



MONARCH
INTEGRATION PARTNERS

Master ASAM 4th Edition Assessments with Confidence

Step-by-step training for outpatient, IOP, residential, and detox care levels

Master Accurate ASAM 4th Edition Assessments for Care Decisions

Understand how precise ASAM evaluations improve placement and optimize treatment outcomes



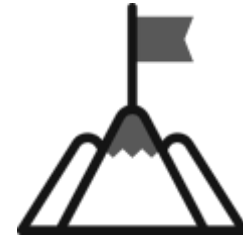
ASAM CRITERIA

THE **ASAM CRITERIA** SET THE NATIONAL STANDARD FOR SUBSTANCE USE DISORDER PLACEMENT DECISIONS WITH CONSISTENT CARE.



ACCURATE CARE

ACCURATE ASSESSMENTS ENSURE PROPER CARE LEVELS, IMPROVING OUTCOMES AND RESOURCE USE IN OUTPATIENT, IOP,



RISKS

INCORRECT USE OF **ASAM CRITERIA** RISKS UNDER-TREATMENT CAUSING RELAPSE OR OVER-TREATMENT WITH HIGH COSTS AND STRAIN.



TRAINING

THIS **TRAINING** BUILDS ASAM SKILLS FOR CLINICAL TEAMS, ENABLING CONFIDENT DECISIONS ACROSS ALL KEY CARE SETTINGS.



95% CONFIDENCE

REACHING **95% CONFIDENCE** REDUCES ERRORS, IMPROVING PATIENT PATHWAYS AND OVERALL TREATMENT EFFECTIVENESS.

Explore Key Updates from ASAM 3rd to 4th Edition

Understand critical enhancements improving patient assessment and tailored treatment planning



01 Expanded guidance on patient readiness and motivation

Dimension 4 now offers more comprehensive tools to accurately assess a patient's readiness and motivation, enhancing individualized treatment matching for better outcomes.



02 Refined criteria for recovery environment evaluation

Dimension 6 includes clearer standards to evaluate recovery environments, ensuring clinical decisions consider the patient's social and physical surroundings effectively.



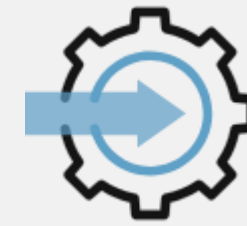
03 Clearer definitions for withdrawal risk and biomedical conditions

Updated language clarifies withdrawal risk levels and biomedical conditions, improving safety and precision in clinical assessments.



04 Person-centered care language and flexible care levels

The 4th Edition emphasizes person-centered language and offers greater flexibility in determining levels of care, promoting individualized and respectful treatment approaches.



05 Enhanced tools for co-occurring disorders

New tools address co-occurring disorders more effectively, ensuring integrated treatment plans that reflect the complexity of patient needs.

ASAM Levels of Care for Addiction Treatment- Outpatient Services

Explore the 4th Edition ASAM continuum to match client needs with appropriate treatment intensity

	★	★	★
Outpatient (OP)	Level 1	Outpatient Services	<9 hours/week for adults; typically individual or group therapy, minimal disruption to life. Appropriate for clients with low risk in all dimensions and stable support systems.
Intensive Outpatient (IOP)	Level 2.1	Intensive Outpatient Services	9–19 hours/week structured programming. Appropriate when the client needs more support than OP but does not require daily medical/psych oversight. Includes group, individual, and family counseling.
Partial Hospitalization Program (PHP)	Level 2.5	Partial Hospitalization Services	20+ hours/week, often 5+ days/week, daytime programming with medical monitoring, psychiatric services, and intensive therapy. For clients with moderate to high risk in multiple dimensions, but who can live safely outside 24-hour care.
High-Intensity Outpatient (HIOP) (less common term)	Can fall between 2.1 & 2.5	Not formally distinct in ASAM	Used by some providers to describe IOP with added medical/psychiatric oversight, approaching PHP intensity. Can reflect co-occurring enhanced services.

