ASAM CRITERIA
Revised & Updated

Presented by James Von Busch,
LPC, Ph.D. (ABD)
NWATTC
Based on DSM 5 & The ASAM Criteria Manual

Northwest (HHS Region 10)
ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

OHSU OREGON HEALTH & SCIENCE UNIVERSITY

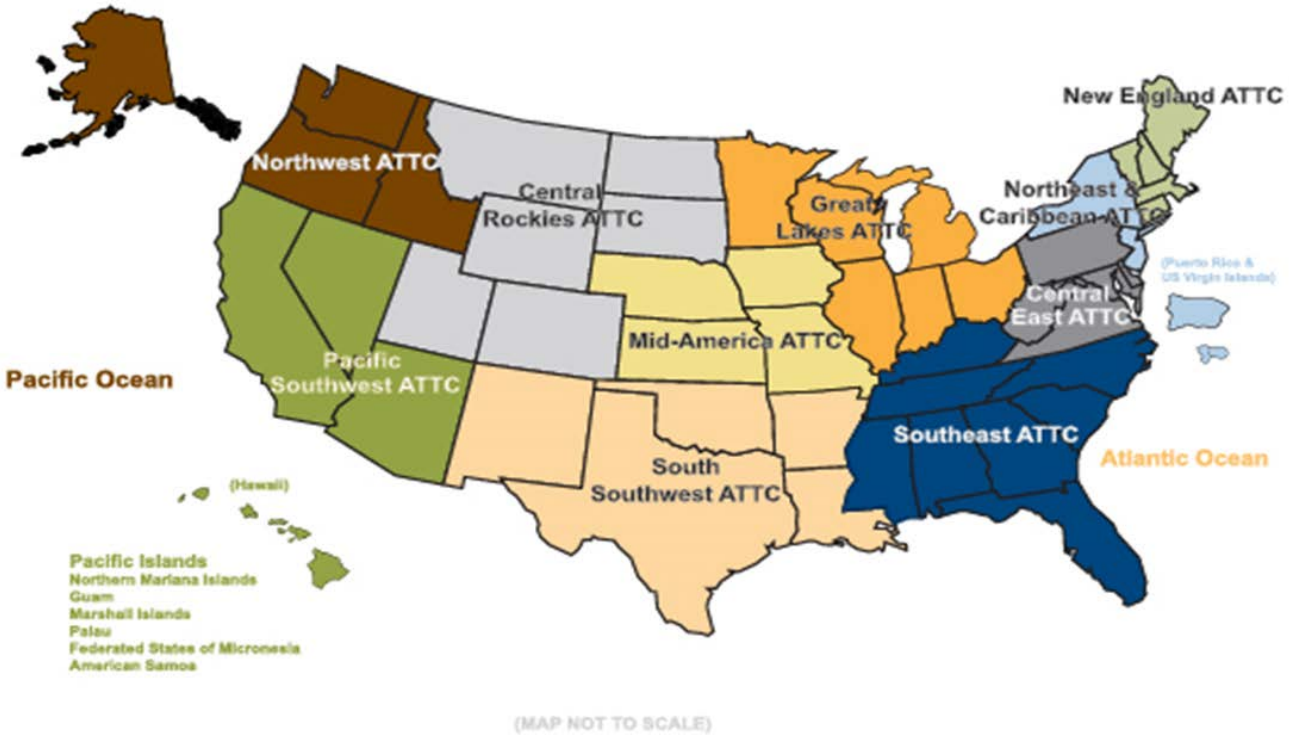
The ATTC Network

A Life in the Community for Everyone
SAMHSA
Substance Abuse and Mental Health Services Administration
U.S Department of Health and Human Services

Ten Regional Centers

Four National Focus Area Centers

- SBIRT
- Hispanic and Latino
- Native American-Alaska Native
- Rural and Frontier



Evaluations

* Thank you for sharing your feedback on our programming with us!
* We use this information to improve our services and to share information with SAMHSA about our work.
* Please complete the Evaluation Form and the Thirty-Day Follow Up Consent Form.
* If you complete our Thirty-Day Follow Up survey, we will thank you with a $5 coffee card.

Visit Us Online!

