**Example for VACPN role play:**

**Do short role play then ask audience about pertinent info for ASAM dimensional assessment and plan of care.**

This is a 26 year old, separated, female who was referred by hospital detox unit for an assessment for services. She had been referred to detox by DSS, who has custody of her children, and has just found out she is pregnant. Client was started on Suboxone at the hospital. Client states: "I want to get back on my feet and get my kids back.”  
  
Client has an extensive hx of opiate use since age of 23, preceded by use of alcohol and THC in her teens. Client was initially prescribed opiates for an injury and then obtained them illegally. She has also used Klonopin previously prescribed by her doctor.

Client has legal charges related to drug use and does not have custody of her 2 kids and is separated from husband who is in jail at this time. Client has a hx of childhood trauma and domestic violence in her relationships. She is living in an apartment she can no longer afford, and is at risk of eviction. Client has not had primary SUD treatment before and has limited insight into the seriousness of her substance use, especially as related to pregnancy and parenting.

Client reports symptoms of PTSD, depression and anxiety, and is very worried about how she will “make it.” Client denies SI or HI at this time. Client denies any AH of VH at this time.

**Identify client’s goals.**

**Identify client’s needs in each ASAM dimension.**

**Identify client’s strengths and resources.**

**ASAM (American Society of Addiction Medicine):**

**Dim 1-** Acute Intoxication or withdrawal potential:

Client has been started on Suboxone for Opiates, no current withdrawal symptoms. Client reports no use of alcohol or other substances since leaving detox unit.

**Dim 2-** Biomedical conditions and complications:

Client reports some chronic pain issues, which has been treated by PCP in the past. Client is currently 8 weeks pregnant and has been linked to prenatal care by the hospital. She denies other health concerns.

**Dim 3**- Emotional, behavioral, or cognitive conditions and complications:

Client reports symptoms of PTSD, depression and anxiety, and is very worried about how she will “make it.” Client denies SI or HI at this time. Client denies any AH of VH at this time. Current symptoms of panic attacks, sleep disturbance, mood swings, hopelessness, tearfulness, and feeling overwhelmed. Not currently on MH meds due to pregnancy.

**Dim 4**- Readiness to change:

Client states "I want to get back on my feet and get my kids back.” Client recognizes she needs help and is willing to participate in services. She did complete recent detox after realizing she was pregnant, but had left another detox AMA earlier this year. Client says she needs help with triggers, cravings, and coping skills.

**Dim 5**- Relapse, continued use or continued problem potential:

Client has been using substances since she was a teen and has not been successful maintaining abstinence for more than a few months.

**Dim 6**- Recovery environment/ supports:

Client is at risk for eviction since sig other went to jail. She is currently unemployed and has very little support from family, who do not live in the area. She has very few non using friends and, while she is open to attending community recovery meetings, her anxiety has kept her from doing so in the past.

**Identify interventions and tasks to meet goals.**

**Identify resources in agency/ community to meet needs and goals.**

Client has been recommended for:

Women’s IOP program (group, individual, and family counseling), SA case management, medication mgmt., OBOT clinic, Possible for Recovery House, PCP for prenatal services/ medical concerns.