Disclaimer

- All information in this presentation was obtained and used from

**ASAM**

Treatment Criteria for Addictive, Substance-Related and Co-Occurring Conditions

Presenter

- Tyrone Charles, M.Ed., MA, NCC, MAC
  Licensed Professional Counselor, #PCCP96

Private Practice
AEON Counseling LLC
4325 Laurel St. Ste. 297A
Anchorage, AK 99508
Phone: (907) 562-4606
Fax: (907) 562-4608
ASAM OVERVIEW

Treatment Criteria for Addictive, Substance-Related and Co-Occurring Conditions
HISTORY

ASAM was first published in 1991 under the title of
ASAM Patient Placement Criteria.
Currently it is in its third edition under the title

ASAM Criteria
Treatment Criteria for Addictive, Substance-Related
and Co-Occurring Conditions
INTRODUCTION

: It all starts with the assessment.
Treatment Assessment

- Purpose: To identify the client’s specific area of concern (presenting problems) and to determine the level of severity in each area of concern.
- The treatment assessment helps the counselor identify the client’s immediate needs and provides a basis for treatment.

Always remember to obtain “RELEASES OF INFORMATION”.

Goals of Treatment

- Treatment should be individually tailored and guided by an individualized treatment plan that is developed in consultation with the client.

- The clinician’s referrals and recommendations should be based on how that treatment and its duration will affect client outcome and problem resolution.

- The treatment goals should determine the methods, intensity, frequency and types of services provided, i.e. “In the process of completing a comprehensive evaluation, making a placement decision is the last step.”
Overview of Key Elements

- The assessment is multi-dimensional.
- Each dimension is given a severity rating.
- The severity ratings determine what areas will be the focus of treatment (treatment priorities).
- Treatment Assessments and Plans must be individualized and tailored to that specific client.
What is ASAM

- What is ASAM?
  - American Society of Addiction Medicine.
  - ASAM has developed Patient Placement Criteria (PPC) for specific levels of care for substance disorder treatment.
Six Dimensions Help to Classify and Assess Treatment Need and Placement

■ • 1: Intoxication and withdrawal potential.
■ • 2: Biomedical conditions and complications.
■ • 3: Emotional behavioral conditions and complications.
■ • 4: Readiness for change.
■ • 5: Relapse potential.
■ • 6: Recovery environment.
Let’s look at each dimension
1: Acute intoxication and/or withdrawal potential

- What risk is associated with the patient’s current level of acute intoxication?
- Is there significant risk of severe withdrawal symptoms or seizures, based on the patient’s previous withdrawal history and current use?
- Are there current signs of withdrawal?
- Does the patient have supports to assist in ambulatory detoxification, if medically safe?
2: Biomedical conditions/complications

- • Are there current physical illnesses, other than withdrawal, that need to be addressed because they create risk or complicate treatment?

- • Are there chronic conditions that affect treatment?
Emotional, behavioral or cognitive conditions and complications

- Are there current psychiatric illnesses or psychological, behavioral, emotional, or cognitive problems that need to be addressed because they create risk or complicate treatment?
- Do any emotional, behavioral or cognitive problems appear to be an expected part of the addictive disorder or do they appear to be autonomous?
- Even if connected to the addiction, are they severe enough to warrant specific mental health treatment?
- Is the patient able to manage the activities of daily living?
- Can s/he cope with any emotional, behavioral or
  Co-Occurring Programs.
- Co-Occurring Enhanced Programs.
4: Readiness for Change • Expect resistance to treatment

- Treatment resistance should not exclude a person from receiving treatment
- It is the degree of readiness to change that helps to determine the setting and intensity of motivational strategies needed
- What things, if any, can be leveraged to help enhance the patient’s readiness to change?
5: Relapse, Continued Use or Continued Problem Potential

- Is the patient in immediate danger of continued severe mental health distress and or AOD use?
- Does the patient have any recognition or understanding of, or skills in coping with, his or her addictive or mental disorder in order to prevent relapse, continued use or continued problems such as suicidal behavior?
- How severe are the problems or further distress that may continue or reappear if the patient is not successfully engaged in treatment at this time?
- How aware is the patient of relapse triggers, ways to cope with cravings to use, and skills to control
6: Recovery / Living Environment

- Do any family members, significant others, living situations, or school or work situations pose a threat to the patient’s safety or engagement in treatment?

- Does the patient have supportive friendships, financial resources, and educational or vocational resources that can increase the likelihood of successful treatment?

- Are there legal, vocational, social service agency or criminal justice mandates that may enhance the person’s motivation for engagement in treatment?