* Upcoming trainings
* The range of training and technical assistance services we offer
* Resources and links on key topics

www.attcnetwork.org/northwest

BASED ON

ASAM CRITERIA

Third Edition, 2013

&

DSM 5, Fifth Edition

Evidence Based Practices

NIDA 13 Principles

* **Principle #1 ASAM Client Centered Care**

No single treatment is appropriate for all individuals: Matching treatment settings, interventions, and services to each individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.

Principles Continued:

* **Principle #2 ASAM Continuum of Care**

Treatment needs to be readily available: Because individuals who are addicted to drugs may be uncertain about entering treatment, taking advantage of opportunities when they are ready for treatment is crucial. Potential treatment applicants can be lost if treatment is not immediately available or is not readily accessible.

Principles Continued:

* **<u>Principle #3</u> ASAM 6 Dimensions**

Effective treatment attends to multiple needs of the individual, not just his or her drug use: To be effective, treatment must address the individual's drug use and any associated (spiritual, added) medical, psychological, social, vocational, and legal problems.

Principles Continued:

* **<u>Principle #4</u> ASAM (Utilization Management Tool)**

An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that the plan meets the person's changing needs: A patient may require varying combinations of services and treatment components during the course of treatment and recovery. In addition to counseling, a patient at times may require medication, other medical services, family therapy, parenting instruction, vocational rehabilitation, and social and legal services. It is critical that the treatment approach be appropriate to the individual's age, gender, ethnicity, and culture.

Principles Continued:

* **Principle #5 ASAM Continuum of Care**

Remaining in treatment for an adequate period of time is critical for treatment effectiveness: The appropriate duration for an individual depends on his or her problems and needs. Research indicates that for most patients, the threshold of significant improvement is reached at about 3 months in treatment. After this threshold is reached, additional treatment can produce further progress toward recovery. Because people often leave treatment prematurely, programs should include strategies to engage and keep patients in treatment.

Principles Continued:

* **Principle #6 ASAM Client Centered Care**

Counseling (individual and/or group) other behavioral therapies are critical components of effective treatment for addiction: In counseling, patients address issues of motivation, build skills to resist drug use, replace drug-using activities with constructive and rewarding non-drug-using activities, and improve problem-solving abilities. Behavioral therapy also facilitates interpersonal relationships and the individual's ability to function in the family and community.

Principles Continued:

* **Principle #7 ASAM Opioid Treatment Services**

Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies:

Principles Continued:

* **Principle #8 ASAM Capable & Enhanced Services**

Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way: Because addictive disorders and mental disorders often occur in the same individual, patients presenting for either condition should be assessed and treated for the co-occurrence of the other type of disorder.

Principles Continued:

* **Principle #9 ASAM Withdrawal Management Services**

In some cases medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use: Medical detoxification safely manages the acute physical symptoms of withdrawal associated with stopping drug use. While detoxification alone is rarely sufficient to help addicts achieve long-term abstinence, for some individuals it is a strongly indicated precursor to effective drug addiction treatment.

Principles Continued:

* **<u>Principle #10</u> ASAM Dimension 4: Readiness to Change**

Treatment does not need to be voluntary to be effective: Strong motivation can facilitate the treatment process. Sanctions or enticements in the family, employment setting, or criminal justice system can increase significantly both treatment entry and retention rates and the success of drug treatment interventions.

Principles Continued:

* **<u>Principle #11</u> ASAM (Utilization Management Tool)**

Possible drug use during treatment must be monitored continuously: Lapses to drug use can occur during treatment. The objective monitoring of a patient's drug and alcohol use during treatment, such as through urinalysis or other tests, can help the patient withstand urges to use drugs. Such monitoring also can provide early evidence of drug use so that individual's treatment plan can be adjusted. Feedback to patients who test positive for illicit drug use is an important element of monitoring.

Principles Continued:

* **Principle 12 ASAM Dimension 2 Biomedical**

Treatment programs should provide assessment for HIV/AIDS, Hepatitis B & C, Tuberculosis, and other infectious diseases, and counseling to help patients modify or change behaviors that place themselves or others at risk of infection: Counseling can help patients avoid high-risk behavior. Counseling also can help people who are already infected manage their illness.

