimension 6, the patient's needs regarding recovery environment can be met at multiple levels, including: Level 0.5, Level 1, Level 1-COE, Level 2.1, Level 3.3, Level 3.3-COE, Level 3.5, Level 3.5-COE, Level 3.7, Level 3.7-COE.

#### Levels of Care

**+**  
**WM**  
**BIO**

Meets Criteria  
Withdrawal Management  
Biomedical Conditions

**COC**  
**COE**

Co-occurring Capable  
Co-occurring Enhanced

Dimension	0.5	1	OTS	2.1	2.5	3.1	3.2	3.3	3.5	3.7	4
Dimension 1	+	+									
Dimension 2											+
Dimension 3				COC COE	COC			COC COE		COC	COE
Dimension 4	+	+		+					+		
Dimension 5						+		COE			
Dimension 6	+	+		+				+	+	+	

Please refer to Appendix for more details regarding [Dimensional Analysis definitions](#).

## ACCESS TO TREATMENT ISSUES

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**The following items related to access to treatment were noted while completing this assessment:**

1. Daisy has indicated that she is unsteady on her feet, problems with walking or balance, such that she could easily fall or have trouble getting around or using stairs.
2. The patient has problems with ambulation or mobility that would make it difficult to attend treatment.
3. The patient does not have a valid driver's license.
4. Ms Duck has 1 other people who depend on her for the majority of their food, shelter, and other support needs.
5. The patient is unable to locate or safely get to community resources.
6. Daisy does not have continuous monitoring available on an outpatient basis for the next 8 to 24 hours.
7. The clinician deduced from the interview or has information that indicates that she may have a major neurocognitive disorder, a category which includes alcohol amnesic-confabulatory type, or Alzheimer's Disease.
8. The clinician deduced from the interview or has information that indicates that the patient's current behavior may be inconsistent with reliable self-care, safety, or an ability to participate effectively in treatment.
9. Daisy cannot access services such as assertive community treatment and intensive case management.

## FINAL LEVEL OF CARE RECOMMENDATIONS

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**The patient should be considered for multiple levels of care. The treatment team should consider her history carefully and place the patient in the level of care that best suits her presentation.**

1. The patient is best initially treated in a Level 3.7 -- medically monitored intensive inpatient treatment program.
2. Ms Duck has a co-occurring Mental Disorder that meets the stability criteria for placement in a Co-Occurring Capable program.
3. Daisy may require initial treatment in a Level 4 program.
4. In addition to the assessment and treatment plan activities in Level 4, she requires equal attention to the her co-occurring mental disorder.

**The patient met criteria for placement in Level 4, but she indicated that this would be unacceptable to her for treatment.**

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