

The ASAM Narrative

What is the ASAM Narrative?

ASAM is the *American Society of Addiction Medicine* (see asam.org). From their website, we learn the following summary:

ASAM, founded in 1954, is a professional society representing over 3,700 physicians, clinicians and associated professionals in the field of addiction medicine. *ASAM* is dedicated to increasing access and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction.

The ASAM Criteria

ASAM has developed a standardized set of criteria that can be used for assessing any individual for appropriateness in addictions therapy placement. Looking at the six dimensions in the *ASAM Criteria*, it is evident that the *Criteria* can serve a much broader use than just for the addictive recovery community. Regarding the *Criteria*, *ASAM* says,

ASAM's criteria, formerly known as the *ASAM* patient placement criteria, is the result of a collaboration that began in the 1980s to define one national set of criteria for providing outcome-orientated and results-based care in the treatment of addiction. Today the criteria have become the most widely used and comprehensive set of guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions. *ASAM's* criteria are required in over 30 states.

ASAM's criteria is an indispensable resource that addiction medicine professionals rely on to provide a nomenclature for describing the continuum of addiction services.

The Six Dimensions of Assessment

The six dimensions of assessment allow for professionals to properly place individuals needing treatment for addictions in the most appropriate setting for their care. The dimensions allow all caregivers to see six important facets of an individual's situation that may (and do) determine the most appropriate type of care and level of care. This most imminently applies to addiction medicine in its primary focus.

The six *ASAM Dimensions* are:¹

Dimension #1 – Acute Intoxication/Withdrawal Potential

Exploring an individual's past and current substance use and withdrawal.

Dimension #2 – Biomedical Conditions/Complications

Exploring an individual's health history and current physical condition.

Dimension #3 – Emotional/Behavioral/Cognitive Conditions and Complications

Exploring an individual's thought, emotions, and mental health issues.

Dimension #4 – Readiness to Change

Exploring an individual's readiness and interest in changing.

Dimension #5 – Relapse/Continued Use/Continued Problem Potential

Exploring an individual's unique relationship with relapse or continued use or problems.

Dimension #6 – Recovery/Living Environment

Exploring an individual's recovery or living situations, and the surrounding people and things.

These dimensions – as related to addiction medicine – are astounding. However, these six dimensions of care are so inclusive that it is reasonable to expand their focus and use to a broader audience. The six dimensions are applicable – not only to the addiction community of caregivers, but to the broader counseling fields.

At the *MARETweb Project*, we have expanded the six dimensions of the *ASAM Criteria* to make them inclusive for the whole counseling community. Through the *ASAM Narrative* that we have created at *MARETweb*, you will be able to see an overall picture of a client's needs. Through that picture, you will gain insight into the best approach for care – whether that care is best provided by you, or if the client is best referred out to another source of more appropriate care.

Fields Included on the *MARETweb ASAM Narrative*

In the *MARETweb Project*, we expand the *ASAM Dimensions*. This expansion is called the *ASAM Narrative*. Because these dimensions are so critical to the care and proper placement

¹ These dimensions are taken directly from the *ASAM* website at asam.org.

of an individual in treatment, we help you examine the appropriateness of care for each individual. After examining each of these areas, you should ask yourself if the individual that has come to you for care is best suited for care with you or if they should be referred somewhere else.

The purpose of the *ASAM Narrative* is to give a counselor a comprehensive picture of the client. This provides as an overview of the whole person. It acts as a good review for later use, especially in the cases of referral to another agency or inclusion of another counselor.

There is another use, however. The *ASAM Narrative* can provide you with a very clear picture of who the client is. This is especially useful in helping to determine exactly what type of care the individual needs. It will help you clarify whether or not you and the potential client are a "good fit."

It will be very helpful to you if you take the time to complete this form as comprehensively as possible. Take your time. It will be beneficial both immediately and in the future. You only need to fill out the data that you have. If you do not have any information about a specific area, leave it blank.

These are the areas covered by the *ASAM Narrative* and the information that you should include in each of those areas. The report that will be created will be in narrative format. It is wise to create this document using complete sentences with appropriate detail for each area.

Complete Biopsychosocial Summary

This should be a comprehensive verbal expression of the client's life summary. Anyone reading this, including yourself later in therapy, should get a picture of who this client is. It may be valuable to use the *Complete Biopsychosocial Summary* to create this document.

