Welcome to [Documentation for Acuity of Care Training]

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1. Barriers to Treatment
2. Getting Ahead of the Curve
3. Overview on Levels of Care (ASAM)
4. Insurance Buzz Words/Key Phrases
5. SIMPLE Acronym for Clinical Documentation
6. Boundaries and Structure

Discussion Points

Who Run the World?

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- **90 days** is the commonly cited minimum for meaningful, lasting change, as shorter programs have limited effectiveness.
- For many, stepping down from inpatient to outpatient care over several months (or even a year) yields higher rates of long-term sobriety.
- Research shows that each additional week or month in a structured treatment environment improves coping skills, reduces relapse, and fosters deeper personal growth.

Length of Stay

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Length of Stay Cont.

- Individuals who engage in post-treatment support (e.g., sober living homes, alumni groups, counseling) have **substantially lower relapse rates**. Some studies show almost double the rate of abstinence compared to those without aftercare.
- **Sober living homes** (like Oxford Houses) can reduce relapse by half while also improving employment and reducing criminal behavior.
- Ongoing counseling or "check-ups" make it easier to intervene early if someone starts slipping back into substance use.

How Do We Do it?

Reshaping how we think about documentation is pivotal! **Strong documentation means increasing patient success rate** because it increases length of stay!

What is ASAM Criteria ? Why does it matter?

- American Society of Addiction Medicine
  - Established in 1954, ASAM is a distinguished medical society that encompasses over 8,000 professionals specialized in addiction medicine
- It is used to define one national set of criteria for providing outcome-oriented and results-based care in the treatment of addiction.

Dimension One: Intoxication/Withdrawal potential
Dimension Two: Biomedical Issues/Complications
Dimension Three: Psychiatric and Cognitive Conditions
Dimension Four: Substance Use Related Risk
Dimension Five: Recovery Environment Interactions
Dimension Six: Person-Centered Considerations

ASAM 4th Edition Dimensions

Intoxication/Withdrawal Potential:

- Withdrawal Sx and Post-Acute Withdrawal Sx
- PAWS sx if often contingent on two major factors: quantity of substance and duration of use.
- Psychosocial stress of recovery-we must acknowledge the evolution of stress increase upon sobriety window opening.
- Nervous System healing up to 24 months after use

Dimension One

- Fuzzy Thinking
- Difficulty Concentrating
- Emotional Dysregulation
- Anger Outbursts
- Emotional Numbing
- Sleep Disturbance
- Unsteady Gait
- Limited Distress Tolerance
- Obsessional Thoughts
- Headaches
- Runny Nose
- Nausea/Vomiting
- Anhedonia
- Increased Depression
- Thoughts of Suicide
- Difficulty with Motivation
- Excessive Guilt/Shame
- Increased Anxiety
- Fatigue
- Muscle aches, pains, and cramps
- Sensitivity to Light
- Chills

Post-Acute Withdrawal Sx

- Chronic Pain
- Autoimmune Conditions
- Sleep-wake impairment and diagnoses
- Pregnancy-related concerns

Biomedical Issues/Complications

- Cognitive Functioning
- Persistent Disability
- Active Psychiatric Concerns
- Trauma Exposure and Related Needs
- Psychiatric and Cognitive Hx

Dimension Three: Psychiatric and Cognitive Conditions

Post-Traumatic Sx

- Avoidance of people/places/things that remind you of traumatic event
- Feeling detached from others and emotionally numb
- Loss of interest in activities or of life in general
- Feeling jumpy or easily startled
- Intense emotional or physical reactivity with onset of trauma reminders
- Intrusive traumatic imagery
- Flashbacks
- Nightmares
- Difficulty Concentrating
- Anger Outbursts
- Hypervigilance

Dimension Four: Likelihood of Risky Substance Use

- The mental relapse prior to the physical relapse is a key component in relapse prevention.
- Increase in anxiety scores, difficulty managing stress, and shifts into denial/minimization stage of change
- Emotional avoidance- who are they gravitating toward in their support network?
- Defensiveness and social isolation
- "I will never use again."
- Not discussing struggles with cravings or urges
- Deflection onto others, not self-focused
- Compulsive behaviors-rigidity in behaviors and thoughts, controlling behaviors, overworking,
- hijacking groups or "playing therapist"

Dimension Four & Assessments

- Brief Addiction Monitor (BAM) Assessments are highly useful in Tx
- TAPS-1 and TAPS-2
- BSTAD: Brief screener for alcohol, tobacco, and other drugs

The National Institute on Drug Abuse is a good resource tool if your agencies are exploring potential options to increase monitoring of risk factors over time. Having and utilizing assessment tools is always an element of good practice.