ASAM Levels of Care for Addiction Treatment- Residential Services

Explore the 4th Edition ASAM continuum to match client needs with appropriate treatment intensity

	★	★	★
Residential/Inpatient Treatment (RES)	Level 3.1	Clinically Managed Low-Intensity Residential	24-hour structure with trained staff, minimal clinical hours, for clients with stable medical/psych needs, but who lack recovery environment support. Often transitional or early recovery support.
	Level 3.3	Clinically Managed Population-Specific High-Intensity	24-hour care for clients with cognitive impairments or specific needs (e.g., older adults, brain injuries). Focuses on repetitive, slower-paced programming.
	Level 3.5	Clinically Managed High-Intensity Residential	24-hour staffed facility, intensive clinical services for clients with multidimensional instability, including behavioral, emotional, and environmental risks. Often for those unable to maintain stability in outpatient settings.
	Level 3.7	Medically Monitored Intensive Inpatient Services	24-hour medical monitoring for clients with significant medical, psychiatric, or withdrawal risks, but who don't require full hospital-level care. Strong clinical and nursing staff presence.

ASAM Levels of Care for Addiction Treatment-Detox Services

Explore the 4th Edition ASAM continuum to match client needs with appropriate treatment intensity

	★	★	★
Detox / Withdrawal Management (DTX)	Level 1-WM	Ambulatory WM without Extended On-site Monitoring	Office- or home-based, mild withdrawal, requires patient cooperation and low medical risk.
	Level 2-WM	Ambulatory WM with Extended On-site Monitoring	Similar to 1-WM, but staff on site during hours of operation; higher monitoring, still outpatient.
	Level 3.2-WM	Clinically Managed Residential WM	24-hour structured environment, no 24-hour medical care, suitable for clients with moderate withdrawal risk but no serious medical/psych issues.
	Level 3.7-WM	Medically Monitored Inpatient WM	24-hour nursing + physician oversight, for clients with moderate to severe withdrawal risks. May be standalone or part of 3.7 residential.
	Level 4-WM	Medically Managed Intensive Inpatient WM	Hospital-based withdrawal management, 24-hour medical and nursing, for severe withdrawal or unstable medical/psychiatric conditions. Often overlaps with inpatient psych or medical admission.

Master the Six ASAM Dimensions for Effective Care

Understand each ASAM dimension to guide precise clinical decision-making and level of care



01 Intoxication

Assess the patient's current **intoxication** status and risk of **withdrawal** to determine immediate clinical needs and necessary safety precautions for effective care.

04 Readiness

Gauge patient **motivation** and willingness to engage in treatment, influencing intervention strategies and helping predict expected outcomes.

02 Biomedical

Identify existing **medical issues** or complications like chronic diseases or infections that may impact treatment planning and required care intensity.

05 Relapse Risk

Assess risks of **relapse** or continued substance use to tailor **relapse prevention** and monitoring plans effectively for sustained recovery.

03 Emotional Issues

Screen for **psychological** or **cognitive disorders** affecting recovery to ensure integrated behavioral health interventions are included in the treatment plan.

06 Environment

Examine social, familial, and environmental factors that support or hinder recovery, informing aftercare planning and necessary support services.

Dimension 1: Assess Acute Intoxication and Withdrawal Risk

Follow precise steps to evaluate substance use and withdrawal risk for care decisions



Gather Recent Substance Use

Collect detailed information on the **type, frequency, and quantity** of substances used recently to establish baseline **intoxication risk** and inform care decisions.

Assess Withdrawal Symptoms

Use validated clinical scales like **CIWA-Ar** for alcohol to objectively measure current **withdrawal signs** and their **severity** for accurate risk evaluation.

Review History for Withdrawal Risks

Identify past severe withdrawal episodes or **seizures** by reviewing the patient's medical records and history to anticipate potential **complications**.

Determine Withdrawal Risk Level

Classify withdrawal risk as **None, Mild, Moderate, or Severe** based on collected data to guide appropriate **level of care** decisions.

Document Findings Clearly

Record all assessment results comprehensively, emphasizing **withdrawal risk** as a key factor in choosing between **Detox** and other levels of care.

Apply Clinical Example

For example, a patient using opioids daily with prior severe withdrawal requires consideration for a higher level of care such as **Detox** to ensure safety.