Immediate Presenting Issues

This should give the reader a clear understanding of exactly why a client has entered therapy.

Dimension #1 - Acute Intoxication/Historic Detox Issues

It is important that this point to discuss any issues related to intoxicating substances. That would include intoxicating pharmaceuticals that have been scripted by a medical doctor. List any historic instances of overdose, addiction and detoxification events. If there are substances being used, note whether or not those substances could present a problem.

Dimension #2 - Medical and Physical Issues

Explore the client's physical and medical issues. This will include previous health issues including hospitalizations and surgeries. Chronic issues should also be included. Will these physical issues interfere with therapy? Are they part of the reason that a person needs therapy? Are they contributory? Does the client need to see medical doctor on a regular basis?

Dimension #3 - Mental, Emotional, Psychological and Behavioral Issues

Document all historic mental, emotional, psychological and behavioral issues including diagnostics and medications. This should include notation of any psychiatric hospitalizations. You may also wish to include significant family mental health issues.

Dimension #4 - Motivation and Readiness to Change

Discuss the readiness of the individual to change.

Dimension #5 - Relapse and Continued Problem Potential

Discuss the potential for relapse after treatment. Relapse potential is indicated by the fact that the client has been through other therapy events throughout their life. The more a person has been in treatment, the more likely they are to return to the same problem again. What is the potential for continuation of the existing problem due to environment or associates.

Dimension #6 - Recovery and Terminal Living Environment

Explore the living environment that the individual will likely be living in when treatment is over. How will that terminal living environment affect the individual's potential for retaining any healing that they have gained from their current therapy?

Procedures and Directives

List all procedures and directives that will be involved in therapy. This would include notation of individual one-on-one therapy, group therapy, outpatient therapy, periodic visits to a psychiatrist, and visits to a medical doctor on a periodic basis. Every form of therapy that will be used should be indicated here.

An Example of a Complete ASAM Narrative

Complete Biopsychosocial Summary

James is a 40-year old male Caucasian. He is recently divorced after 19 years of marriage. He has two children, ages 9 and 15. He sees his children on an infrequent basis. James is not on friendly terms with his former wife. They tend to fight every time that they encounter each other. James is currently unemployed. He states that his unemployment is due (somewhat) to his mental and psychological state.

Immediate Presenting Issues

James has presented himself to therapy due to extreme anxiety issues. He states that he has been diagnosed with *Panic Disorder* by a psychiatrist. He seems to have some *Agoraphobic* tendencies since he gets nervous when he leaves his apartment. James is currently taking *Xanax* for his anxiety condition.

Dimension #1 - Acute Intoxication/Historic Detox Issues

James is currently taking *Xanax* due to anxiety issues. He states that he only takes the medication as prescribed and does not abuse the substance. James states that he does drink beer occasionally but that he does not abuse it. He stated that he has never had a substance problem.

Dimension #2 - Medical and Physical Issues

James said that he has had some recent health issues that caused him to go to the emergency department twice. Both of those instances related to chest pains. It was determined by doctors at the ED that James was suffering from stress due to *Panic Attacks*. James stated that he did not have any other physical conditions.

Dimension #3 - Mental, Emotional, Psychological and Behavioral Issues

James expressed that he has been having *Panic Attacks* since approximately six months prior to his divorce. He attributes the *Panic* events to the disintegration of his marriage of 19 years. He has been diagnosed with *Panic Disorder* by a medical doctor and was scripted *Xanax* (1 mg 3x daily) for the anxiety. His *QuikTest* anxiety score is currently 134, which is extremely elevated. James stated that he has had panic events many years ago during college. He has never had a psychiatric hospitalization.

Dimension #4 - Motivation and Readiness to Change

James appears to be very motivated to change and has presented himself to therapy without intervention from any outside source.

Dimension #5 - Relapse and Continued Problem Potential

There is some small potential for James to relapse into another bout with anxiety since it appears that he has had such events previously.

Dimension #6 - Recovery and Terminal Living Environment

The terminal living environment that James will apparently live in is itself troubling since it seems to be that living alone accents his anxiety events. This will need to be addressed during therapy.

Procedures and Directives

James will participate in individual counseling twice weekly until such a time that the extreme anxiety is reduced to a *QuikTest* anxiety score of less than 115. At that time, therapy will occur one weekly. James will see his medical doctor upon request for medication management. He will occasionally be required to present his prescription bottle for a pill count to show that he is not abusing the substance.