Principles Continued:

* **Principle #13 ASAM Continuum of Care**

Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment: As with other chronic illnesses, relapses to drug use can occur during or after successful treatment episodes. Addicted individuals may require prolonged treatment and multiple episodes of treatment to achieve long-term abstinence and fully restored functioning. Participation in self-help support programs during and following treatment often is helpful in maintaining abstinence.

Learning Objectives

DSM 5

What's New in the Manual?

Overview of ASAM Basics

* Program Descriptions
* Assessment
* Continued Service
* Transfer
* Discharge

Let's start with the DSM 5

* Breakdown on the 11 Criterion for Substance-Related & Addictive Disorders
* DSM 5 Severity Rating
* How to code using new manual

Criterion 1-4: Impulse Control

* Desire to cut down or regulate use and there has multiple attempts to decrease, regulate or discontinue use
* Spend a great deal of time obtaining, and/or using the substance or recovering from its effects
* All daily activities revolve around the substance
* Craving for the substance is present

Criterion 5-7: Social Impairment

* Recurrent substance use may result in failure to meet major role obligations at work, school, or home
* May continue to use despite persistent or recurrent social or interpersonal problems
* Important social, occupational and recreational activities may be given up or reduced because of use

Criterion 8-9: Risky Use

* Recurrent substance use in situations in which it could be physical hazardous
* Continued use despite knowledge of having a persistent or recurrent physical and psychological problems

Criterion 10-11: Pharmocological

* Tolerance
* Withdrawal

Note: There is still separate diagnoses for Withdrawal and Intoxication similar to the DSM IV-TR

Severity Rating

In Relationship to Criterion Stated In Previous Slides

* Mild: 2-3 Symptoms
* Moderate: 4-5 Symptoms
* Severe: 6 or more Symptoms

Example on How to Code

* Diagnosis code for specific substance such as Alcohol Use
* Severity Rating (mild, moderate, severe)
* medical conditions
* psychosocial stressors
* Other specifiers would include “in early remission, sustained remission, on maintenance therapy and in controlled environment”.

The ASAM Criteria

What's New?

What's New

* New information regarding related to Special Populations:
  * Older adults
  * Parents with children
  * Those working in safety sensitive occupations
  * Criminal justice settings

Continued

* New information also includes
  * “Combining adult and adolescent treatment information”
  * “Incorporation of the latest understanding of Co-Occurring Disorders Capability”

Continued

* Section on tobacco use disorder
* Updated opioid treatment section
* Revised/New terminology
* Reformatted level of care numbers

Revised/New Terminology

* Individual referred to as “person,” “participant,” or “patient,”
* Title: “The ASAM Criteria”
* “Dual diagnosis” and “dual disorders” now spectrum of “co-occurring disorders or conditions”
* “Detoxification services” are now called “withdrawal management”

Revised/New Terminology

* "Opioid Maintenance Therapy (OMT)" is now Opioid Treatment Programs (OTP) and Office-Based Opioid Treatment (OBOT) with "Opioid Treatment Services (OTS)"
* "Level III.3 Clinically Managed Medium-Intensity Residential Treatment" is now "Level 3.3 Clinically Managed Population-Specific High Intensity Residential Services"

Guiding Principles

* “One dimensional to multidimensional assessment”
* “Clinically driven and outcomes-driven treatment”
* “Variable length of service”
* “Broad and flexible continuum of care
* “Adolescent specific needs”
* “Clarifying goals of treatment”
* “Moving away from using “treatment failure”
* “Interdisciplinary, team approach to care”

Continued

* “Clarifying the role of the physician”
* “Focusing on treatment outcomes”
* “Informed Consent”
* “Medical Necessity”

INFORMED CONSENT

* “Proposed modalities”
* “The risks and benefits”
* “Appropriate alternative treatment”
* “Risks of treatment versus no treatment”

MEDICAL NECESSITY

* Extent
* Severity
* In all Six ASAM dimensions

EXCEPTIONS TO THE PATIENT PLACEMENT CRITERIA

* Lack of availability of services
* Failure of a patient to progress at a given level of care
* State laws that differ from ASAM criteria