- Are there transportation, housing, childcare, or employment issues that need to be clarified or

- Co-Occurring Enhanced Programs.
Severity Levels

- High Severity=Immediate need for treatment on the dimension being assessed (as in today, it is an emergency)
- Medium Severity=Treatment needs to address this within the next two weeks
- Low Severity= Treatment needs to address this within the next three months.
Admission Criteria/Levels of services

- The current Diagnostic and Statistical Manual of Mental Disorders (DSM) is DSM-V of the American Psychiatric Association. Other standardized and widely accepted criteria as well as the dimensional criteria for admission are/or can be used to determine diagnosis and placement.
Co-Occurring Enhanced Programs

- The patient in need of co-occurring enhanced program services is assessed as meeting the diagnostic criteria for a mental disorder as well as a substance use disorder, as defined in the DSM.

- The current Diagnostic and Statistical Manual of Mental Disorders (DSM) is DSM-V of the American Psychiatric Association. Other standardized and widely accepted criteria as well as the dimensional criteria for admission are/or can be used to determine diagnosis and placement.

- If presenting history is inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information appropriately submitted or obtained from collateral parties (family members, legal guardian and significant others).
Levels of Service/Level of Care

- Continuum of Care ASAM describes treatment as a continuum marked by four broad levels of service and an early intervention level.

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Adolescent</th>
<th>Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.5</td>
<td>Early Intervention</td>
<td>Early Intervention</td>
</tr>
<tr>
<td>1</td>
<td>Outpatient Services</td>
<td>Outpatient Services</td>
</tr>
<tr>
<td>2.1</td>
<td>Intensive Outpatient</td>
<td>Intensive Outpatient</td>
</tr>
<tr>
<td>2.5</td>
<td>Partial Hospitalization</td>
<td>Partial Hospitalization</td>
</tr>
<tr>
<td>3.1</td>
<td>Clinically Residential</td>
<td>Clinically Residential</td>
</tr>
</tbody>
</table>
Level of Care 0.5

- **Level 0.5: Early Intervention (Adult)**
- Assessment and education for at-risk individuals who do not meet diagnostic criteria for substance use disorder
- The individual who is an appropriate candidate for Level 0.5 services evidence problems and risk factors that appear to be related to substance use or addictive behavior
- The individual who is appropriate for Level 0.5 meets at least **ONE** of the specifications in Dimension 4,5, or 6. Any identifiable problems in Dimensions 1,2, or 3 are stable or are being addressed through appropriate outpatient medical or mental health services
Level 0.5: Early Intervention - Adolescent

- Level 0.5: Early Intervention

- The adolescent who is an appropriate candidate for Level 0.5 services evidences problems and risk factors that appear to be related to substance use or addictive behavior.

- The individual who is appropriate for Level 0.5 meets at least **ONE** of the specifications in Dimension 4, 5, or 6. Any identifiable problems in Dimensions 1, 2, or 3 are stable or are being addressed through appropriate outpatient medical or mental health services.
Adult Dimensional Admission Criteria
Level 1

- The patient who is appropriately admitted to Level 1 is assessed as meeting specifications in all of the six dimensions.

- Level 1 services are tailored to each patient’s level of clinical severity and function and are designed to help the patient achieve changes in his or her alcohol, tobacco and/or other drug use or addictive behaviors.

- Treatment thus must address major lifestyle, attitudinal and behavioral issues that have the potential to undermine the goals of treatment or to impair the individual’s ability to cope with major life tasks without addictive use of alcohol, tobacco and/or other drugs and/or other addictive behaviors.

- Level 1 may represent a “step down from a more intensive level of care for a patient whose progress warrants such transfer, assuming that they meet the criteria for placement in Level 1.

- Level 1 may be used for a patient who is in the early stages of change and who is not yet ready to commit to full recovery.
Dimensional Admission Criteria
Level 1 Adolescent

- The adolescent who is appropriately admitted to level 1 is assessed as meeting specification in all six dimensions.
- Meeting the diagnostic criteria for a substance use, substance-induced and/or other addictive disorder.
- If the adolescent's presenting alcohol, tobacco and/or other drug use or addictive behavior history is inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information appropriately submitted or obtained from collateral parties (family members, legal guardian and significant others) when there is valid authorization to obtain this information.
- Always remember to obtain “RELEASES OF INFORMATION”. 
Adult/Adolescent Treatment Levels Within Level 2

- Level 2.1: Intensive Outpatient
- Level 2.5 Partial Hospitalization Services.
- and/with Co-Occurring Enhanced Programs.
Level 2.1: Intensive Outpatient

- Level 2.1: Intensive Outpatient is advisable for the patient who meets specifications in Dimension 2 (if any biomedical conditions or problems exist) and in Dimension 3 (if any emotional, behavioral, or cognitive conditions or problems exist) as well as in at least one of Dimensions 4, 5, or 6.

