ASAM Criteria
What it is and Why it’s Important
ASAM Criteria: What it is and Why it’s Important Webinar

Wednesday, June 10, 2015
10:00 AM – 11:30 AM

Facilitator:
Will Rhett-Mariscal, PhD, MS, Associate Director
California Institute for Behavioral Health Solutions (CIBHS)

Presenter:
Kristin Dempsey, LMFT, LPCC, Senior Associate, Mental Health and Education Workforce Collaborative Member, Motivational Interviewing Network of Trainers
California Institute for Behavioral Health Solutions (CIBHS)
Primary Reference: The American Society of Addiction Medicine (ASAM) Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions

The Change Companies, Publisher
To help you learn more about ASAM....

• Illustrate the important role of ASAM in the changing world of behavioral health care
• Define and review the ASAM Criteria
• Connect the ASAM with other effective EBP, namely Motivational Interviewing (MI)
• Discuss the updates to the ASAM Criteria in the 3rd Edition (2013)
• Locate where to receive ASAM Criteria training
Why the ASAM Criteria?

The ASAM Criteria helps, clinicians, counselors and care managers make objective decisions about patient admission, continuing care, and transfer/discharge for individuals with addictive, substance-related, and co-occurring conditions. Through their multidimensional assessment and the continuum of care, the criteria can improve patient outcomes.
Intention of ASAM

• Move practitioners AWAY FROM determining treatment driven by diagnosis or the program (you get this because it is what we offer)

• Move us TOWARD care that is
  – Individualized
  – Clinically-driven
  – Participant-directed
  – Outcome-informed

ASAM Criteria, 3rd Ed, p. xiii
Consistent with Current Thought in providing EBP in Behavioral Health

ASAM Consistent and Reinforces these Approaches to Care
Promoted in 1115 Waiver

• Programmatic components of the Drug Medi-Organized Delivery System Waiver include:
  – Continuum of Care: Creating a continuum of care those services available to address substance use.
  – Assessment Tool: Establishing the American Society of Addiction Medicine (ASAM) assessment tool to determine the most appropriate level of care so that clients can enter the system at the appropriate level and step up or step down in intensive services, based on their response to treatment.

ASAM Guiding Principles

- Interdisciplinary, Team approach to care
- Clinically-Driven and Outcomes Driven Treatment
- Teen approach to care
- Adolescent-Specific Needs
- Medical Necessity
- Clarifying Role of Physician
- Informed Consent
- No need to “fail out” of Treatment
- Variable Length of Service
- Incorporating ASAM definition of addiction
- Broad and Flexible Continuum of Care
- Focus on treatment outcomes
- Multi-Dimensional Assessment
- Informed Consent
- Clarifying Goals of Treatment

ASAM Criteria 3rd Ed, p. 3
## Biopsychosocial Assessment Elements

These components are collected in the assessment process and are organized in the ASAM dimensions.

<table>
<thead>
<tr>
<th>Biopsychosocial Assessment Elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of the present episode</td>
</tr>
<tr>
<td>Family history</td>
</tr>
<tr>
<td>Developmental history</td>
</tr>
<tr>
<td>Alcohol, tobacco, other drug use, addictive history</td>
</tr>
<tr>
<td>Personal/social history</td>
</tr>
<tr>
<td>Legal history</td>
</tr>
<tr>
<td>Psychiatric history</td>
</tr>
<tr>
<td>Medical history</td>
</tr>
<tr>
<td>Spiritual history</td>
</tr>
<tr>
<td>Review of systems – including present and past medical/psychological symptoms</td>
</tr>
<tr>
<td>Mental Status Exam</td>
</tr>
<tr>
<td>Physical examination</td>
</tr>
<tr>
<td>Formulation and diagnoses</td>
</tr>
<tr>
<td>Survey of assets, vulnerabilities and supports</td>
</tr>
<tr>
<td>Treatment recommendations</td>
</tr>
</tbody>
</table>

ASAM Criteria, 3rd Ed, pp.39-40
## ASAM Dimensions

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dimension 1</td>
<td><strong>Acute Intoxication and/or Withdrawal Potential</strong> – Exploring an individual’s past and current experiences of substance use and withdrawal.</td>
</tr>
<tr>
<td>Dimension 2</td>
<td><strong>Biomedical Conditions and Complications</strong> – Exploring an individual’s health history and current physical condition.</td>
</tr>
<tr>
<td>Dimension 3</td>
<td><strong>Emotional, Behavioral, or Cognitive Conditions and Complications</strong> – Exploring and individual’s thoughts, emotions and mental health issues.</td>
</tr>
<tr>
<td>Dimension 4</td>
<td><strong>Readiness to Change</strong> – Exploring and individual’s readiness and interest in changing.</td>
</tr>
<tr>
<td>Dimension 5</td>
<td><strong>Relapse, Continued Use, or Continued Problem Potential</strong> – Exploring an individual’s unique relationship with relapse or continued use or problems.</td>
</tr>
<tr>
<td>Dimension 6</td>
<td><strong>Recovery/Living Environment</strong> – Exploring an individual’s recovery or living situation, and the surrounding people, places and things.</td>
</tr>
</tbody>
</table>
Levels of Service

• As assessment material is organized into the dimensions, severity for each dimension is considered.

