

# continuum<sup>™</sup>

THE ASAM CRITERIA DECISION ENGINE

*Patient: 10000*

*Interviewer: gastfriend@gmail.com*  
*Admission Date: 12/28/2015 3:22 PM*  
*Assessment Begun: 12/28/2015 3:22 PM*  
*Assessment Ended: 12/28/2015 4:31 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, The Change Companies, 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:**  
**Intake**  
**Interview Was Conducted:**  
**In person**

## DIAGNOSTIC SUGGESTIONS

### Possible Non-Substance Use Disorder Psychological Conditions

Joanne endorsed items in The ASAM Criteria that indicate the probability that she is at the moment of the interview suffering from a major depressive disorder. The patient endorsed items in The ASAM Criteria that indicate the probability that she has a history of an anxiety disorder without a true panic disorder.

### 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
Alcohol	Severe 10	1 day ago	<input checked="" type="checkbox"/>
Other opioids	Moderate 5	12 hours ago	<input checked="" type="checkbox"/>
Nicotine products	Mild 2	15 years ago	<input type="checkbox"/>

#### Drug use

Drug	In the past:
None	

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**

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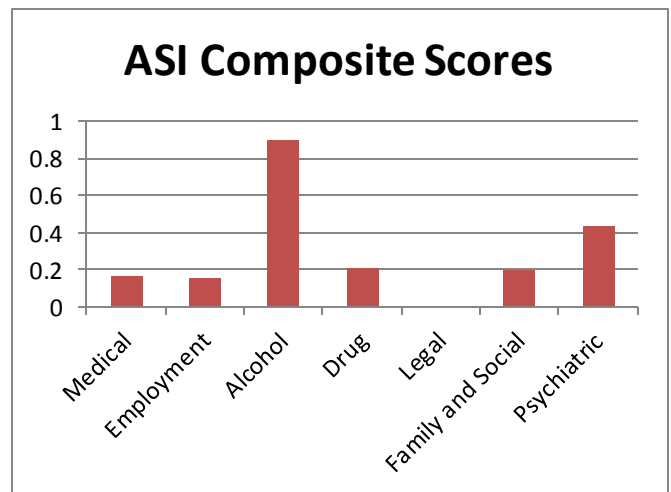
The CIWA-Ar alcohol and sedative withdrawal scale score is 16 on a scale of 0 to 67, indicating severe withdrawal. A study of the revised version of the CIWA predicted that patients with a score of >15 are at increased risk for severe alcohol withdrawal (RR 3.72; 95% confidence interval 2.85-4.85); the higher the score, the greater the risk. Some patients (6.4%) still suffered complications, despite low scores, if left untreated (Foy, et al., 1988). The modified Clinical Institute Narcotic Assessment Scale (CINA-M) opioid withdrawal scale score is 10 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	0.167
Employment	0.152
Alcohol	0.898
Drug	0.205
Legal	0.000
Family and Social	0.200
Psychiatric	0.432



## CRITICAL ITEMS

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

1. The interviewer indicated that Ms Jones demonstrates or could potentially be at imminent risk of uncontrolled violent behavior which could be self endangering or could endanger someone else. Close observation and protective measures may need to be effected to ensure safety.

## DIMENSIONAL ANALYSIS

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

In Dimension 1, the patient's needs regarding withdrawal can be met at multiple levels, including: Level 3.2-WM, Opioid Treatment Services.

### Dimension 2 - Biomedical Conditions and Complications

In Dimension 2, the patient's needs regarding biomedical issues can be met at multiple levels, including: Level 2.1, Level 2.5, Level 3.1-BioMed, 3.3-BioMed or 3.5-BioMed, Opioid Treatment Services.

### 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 3.3-COE, Level 3.5-COC, Level 3.5-COE, Level 3.7-COC, Level 3.7-COE, 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 1, Level 2.1, Level 2.1-COE, Level 3.1, Level 3.1-COE, Opioid Treatment Services.

### 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 1, Level 2.5, Level 2.5-COE, Opioid Treatment Services.

### Dimension 6 - Recovery Environment

In Dimension 6, the patient's needs regarding recovery environment can be met at multiple levels, including: Level 2.1, Level 2.1-COE, Level 2.5, Level 2.5-COE, Level 3.3, Level 3.3-COE, Level 3.5, Level 3.5-COE, Level 3.7, Level 3.7-COE.

#### Levels of Care

**+** Meets Criteria  
**WM** Withdrawal Management  
**COC** Co-occurring Capable  
**COE** Co-occurring Enhanced

Dimension	0.5	1	OTS	2.1	2.5	3.1	3.3	3.5	3.7	4
Dimension 1			+							
Dimension 2			+	+	+	+	+	+		
Dimension 3							COE	COC COE	COC COE	COE
Dimension 4		+	+	+		+				
Dimension 5		+	+		+					
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. Joanne does not have continuous monitoring available on an outpatient basis for the next 8 to 24 hours.
2. The clinician deduced from the interview or has information that indicates that her current behavior may be inconsistent with reliable self-care, safety, or an ability to participate effectively in treatment.
3. If medications are currently prescribed or will be prescribed during treatment, the patient may be either unable or unwilling to self-administer these medications with acceptable compliance.

## FINAL LEVEL OF CARE RECOMMENDATIONS

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Joanne Jones 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 could be considered for treatment in a (Level 2.5 and 3.1) program that combines Level 2.5, partial hospitalization treatment, and the residential features of a 3.1 program.
2. In addition to Level 2.5 care, the patient is best initially treated in a Co-Occurring Enhanced program, as she meets the diagnostic criteria for a Mental Disorder as well as a Substance Use Disorder.
3. The patient is best initially treated in a Level 3.7 -- medically monitored intensive inpatient treatment program.
4. Ms Jones has a co-occurring Mental Disorder that meets the stability criteria for placement in a Co-Occurring Capable program.
5. The patient has met one or more dimensional criteria for Opioid Treatment Services (OTS) but has not met final level criteria for OTS.

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