Broad & Flexible Continuum of Care Descriptions and Informed Care

* Level 0.5 Early Intervention
* Level 1 Outpatient Services
* Level 2.1 Intensive Outpatient Services
* Level 2.5 Partial Hospitalization Services

Broad & Flexible Continuum of Care

* Level 3.1 Clinically Managed Low-Intensity Residential
* Level 3.3 Clinically Managed Population-Specific High-Intensity Residential (Adult Only)
* Level 3.5 Clinical Managed High-Intensity Residential Services (Adult Criteria)
* Level 3.5 Clinical Managed Medium-Intensity Residential Services (Adolescent Criteria)

Broad & Flexible Continuum of Care

* Level 3.7 Medically Monitored Intensive Inpatient Services (Adult Criteria)
* Level 3.7 Medically Monitored High-Intensity Inpatient Services (Adolescent Criteria)
* Level 4 Medically-Managed Intensive Inpatient Services
* Opioid Treatment Services (OTS)

Broad & Flexible Continuum of Care

Withdrawal Management

* Level 1 WM Ambulatory without on-site
* Level 2 WM Ambulatory with on-site
* Level 3 WM Residential/Inpatient
* Level 3.2WM Medically Managed Residential
* Level 3.7 WM Medically Monitored Inpatient
* Level 4 WM Medically Managed Inpatient

Principles of Assessing Risk

* “Risk is multidimensional and biopsychosocial”
* “Risk relates to the patient’s history”
* “Risk is expressed in current status”
* “Risk involves a degree of change from baseline or premorbid functioning”

Risk Rating System
Page 56-57

Overview:

Range of High, Medium, Low

* 0-4 Point Scale, Page 57
  * 0: Low Risk
  * 1: mild
  * 2: moderate
  * 3: serious
  * 4: utmost severity

Severity Specifics

4- Utmost of Severity:

* Critical impairments in coping and functioning
* Signs and symptoms, indicating “imminent danger”

3- Serious:

* Difficulty coping within given dimension.
* Near imminent danger

Severity Specifics

2- Moderate:

* Moderate difficulty in functioning
* Somewhat persistent chronic issues
* Relevant skills, or support systems may be present

1- Mild:

* Indicates mildly difficult issues
* Minor signs and symptoms
* Typically resolved in short period

Severity Specifics

0- Low Risk

* Non-issue or very low risk issue
* Presents no current risk
* Chronic issues mostly or entirely stabilized

Matching Multidimensional Severity Starting on Page 71

* Step 1: Risk of Imminent danger
* Step 2: Determine risk rating in each dimension
* Step 3: Identify appropriate types of services
* Step 4: Development of initial treatment plan
* Step 5: Ongoing Utilization Management throughout continuum of care

Six Dimensional Assessment

* Start on page 43
* Must be documented as part of the assessment”
* Must address each assessment question per the manual

ASAM AT ASSESSMENT Dimension 1

Acute Intoxication and/or Withdrawal Potential

* What risk is associated with the patient's current level of acute intoxication?
* Are intoxication management services needed?
* Is there significant risk of severe withdrawal symptoms, seizures or medical complications?
* Are there current signs of withdrawal?
* Standardized withdrawal scale score?
* Vital signs?
* Does the patient have supports to assist in ambulatory withdrawal management?

BIOMEDICAL CONDITIONS AND COMPLICATIONS

Dimension 2

* Are there current physical illnesses, other withdrawal that need to be addressed?
* Are there chronic conditions that need stabilization or ongoing disease management?
* Is there a communicable disease present?
* Is the patient pregnant, what is her pregnancy history?

EMOTIONAL, BEHAVIORAL, OR COGNITIVE CONDITIONS AND COMPLICATIONS

Dimension 3

* Are there current psychiatric illnesses or psychological, behavioral, emotional or cognitive problems that need to be addressed?
* Are there chronic conditions that affect treatment such as bipolar or anxiety?
* Do any emotional, behavioral, or cognitive signs or symptoms appear to be an expected part of the addictive disorder?

EMOTIONAL, BEHAVIORAL, OR COGNITIVE CONDITIONS AND COMPLICATIONS

* Dimension 3 Continued

* Are they severe enough to warrant specific mental health treatment, even if symptoms are caused by substance use?
* Is the patient able to manage the activities of daily living?
* Can he or she cope with any emotional, behavioral or cognitive problems?