Dimension 2: Analyze Biomedical Conditions Impacting Care Decisions

Stepwise evaluation of medical history and severity to guide ASAM level of care choices

01

Review chronic medical history thoroughly

Assess for chronic diseases such as diabetes and cardiovascular disease that influence treatment planning and risks. For example, uncontrolled diabetes may affect medication choices.

02

Screen for acute medical complications

Identify current infections, injuries, or other acute issues that could complicate care, requiring urgent attention or alternate settings.

03

Collaborate with healthcare providers

Obtain up-to-date clinical data by consulting medical professionals to ensure accurate assessment and safe care decisions.

04

Rate complication severity precisely

Classify biomedical complications as None, Mild, Moderate, or Severe to determine appropriate level of care and monitoring needs.

05

Match severity to care setting

Higher severity complications often necessitate Residential or medically monitored Detox settings to ensure patient safety and manage risks effectively.

06

Use case examples for clarity

Example: A patient with uncontrolled hypertension and recent hospitalization requires close medical management, influencing level of care decisions.

Dimension 3: Evaluate Emotional and Cognitive Conditions for Treatment Needs

Step-by-step approach to identify mental health disorders and determine appropriate care levels

01 Assess presence of mental health disorders

Identify disorders such as depression, anxiety, PTSD, or cognitive impairments using clinical observation and patient history.

04 Rate severity of emotional or cognitive conditions

Classify symptoms into None, Mild, Moderate, or Severe to guide level of care recommendations and clinical urgency.

02 Use standardized screening tools

Apply validated instruments like PHQ-9 and GAD-7 to objectively measure symptom severity and guide diagnosis.

05 Refer severe cases to Residential care

Patients with severe conditions often require residential programs with psychiatric support for comprehensive management.

03 Determine treatment needs based on symptoms

Decide if integrated dual diagnosis treatment or specialized psychiatric care is needed depending on the symptom complexity.

06 Example: Immediate intervention for suicidal ideation

Patients exhibiting active suicidal thoughts need urgent clinical intervention and placement in a higher level of care.

Dimension 4: Measure Readiness and Motivation for Effective Treatment

Step-by-step assessment of patient insight and motivation using ASAM Dimension 4

Assess patient insight on substance use problems

01

Explore the patient's understanding and acknowledgment of their substance use issues to gauge openness to treatment, which is critical for accurate readiness evaluation.

Match low readiness with engagement-focused services

04

Patients with low readiness often benefit from outpatient programs emphasizing engagement and rapport building before advancing to more intensive care.

Apply motivational interviewing techniques

02

Use motivational interviewing during assessment to encourage honest dialogue and enhance patient engagement, helping to clarify their readiness stage.

Support high readiness with intensive treatment

05

High readiness patients are suitable for intensive outpatient programs (IOP) or residential treatment, maximizing intervention impact.

Rate readiness on a readiness spectrum

03

Evaluate readiness from Precontemplation through Preparation/Action stages to determine appropriate intervention intensity based on patient motivation level.

Document motivational status precisely

06

Accurately recording motivational status ensures treatment plans are tailored effectively to patient readiness, improving outcomes and care coordination.

Dimension 5: Assess Relapse Potential and Ongoing Use Risks Effectively

Step-by-step evaluation to determine relapse risk and appropriate care setting



Identify Triggers and Relapse Patterns

Recognize specific triggers, cravings, and past relapse incidents to understand the patient's vulnerability to relapse.

Evaluate Environmental and Behavioral Factors

Assess aspects of the patient's surroundings and behaviors that contribute to ongoing risk of substance use.

Categorize Risk Level

Classify relapse risk as Low, Moderate, or High by integrating historical and current patient information.

Determine Appropriate Care Setting

Recommend structured treatment environments such as IOP or Residential for patients identified at high relapse risk.

Incorporate Collateral Information

Gather additional insights from family members or healthcare providers to enhance accuracy of relapse risk assessment.

Apply Case Example

Use real examples, like repeated outpatient relapses, to justify recommendation for intensified care levels.

Dimension 6: Evaluate Recovery Environment and Social Supports Effectively

Step-by-step assessment of environment risks and protective factors for ASAM decisions

01

Assess key recovery environment factors systematically

Evaluate the patient's living situation, family dynamics, employment status, legal issues, and peer support to understand overall social context and its impact on recovery.