• ASAM has four levels of service and an early intervention level for both adolescents and adults.
## Levels of Care - Adult

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Adult Title</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.5</td>
<td>Early Intervention</td>
<td>Assessment and education for at risk individuals who do not meet dx criteria for SUD</td>
</tr>
<tr>
<td>1</td>
<td>Outpatient Services</td>
<td>Less than 9 hours of service/week for recovery or motivational enhancement/strategies</td>
</tr>
<tr>
<td>2.1</td>
<td>Intensive Outpatient Services</td>
<td>9 or more hours of service/week to treat multi-dimensional instability</td>
</tr>
<tr>
<td>2.5</td>
<td>Partial Hospitalization Services</td>
<td>20 or more hours service/week for multi-dimensional instability not requiring 24 hour care</td>
</tr>
<tr>
<td>3.1</td>
<td>Clinically Managed Low-Intensity Residential Services</td>
<td>24-hour structure with available trained personnel; at least 5 hours of clinical service/week</td>
</tr>
<tr>
<td>3.3</td>
<td>Clinically Managed Population-Specific High-Intensity Residential Services</td>
<td>24 hour care with trained counselors to stabilize multi-dimensional imminent danger. Less intense milieu and group treatment for those with cognitive and other impairments unable to use full active milieu or therapeutic community</td>
</tr>
</tbody>
</table>

ASAM Criteria, 3rd Ed., p. 106.
## Levels of Care - Adults

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Adult Title</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.5</td>
<td>Clinically Managed High-Intensity Residential Services</td>
<td>24 hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. Able to tolerate and use full active milieu or therapeutic community</td>
</tr>
<tr>
<td>3.7</td>
<td>Medically Monitored Intensive Inpatient Services</td>
<td>24 hour nursing care with physician availability for significant problems in Dimensions 1, 2, or 3. 16 hour/day counselor ability</td>
</tr>
<tr>
<td>4</td>
<td>Medically Managed Intensive Inpatient Services</td>
<td>24-hour nursing care and daily physician care for severe, unstable problems in Dimensions 1, 2 or 3. Counseling available to engage patient in treatment</td>
</tr>
<tr>
<td>OTP (Level 1)</td>
<td>Opioid Treatment Program (Level 1)</td>
<td>Daily or several times weekly opioid agonist medication and counseling available to maintain multidimensional stability for those with severe opioid use disorder</td>
</tr>
</tbody>
</table>

*Not included in this slides set: Adolescent LOC and Level of Withdrawal Management for Adults*

ASAM Criteria, 3rd Ed., p. 106
Connection to Motivational Interviewing (MI)

- We might be CORRECT that an individual is best suited for a particular level of care, but we won’t be EFFECTIVE if we insist they are placed in that level.
  - Important role of assessing Dimension 4
  - MI starts with engagement, uses focusing and evocation to move toward change planning
  - Motivation shifts throughout levels of care and treatment. MI provides skills to respond to client’s changing motivation by engaging, re-engaging and GUIDING toward change.
New and Important ASAM Terms

• Move beyond “placement” to challenge the idea that placing people in treatment is the “primary and sufficient” goal.

• “Withdrawal Management” – The liver detoxifies/clinicians manage withdrawal.
New and Important ASAM Terms

• Co-Occurring Mental Health and Substance-Related Conditions and Disorders
  – Co-Occurring Capable
  – Co-Occurring Enhanced
  – Complexity Capability

• Opioid Treatment Services – includes all meds to treat opioid disorders

• Clinically Managed Population-Specific High Intensity Residential Services

ASAM Criteria, 3rd Edition, pp. 15-16
New and Important Applications of ASAM

• Older adults
• Parents or Parents to be in addiction treatment with their children
• “Safety-sensitive” Occupations
• Persons in criminal justice settings
• Gambling Disorder
• Tobacco Use Disorder

ASAM Criteria, 3rd Ed, pp. 307-367
Questions?
For Training:
ASAM – Train for Change
http://www.asam.org/publications/the-asam-criteria/resources-and-training

Motivational Interviewing:
kdempsey@cibhs.org

Thank you!

CIBHS.ORG