

The following are the six dimensions of ASAM:

David R. Gastfriend, David Mee-Lee, Thirty Years of The ASAM Criteria: A Report Card, Psychiatric Clinics of North America, Volume 45, Issue 3, 2022, Pages 593-609

1. Acute Intoxication and/or Withdrawal Potential

Objective Assessment: Evaluate immediate status and trajectory using past/recent history and standardized measures.

Flexible Care: Provide withdrawal management across appropriate levels of care.

Safety & Transition: Ensure immediate physical safety while preparing for ongoing addiction treatment.

2. Biomedical Conditions and Complications

Identify & Treat: Evaluate and manage co-occurring medical conditions alongside addiction.

Coordinated Delivery: Provide physical healthcare directly within the program or through outside care coordination.

Remove Barriers: Address health-related risks that could disrupt treatment adherence or recovery.

3. Emotional, Behavioral, or Cognitive Conditions and Complications

Identify & Treat: Evaluate and address mental health issues, whether fully diagnosed or subdiagnostic.

Coordinated Delivery: Provide psychiatric care directly or coordinate with outside mental health services.

Remove Barriers: Mitigate psychological risks that could hinder treatment compliance or recovery.

4. Readiness to Change

Assess Readiness: Determine the individual's current stage of change and motivation.

Build Motivation: Apply motivational strategies for those unready to commit to full recovery.

Advance Action: Consolidate and expand action plans for those prepared for active recovery.

5. Relapse, Continued Use, or Contined Problem Potential

Evaluate & Skill-Build: Gauge readiness for relapse prevention and teach coping strategies when appropriate.

Leverage Past Success: Identify previous sober periods and replicate what worked.

Raise Awareness: Highlight the consequences of ongoing use to build motivation in early stages of change.

6. Recovery Environment

Evaluate Environment: Assess whether social networks support recovery or undermine it.

Identify Asset & Service Needs: Address specific gaps in housing, finances, work, legal, childcare, and transportation.

Leverage Resources: Pinpoint and utilize existing personal assets, recovery supports, and community services.

Measurement Shift: Addiction care is moving from retrospective tracking to Concurrent Recovery Monitoring and real-time, measurement-based care, aligning it with chronic disease management (e.g., tracking diabetes via blood sugar).

Value-Based Funding: Reimbursement is shifting from fee-for-service to demonstrating value, requiring programs to prove patient retention, engagement, and beneficial clinical outcomes.

EBP Implementation: Programs face barriers (e.g., limited time and skills) in adopting core Evidence-Based Practices (CBT, Motivational Interviewing, Contingency Management, Peer Support).

Accountability & Process Measures: Regulatory and certification bodies (e.g., ASAM, Joint Commission) increasingly mandate that EBPs and standardized outcome tools be actively, individualized, and systematically used in care plans rather than just offered on paper.

ASAM ASSESSMENT COLLATERAL INFORMATION:

ASAM assessment collateral information" refers to details gathered from sources other than the patient themselves, like family members, friends, or previous healthcare providers, during an ASAM (American Society of Addiction Medicine) assessment, used to gain a more comprehensive picture of the patient's substance use history and current situation, particularly when the patient might not provide fully accurate information due to denial or impairment.

Key points about ASAM assessment collateral information:

- **Purpose:**

To verify information provided by the patient, identify potential inconsistencies, and gather crucial details about the patient's substance use patterns, social support network, and overall functioning that might be missed in a self-report alone.

- **Sources of collateral information:**

- Family members
- Close friends
- Previous treatment providers
- Employers (with consent)
- Legal records (if relevant)

- **Information gathered from collaterals:**

- Substance use history (types of drugs, frequency, quantity)
- Past treatment attempts
- Impact of substance use on relationships and work
- Observable behavioral changes related to substance use
- Medical history related to substance use

Important considerations when using collateral information:

- **Patient consent:**

Always obtain informed consent from the patient before contacting any collateral source.

- **Confidentiality:**

Maintain strict confidentiality when discussing information obtained from collateral sources.

- **Accuracy checks:**

Compare information provided by the patient with the collateral information to identify potential discrepancies and address them with the patient.