02

Identify environmental risks impacting recovery

Spot risks such as exposure to substance use, unstable or unsafe housing, and lack of family support that may compromise treatment outcomes.

03

Determine protective factors supporting sobriety

Highlight stable housing, sober peer networks, and positive family involvement that enhance the patient's recovery environment and promote stability.

04

Rate environment stability clearly

Classify the patient's environment as Supportive, Neutral, or High Risk based on combined risk and protective factors to guide level of care decisions.

05

Recommend higher care for high-risk environments

For patients in high-risk settings, such as homelessness or no family support, consider Residential or closely monitored care to ensure safety and recovery success.

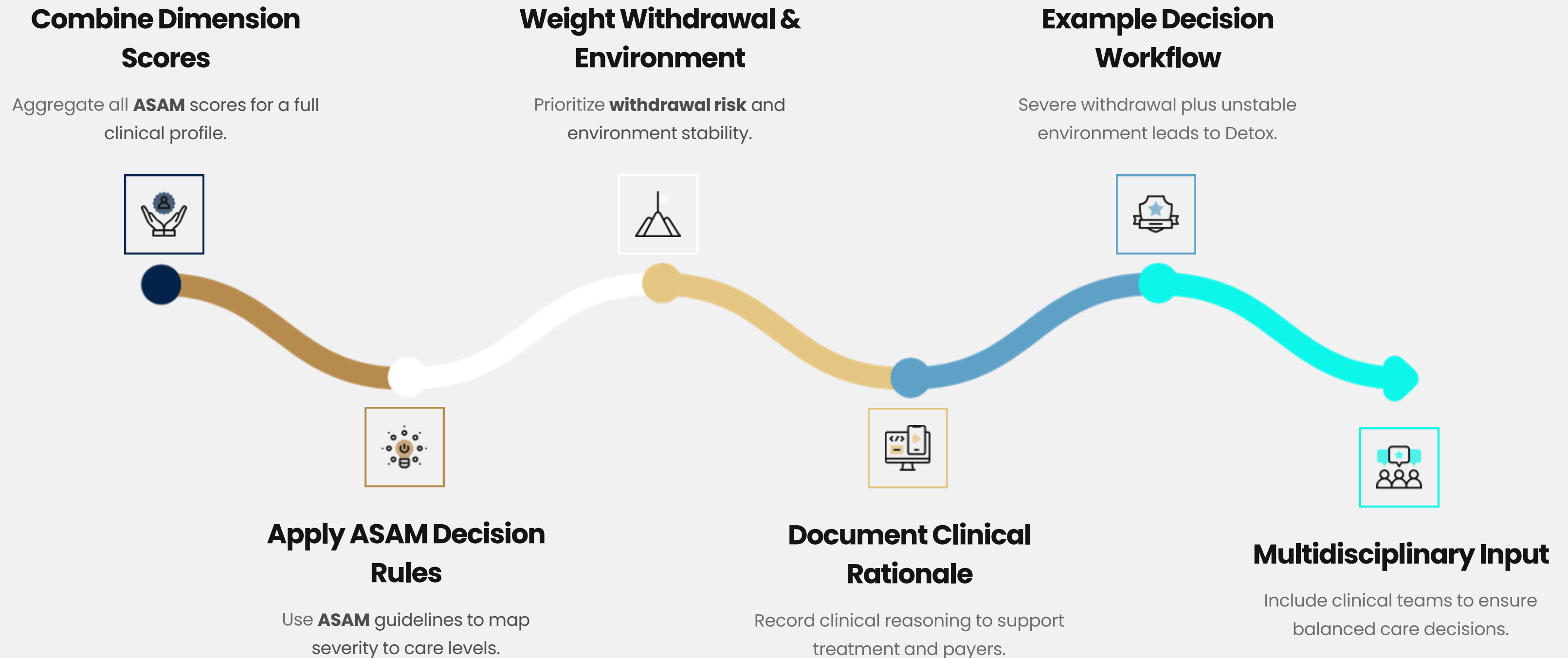
06

Use concrete examples for clarity

Example: A homeless patient with no family support requires a higher level of care placement to address environmental instability effectively.

