



ASAM Dimensions Worksheet

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



Adult Levels of Care	DIMENSION 1 Acute Intoxication and/or Withdrawal Potential	DIMENSION 2 Biomedical Conditions and Complications	DIMENSION 3 Emotional, Behavioral, or Cognitive Conditions and Complications
LEVEL 0.5 Early Intervention	No withdrawal risk	None or very stable	None or very stable
OTP - LEVEL 1 Opioid Treatment Program	Physiologically dependent on opioids and requires OTP to prevent withdrawal	None or manageable with outpatient medical monitoring	None or manageable in an outpatient structured environment
LEVEL 1 Outpatient Services	Not experiencing significant withdrawal, or at minimal risk of severe withdrawal. Manageable at Level 1-WM (See withdrawal management criteria)	None or very stable, or is receiving concurrent medical monitoring	None or very stable, or is receiving concurrent mental health monitoring
LEVEL 2.1 Intensive Outpatient Services	Minimal risk of severe withdrawal, manageable at Level 2-WM (See withdrawal management criteria)	None or not a distraction from treatment. Such problems are manageable at Level 2.1	Mild severity, with potential to distract from recovery; needs monitoring
LEVEL 2.5 Partial Hospitalization Services	Moderate risk of severe withdrawal manageable at Level 2-WM (See withdrawal management criteria)	None or not sufficient to distract from treatment. Such problems are manageable at Level 2.5	Mild to moderate severity, with potential to distract from recovery; needs stabilization
LEVEL 3.1 Clinically Managed Low-Intensity Residential Services	No withdrawal risk, or minimal or stable withdrawal. Concurrently receiving Level 1-WM (minimal) or Level 2-WM (moderate) services (See withdrawal management criteria)	None or stable, or receiving concurrent medical monitoring	None or minimal; not distracting to recovery. If stable, a co-occurring capable program is appropriate. If not, a co-occurring enhanced program is required
LEVEL 3.3 Clinically Managed Population-Specific High-Intensity Residential Services	At minimal risk of severe withdrawal. If withdrawal is present, manageable at Level 3.2-WM (See withdrawal management criteria)	None or stable, or receiving concurrent medical monitoring	Mild to moderate severity; needs structure to focus on recovery. Treatment should be designed to address significant cognitive deficits. If stable, a co-occurring capable program is appropriate. If not, a co-occurring enhanced program is required
LEVEL 3.5 Clinically Managed High-Intensity Residential Services	At minimal risk of severe withdrawal. If withdrawal is present, manageable at Level 3.2-WM (See withdrawal management criteria)	None or stable, or receiving concurrent medical monitoring	Demonstrates repeated inability to control impulses, or unstable and dangerous signs/symptoms require stabilization. Other functional deficits require stabilization and a 24-hour setting to prepare for community integration and continuing care. A co-occurring enhanced setting is required for those with severe and chronic mental illness
LEVEL 3.7 Medically Monitored Intensive Inpatient Services	At high risk of withdrawal, but manageable at Level 3.7-WM and does not require the full resources of a licensed hospital (See withdrawal management criteria)	Requires 24-hour medical monitoring but not intensive treatment	Moderate severity; needs a 24-hour structured setting. If the patient has a co-occurring mental disorder, requires concurrent mental health services in a medically monitored setting
LEVEL 4 Medically Managed Intensive Inpatient Services	At high risk of withdrawal and requires Level 4-WM and the full resources of a licensed hospital (See withdrawal management criteria)	Requires 24-hour medical and nursing care and the full resources of a licensed hospital	Because of severe and unstable problems, requires 24-hour psychiatric care with concomitant addiction treatment (co-occurring enhanced)



CASE PRESENTATION FORMAT

This case presentation format can be used by the provider to concisely review the biopsychosocial data following the multidimensional assessment format of *The ASAM Criteria*.

Case Presentation Format

Before presenting the case, please state why you chose the case and what you want to get from the discussion (eg, authorization of care, supervisory assistance, success story of an effective outcome, etc.). _____

I. Identifying patient background data

Name _____	Date entered treatment or appeared for an assessment _____
Age _____	Level of service patient entered treatment (IF THIS CASE PRESENTATION IS A TREATMENT PLAN REVIEW) _____
Ethnicity and gender identification _____	Current level of service (IF THIS CASE PRESENTATION IS A TREATMENT PLAN REVIEW) _____
Marital status _____	DSM diagnoses _____
Employment status _____	_____
Referral source _____	_____

Stated or identified motivation for treatment (What is the most important thing the patient wants you to help them with?) _____

II. Current dimensional rating of severity and level of function using high, medium, or low severity; or 0 to 4 ratings

First state how severe you think each assessment ASAM criteria dimension is and why. Give a brief explanation for each rating. Focus on brief relevant history information and relevant here and now information. If a review of a current patient's progress, note whether it has changed since the patient entered treatment and why or why not.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

III. What problem(s) with high and medium severity ratings are of greatest concern at this time?

Specificity of the problem or priority _____

Specificity of the strategies/interventions (consider strengths, skills, and resources) _____

Efficiency of the intervention (least intensive, but safe, level of service) _____

In an era of health care reform, it is the responsibility of all (counselors, clinicians, administrators, payers, funders, and care managers) to "manage care" and use scarce resources as efficiently and effectively as possible. Such stewardship of resources can help increase access to care and lengths of stay in the continuum of services and thus improve outcomes.