

ASAM Level III.I: Clinically Managed Low Intensity

Treatment Focus:

5 hours low intensity treatment

Recovery skills, relapse prevention, improving emotional functioning, promoting personal responsibility

Reintegration into the worlds of work, education, and family life

Services Provided:

Individual

Group

Family

Medication management

Medication education

Self Help meetings

Delivered Care:

Services are considered low intensity OP focused on improving functioning and coping skills in D5 and D6 (considered separately from res)

Structured Recovery Environment 24/7 to prevent or minimize relapse or continued use and continued problem potential (D5)

Community component enhances interpersonal and group living skills allowing structured practice for integration of recovery and coping skills

D4 is accomplished when a supportive environment is provided for those in early stages of readiness for change

Res can be combined with (Level III.I) for people whose living situations are incompatible with recovery goals if they otherwise meet the D admission criteria for IOP

May need monitoring and motivational strategies to prevent deterioration, engage in treatment and facilitate their progress through stages of change to recovery

My receive discovery as opposed to recovery services

Functional Deficits:

Problems in application of recovery skills

Lack of personal responsibility

Lack of connection to worlds of work, education or family life

ASAM Level III.3: Clinically Managed Medium Intensity

Treatment Focus:

Treatment until cognitive impairment abates and then more or less intensive level of care
Or continued treatment at this level for chronic brain syndrome or MR or TBI
Medical necessity
Chronic and compromised individuals needing time to reintegrate experiences of treatment

Delivered Care:

Habilitation vs. interpersonal and coping skills
Overcoming lack of awareness about the effects of SA on life
Enhancing readiness to change
Relapse prevention
Problems of continued use
Reintegration into community Continued care planning

Services Provided:

Slower paced
Concrete
Repetitive in nature
Cognitively impaired sensitive
Focus is slower to work with cognitive deficits (D3)
Focus is slower to work with chronicity (D4&5)
Address nursing and or medical issues
Case Management for Integration
Networking into ancillary or wrap-around for housing, vocational, transportation, and self-help assistance after d/c

Functional Deficits:

Cognitive deficits of permanent or temporary nature
Interpersonal relationships
Emotional problems
Coping Skills
Maybe homeless
Maybe medically impaired

ASAM Level III.5 (TC) Clinically Managed High Intensity

Treatment Focus:

- Promote abstinence from substance use and antisocial behavior
- Effect global change in lifestyles, attitudes and values
- Comprehensive multi-faceted treatment of long duration
- Address interrelated problems
- Often habilitative focus on educational and vocational deficits
- Address socially dysfunctional behavior
- Ameliorating deficits through targeted interventions
- Intensity and duration of clinical habilitative services rather than medical is the defining characteristic at this level
- Basically living skills
- Master the application and demonstration of coping and recovery skills

Services Provided:

- Individual
- Group
- Peer support
- Medical monitoring
- Prescription administration
- Planning to support recovery and improve functioning

Delivered Care:

- Reducing relapse risk
- Reinforcing prosocial behavior
- Assist with healthy reintegration into the community
- Specialty modalities and skills training
- Safe environment
- Non-fixed lengths of stay
- Structured Recovery Environment 24/7
- Exposure to healthy prosocial environment conducive to skill building and healthy psychosocial development
- Discovery and recovery services
- Overcoming lack of awareness or ambivalence about the effects of substance related problems on their lives
- Enhancing readiness to change
- Preventing relapse, continued problems and continued use and promoting reintegration into the community

Functional Deficits:

- Significant social and psychological problems
- Disorders of the whole person with problems in conduct, attitudes, moods, values and emotional management

Defining characteristics are found in emotional, behavioral and cognitive conditions (D3) and living environment (D6)

Substance related

Criminal activity

Psychological problems

Impaired functioning

Disaffiliation from mainstream values

May have serious and persistent Axis I and Axis II

Chaotic, non-supportive and often abusive interpersonal relationships

Extensive treatment or criminal justice histories

Risk of continued criminal behavior

Poor social skills

Inadequate anger management skills (D3)

Emotional immaturity

Extreme impulsivity (D3)

Hostile and violent acting out (D3)

Resistance and antagonism to limits (D3)

Problems with authority (D3)

Hyperactivity and distractibility (D3)

Limited work histories and educational experiences

Antisocial value system

(D6) concerns with social/emotional environment where deviance is normative (ongoing substance use, incarceration, endemic unemployment)

Sequelae of physical, emotional and /or sexual trauma

Chronic use of substances resulting in increased impairment in judgment

Vulnerable to relapse

ASAM Level III.7 Medically Monitored

Treatment Focus:

24 hour professionally directed evaluation, observation, medical monitoring and SA treatment

Inpatient facility and beds with clinical protocols and policies

Patients with subacute biomedical, emotional, behavioral and/or cognitive problems of significant severity to require inpatient treatment but not acute hospitalization

Services Provided:

Interdisciplinary staff including addiction physician

Detox

Conjoint treatment

Addiction treatment

Subacute biomedical, emotional, behavioral, cognitive

Functional Deficits:

Dimensions 1, 2 and/or 3 (meeting at least one of these)

Examples: moderate w/d risk, poorly controlled diabetes or hypertension, or chronic pain, diagnosable axis I or symptoms that interfere or distract from recovery.

May also have deficits in 4, 5 and 6