- What support does the patient have?
- Do they have stable housing?
- Are there volatile relationships in the home?
- Frequent arguments with family and friends?
- Does the patient live alone?
- Do they struggle with social isolation or social anxiety?
- What do financial resources look like?

Dimension Five: Recovery Environment

Dimension Six: Person-Centered Considerations

- Personal Preferences
- Barriers to Care
- Need for Motivational Enhancement

Key Elements of Medical Record

- Biopsychosocial
- Initial observations from Admissions Team****
- Initial H&P
- Initial Assessment tools
- Group Notes

Student Handouts

Key Phrases and “Buzz” Words

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S Symptoms

I Individualized Rating Scales/ Intervention Techniques

M Mental Status Exam Observations

P PAWS

L Learning Opportunities (assignments/ cont. work)

E Environmental Risk Factors/Barriers to Change

"Patient participated in the completion of the Biopsychosocial assessment for first individual therapy session, where she presented emotionally guarded for duration of session. She presents with slightly pressured speech pattern. Patient presented with anxious mood and congruent affect. Patient reports significant struggles with melancholy mood, flashbacks, nightmares, intense mood fluctuations, difficulty concentrating, anger outbursts, hopelessness, low self-esteem and intense physical reactivity with onset of trauma reminders. Patient reports depression at a 7/10, anxiety at a 10/10, and stress at a 9/10 on individualized rating scales. Patient reports PAWS of: significantly impaired sleep cycle, low appetite, emotional dysregulation, difficulty concentrating, increased depression, increased anxiety, anger outbursts, restlessness, racing thoughts, restless legs, muscle aches and pains. Patient has significant struggles with unresolved grief and unresolved adverse childhood experiences, including: childhood sexual abuse, emotional abuse, physical abuse, and neglect. Patient is to be monitored with PCL-5 scores throughout treatment and intervention accordingly. Without proper clinical intervention and corresponding decrease in PTSD sx patient faces significant risk of relapse due to inability to cope with triggers without the use of illicit substances. Patient has been assigned the mistrust/abuse schema packet accordingly to present in group session to improve introspection and begin trauma work. Environmental risk factors are significant, with risk factors drastically outweighing protective factors at this time due to lack of stable housing, lack of sober peer support, intergenerational substance use disorders, lack of familial support, and legal consequences of addiction."

- Breakout groups of three/four people each
- Read through each case study
- Read the "average" note and work as a team to utilize key phrases and improve the quality of documentation

Practice Makes Perfect

1. If you didn't document it, it didn't happen.
2. When you document, always think about the "what" and the "why."
3. Don't spend too much time on too much detail.
4. Carve out time for your documentation, structure it into your day.
5. Hold yourself to completion of tasks, prioritize your work, and set clear boundaries with clients accordingly.
6. Eat lunch, take your breaks, laugh with a coworkers

Boundaries, Tips, and Tricks

1. “I want to pause you for a minute. I want you to know that what you are communicating to me is very important to me. When you speak to me I want to be able to give you my undivided attention. I am unable to do that at this moment, but want you to know that I very much want to assist you and can do so at _____ time.”
2. “I want you to know that it’s normal to feel this way at this point in your sobriety. A lot of rebuilding can impact a lot of big emotions and I want to help you solve this. And as we know, things take lots of time to rebuild and it’s common to have an action urge to fix it all as quickly as possible. Let’s form a plan that’s realistic for both you and I, so you have improved confidence on the timeline of these tasks.”

Compassionate Delivery

Addiction Treatment: Statistics on Efficacy - Addiction Group
ASAM - American Society of Addiction Medicine
What is Wet Brain (Wernicke-Korsakoff Syndrome)?
ASAM Criteria 4th Edition
The Brief Addiction Monitor (BAM) – What Is It and How Is It Used in Substance Use Disorder Care
Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS) Tool
Screening and Assessment Tools Chart | National Institute on Drug Abuse (NIDA)

Resources

Evaluation