Integrate ASAM Dimensions for Care Level Decisions

Step-by-step synthesis of dimension data to recommend appropriate ASAM levels of care



Apply ASAM Criteria for Outpatient and IOP Settings

Step-by-step guidance for selecting appropriate ASAM care levels based on patient needs

01

Select Outpatient for low-to-moderate severity patients

Use Outpatient care for patients with **low-to-moderate severity** across dimensions, a stable environment, and strong motivation to engage in treatment independently.

02

Recommend IOP for moderate risk and emotional needs

Intensive Outpatient Program (IOP) suits patients needing more structure, such as those with **moderate withdrawal risk**, emotional challenges, or relapse potential.

03

Use stepwise examples for level decisions

Example: A patient with **moderate anxiety (Dimension 3)** and **moderate relapse risk (Dimension 5)** should be placed in IOP to address these risks effectively.

04

Document strengths to justify outpatient care

Highlight patient strengths in **Dimension 4 (readiness to change)** during documentation to support recommendations for outpatient care levels.

05

Continuously monitor for level adjustment needs

Closely monitor patient progress and behavior for any changes that indicate a need to adjust the treatment level, ensuring optimal care.

Deciding Residential Treatment for Higher Support Needs

Identify when patients require structured care and continuous monitoring in residential settings

01 Assess biomedical, emotional, and environmental risks



Residential care suits patients with moderate to severe risks across biomedical, emotional, or environmental domains, ensuring comprehensive support.

02 Evaluate withdrawal risk and recovery stability



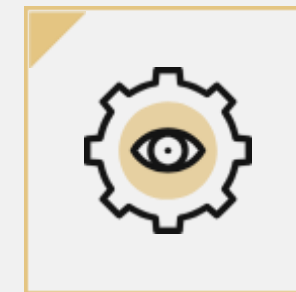
Confirm moderate to high withdrawal risk and an unstable environment that may hinder recovery without intensive care.

03 Use specific clinical examples to justify care



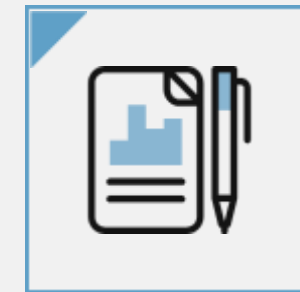
Example: Patient with uncontrolled depression (Dim 3), previous relapse (Dim 5), and homelessness (Dim 6) clearly needs residential support.

04 Emphasize need for 24-hour monitoring and integrated services



Highlight continuous monitoring and combined mental health and addiction services as critical elements of residential care.

05 Document safety and clinical necessity thoroughly



Ensure all documentation clearly supports the safety concerns and clinical need for residential placement to meet ASAM criteria.

Prevent Common Errors in ASAM Assessments

Master key strategies to ensure accurate, complete, and objective ASAM 4th Edition evaluations



Avoid incomplete or inconsistent data gathering

Ensure **thorough data collection** across all ASAM dimensions to prevent gaps or contradictions.



Use collateral information to validate reports

Incorporate **family, providers, or records** to confirm patient information and enhance reliability.



Accurately assess withdrawal severity and risks

Do not underestimate **withdrawal symptoms** or external factors; they affect safety and care level.



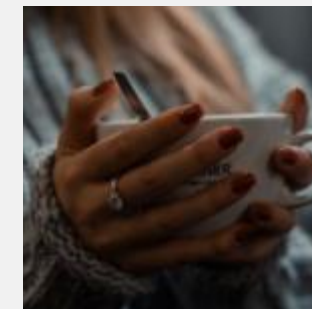
Maintain clear, objective documentation

Link findings explicitly to care decisions with **factual, unbiased notes** supporting treatment and compliance.



Correctly evaluate patient motivation level

Misjudging **motivation** can cause inappropriate care; assess objectively using validated tools.



Engage in continuous training and peer review

Regular **education and feedback** improve accuracy, build confidence, and reduce errors in assessments.

Thank you for attending
this ASAM training
session!

If you'd like more in-
depth guidance,
resources, or
consultation, [click here](#)
to learn more and
connect with our team.