Dimension 3 Risk Domains

* Dangerousness/Lethality
* Interference with Addiction Recovery Efforts
* Social Functioning
* Ability for Self-Care
* Course of Illness

READINESS TO CHANGE

Dimension 4

* How aware is the patient of the relationship between his or her alcohol, tobacco, or other drug use or behaviors involved in the pathological pursuit of reward or relief and his or her negative life consequences?
* How ready, willing, or able does the patient feel to make changes?
* How much does the patient feel in control of his or her treatment services?

RELAPSE, CONTINUED USE OR CONTINUED PROBLEM POTENTIAL

Dimension 5

* Is the patient in immediate danger of continued severe mental health distress and/or alcohol, tobacco and/or drug use?
* Does the patient have any recognition or understanding of, or skills in coping with his or her addictive, co-occurring, or mental disorder?
* Have addiction and/or psychotropic medications assisted in recovery before?
* What are the person's skills in coping with protracted withdrawal, cravings, or impulses?

RELAPSE, CONTINUED USE OR CONTINUED PROBLEM POTENTIAL

* Dimension 5 Continued

* How well can the patient cope with negative effects, peer pressure, and stress without recurrence of addictive thinking and behavior?
* How severe are the problems and further distress that may continue or reappear if the patient is not successfully engaged in treatment?
* How aware is the patient of relapse triggers and skills to control addiction impulses or impulses to harm self or others?

RECOVERY LIVING ENVIRONMENT

Dimension 6

* Do any family members, significant others, living situations, or school work situations pose a threat to the patient's safety or engagement in treatment?
* Does the individual have supportive friendships, financial resources, or educational or vocational resources that can increase the likelihood of successful recovery?

RECOVERY LIVING ENVIRONMENT

* Dimension 6 Continued

* Are there legal, vocational, regulatory (eg professional licensure), social service agency, or criminal justice mandates that may enhance the person's motivation for engagement in treatment if indicated?
* Are there transportation, childcare, housing, or employment issues that need to be clarified and addressed?

CONTINUED SERVICE, TRANSFER AND DISCHARGE CRITERIA

Continued Service Criteria Page 300

* Making Progress
* Not yet achieved goals articulated in the individual plan
* Capacity to resolve his or her problems
* Actively working toward the goals articulated in the plan
* New problems have been identified that are appropriately treated at the present level of care

TRANSFER/DISCHARGE CRITERIA Page 303

* Client has achieved the goals articulated in his or her individualized treatment plan thus resolving the problem(s) that justified admission to the present level of care
* Client has been unable to resolve the problem(s) despite amendments to the treatment plan. Treatment to another level of care or type of service therefore is indicated
* Client has demonstrated a lack of capacity to resolve his or her problem(s) or had developed new problem(s) and can be treated effectively at a more intensive level of service
* Patient has experienced and intensification of his or her problem(s) or has developed new problems(s) and can be treated only at a more intensive level of care

CHARACTERISTICS OF LEVELS OF CARE

* Level 2.1 Sample, page 198

* Examples
* Setting
* Support Systems
* Co-Occurring Enhanced Programs (Note)
* Staff
* Therapies
* Assessment/Treatment Plan Review
* Documentation
* Admission Criteria

Level of Care Placement Starting on Page 174

Let's Compare and Contrast

Level 1 Outpatient

Level 2.1 Intensive Outpatient

Summary of ASAM

* Program Descriptions
* Assessment
* Continued Service
* Transfer
* Discharge

LOCUS 6 Dimensions

I. Risk of Harm
II. Functional Status
III. Medical, Addictive and Psychiatric Co-Morbidity
IV. Recovery Environment
V. Treatment and Recovery History
VI. Engagement and Recovery Status

Group Work

ASAM Case Studies

Determining Risk and Level of Care

Questions?

Thank you for Participating

mdisselkoen@casat.org

References

Diagnostic and Statistical Manual of Mental Disorders, Fifth Addition, American Psychiatric Association, 2013.

The ASAM Criteria, Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, Third Edition, 2013.