- A patient also may be transferred to Level 2.1 from a Level 1 program when the services provided at Level 1 have proved insufficient to address the patient’s needs or when Level services have consisted of motivational interventions to prepare the patient for participation in a more intensive level of service, for which he or she now meets the admission criteria.
Level 2.5 Adult

- Direct admission to a Level 2.5 program is advisable for the patient who meets specifications in Dimension 2 (if any biomedical conditions or problems exist) and in Dimension 3 (if any emotional, behavioral or cognitive conditions or problems exist), as well as in at least one of dimensions 4, 5 or 6.

- Co-Occurring Capable Programs: The patient status in Dimension 3 is characterized by a history of mild to moderate psychiatric decompensation (marked by paranoia or mild psychotic symptoms) on a discontinuation of the drug use. Such decompensation may occur and requires monitoring to permit early intervention.
Level 3
Residential/Inpatient Services
Adult/Adolescent

- Level 3.1 requires a minimum of 5 hours of treatment per week. Clinically Managed Low-Intensity Residential Services.
- Level 3.3 provides 24-hour services and support. Clinically Managed Population-Specific High-Intensity Services.
- Level 3.5 Clinically Managed High-Intensity Residential Services.
- Level 3.7 Medically Monitored Intensive Inpatient Services.
Level 3 Residential/Inpatient Services

- Level 3 programs offer organized treatment services that feature a planned and structured regiment of care in a 24-hour residential setting.
- All Level 3 Programs serve individuals who because of specific functional limitations, need safe and stable living environments and 24-hour care.
- Such services are community-based rather than hospital-based services. May be based partially on intensity of care.
Level 3.1
Adult Components

■ Patients especially those who have severe and chronic mental illness may not be able to benefit from such a program. Once stabilized, such patients will require planning for and integration into intensive case management, medication management and/or psychotherapy

■ Clinical Services Component

■ Recovery Residence Component.
Clinical Services Component

The clinical component of Level 3.1 provides for weekly clinical services of an intensity determined by the patient’s clinical need and/or state licensing requirements. These are usually outpatient services, but no less than 5 hours per week. In level 3.1, the treatment services are focused on improving the individual’s readiness to change (Dimension 4) and/or functioning and coping skill in Dimensions 5 and 6. Services may include individual, group and family therapy; medication management and medication education; mental health evaluation and treatment; vocational rehabilitation and job placement; and either introductory or remedial life skills workshops.
Recovery Residence Component

- Is a structured recovery residence environment, staffed 24 hours a day which provides sufficient stability to prevent or minimize relapse or continued use and continued problem potential (Dimension 5). Interpersonal and group living skill generally are promoted through the use of community or house meetings of residents and staff. The emphasis on community within the residence facilitates social bonding and cohesion among recovering persons, reinforces recovery concepts and norms and introduces patients to the larger local recovery community and the recovery-oriented resources it provides.
Level 3.3 Clinically Managed Population-Specific High-Intensity Services.

- In a level 3.3 program, the effects of the substance use or other addictive disorder or co-occurring disorder resulting in cognitive impairment on the individual’s life are so significant and the resulting level of impairment so great, that outpatient motivational and/or relapse prevention strategies are not feasible or effective. Similarly the patients’ cognitive limitations make it unlikely that the patient could benefit from other levels of residential care.

- The patient who is admitted to a level 3.3 program meets specifications in each of the six dimensions.
Level 3.5
Clinically Managed High-Intensity Residential Services.

- The patient who is admitted to a level 3.5 program meets specifications in each of the six dimensions.

- Patients who are appropriately placed in a level 3.5 program meets the diagnostic criteria for a substance use and/or addictive disorder of *moderate to high severity* as defined in the current DSM.
Level 3.7 Adult

- The patient who is appropriately admitted to a Level 3.7 program meets specification in at least **two** of the six dimensions, at least **one** of which is in Dimension 1, 2 or 3.

- Patients in level 3.7 co-occurring capable programs may have co-occurring mental disorders that meet the stability criteria for placement in a co-occurring program; difficulty with mood, behavior or cognition related to a substance use or mental disorder, or emotional, behavioral, or cognitive symptoms that interfere with overall functioning but do not meet the DSM criteria for a mental disorder.

- **NOTE:** Refer to presentation 18 for Co-Occurring Enhanced Programs
Level 3.7 Adolescent

- Problems in Dimension 3 probably are the most common reason for admission to level 3.7 programs. Such problems include co-occurring psychiatric disorders (such as depressive disorders, bipolar disorders and ADHD) or symptoms (such as hypomania, severe lability, mood dysregulation, disorganization or impulsiveness, or aggressive behaviors).

- An adolescent at this treatment level often is necessary simply to orient the adolescent to the structure of daily life other than “getting high.” and without a nearly constant cloud of intoxication.
Level 4 Adult
Medically Managed Intensive Inpatient

- This level is an organized service delivery appropriate for patients whose acute biomedical, emotional, behavioral and cognitive problems are so severe that they require primary medical and nursing care.
- Such programs require a regiment of medically directed evaluation and treatment services provided in a 24-hour treatment setting, under a defined set of policies, procedures and individualized clinical protocols.
- Admittance into a Level 4 program meets at least one of Dimensions 1, 2 or 3.
Level 4 Adolescent Medically Managed Intensive Inpatient

- Treatment is provided 24 hours a day in a permanent facility with inpatient beds. The full resources of a general acute or psychiatric hospital is available.

- Dimension 1 is the first of the six assessment dimensions to be evaluated in making and placement decisions.

- The range of clinical severity has given rise to a range of withdrawal management levels of service.

- Withdrawal management refers to the attenuation of the physiological and psychological features of withdrawal syndromes and also to the process of interrupting the momentum of compulsive use in adolescents diagnosed with high-severity substance use disorder.
Opioid Treatment Services is an umbrella term that encompasses a variety of pharmacological and nonpharmacological treatment modalities.

This term is intended to broaden understandings of opioid treatments to include all medications used to treat opioid use disorders and the psychosocial services that are offered concurrently with these pharmacotherapies.

Pharmacological agents include opioid agonist medications such as methadone and buprenorphine and opioid antagonist medications such as naltrexone.

Agonist, partial agonist, or antagonist medications used in the treatment of opioid use disorder should be prescribed in the context of psychosocial supports and interventions to manage the patients addiction.
Two Models for Opioid Agonist Medication.

■ Model 1:

Opioid Treatment Programs (OTPs). Heavily regulated by federal agencies and involve the direct administration of medications on a daily basis without prescribing of medications; even “take home” supplies originate at the “dispensing window” of the OTP and do not involve prescriptions taken to an outpatient dispensing pharmacy.

OTPs known in the past years to many as “Methadone Maintenance Treatment” (MMT) clinics or “Opioid Maintenance Therapy” (OMT), also are under strict state regulations that usually reflect federal regulations.
Two Models for Opioid Agonist Medication

■ Model 2:

Office –Based Opioid Treatment (OBOT). Physicians in private practices or a number of types of public sector clinics can be authorized to prescribe outpatient supplies of the partial opioid agonist buprenorphine (though (OTPs) can administer or dispense buprenorphine products as well). There is no regulation per se of the clinic sites where physicians prescribing OBOT practice. It is the practice of the individual physician which is regulated by federal regulations addressing office-based treatment.
The patient who is placed in an opioid treatment program is assessed as meeting the required specifications in Dimensions 1 through 6.

[42 CFR 8.2]

“Opioid addiction” is described in 42 CFR 8.2 as a cluster of cognitive, behavioral and physiological symptoms in which the individual continues use of opioids despite significant opioid-induced problems. Opioid use disorder is characterized by repeated self-administration that usually results in opioid tolerance, withdrawal symptoms and compulsive drug taking. Addiction involving the use of opioids is defined by ASAM through the ASAM Definition of Addiction.
Level 4
Opioid Treatment Adolescent

- A person under 18 years of age is required to have had two documented unsuccessful attempts at short-term withdrawal management or drug-free treatment within a 12-month period to be eligible for maintenance treatment.

- No person under 18 years of age may be admitted to a maintenance treatment unless a parent, legal guardian or responsible adult designated by the relevant state authority consents in writing to such treatment.
Application to Adult Special Populations

- There are 11 diagnostic criteria for a substance use disorder, it is possible that an older adult may not meet 9 of the 11 criteria because of reasons other than the nature of their substance use. This results in the possibility that the patient may only be able to meet two of the criteria as a result of age-related factors, limiting the diagnostic severity to mild and making the substance use disorder appear less severe than it may be.

- Complicating the diagnostic process is the fact that many older adults have substance use problems that may not meet criteria for substance use disorder (2-3 criteria), but are still at risk with their use of alcohol or prescribed psychoactive medication.

- These situations are captured in the ICD-10 diagnostic criteria under harmful use, but not in the DSM.