

ASAM

An Overview

2013

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Eiffel Tower

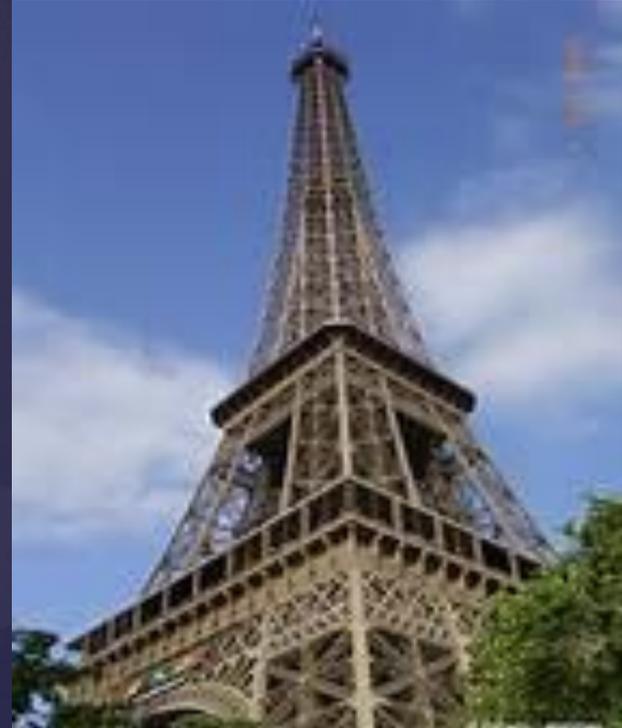


- ↳ 108 stories
- ↳ 1665 stairs



Eiffel Tower

- ↳ 2,500,000 rivets
- ↳ 15,000 pieces of iron
- ↳ 40 tons of paint



Eiffel Tower

↳ Weight approximately
10,000 tons



Eiffel Tower

↳ The stress on no joint exceeds eleven pounds



Eiffel Tower

↳ Height 984 to 990 feet
(Depending on the
temperature)



Eiffel Tower

AMERICAN SOCIETY OF
ADDICTION MEDICINE

ASAM

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**ASAM is a professional
organization comprised of
physicians specializing in the
treatment of addiction**

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‡ The American Society of Addiction Medicine is an organization of over 5000 physicians board certified in the recognition and treatment of those individuals with substance use or co-occurring issues.

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The goals of the Society include

- ~ Defining addiction medicine
- ~ Improving access to services
- ~ Improving treatment services
- ~ Gaining recognition for this
medical specialty

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ASAM has become the most widely used and comprehensive set of guidelines for placement, continued stay and discharge of patients with addictive, substance-related and co-occurring disorders.

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CURRENT VERSION

ASAM

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

2013

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ASAM Criteria

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- ‡ Cleveland & NAATP Criteria 1987
- ‡ ASAM Patient Placement Criteria 1991
- ‡ ASAM Patient Placement Criteria-2 1996
- ‡ ASAM Patient Placement Criteria-2R 2001
- ‡ Supplement to the ASAM PPC-2R 2010
- ‡ ASAM Criteria 2013

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PAST ASSESSMENT
&
SERVICE MODELS

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**PAST
ASSESSMENT/SERVICE MODELS**

& Diagnosis defined service placement

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**PAST
ASSESSMENT/SERVICE MODELS**

**& Assessment tools identified only
inpatient or residential placement
needs**

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**PAST
ASSESSMENT/SERVICE MODELS**

**& Poor outcomes meant more intensive
treatment was needed and the
consumer was at fault
(treatment resistant)**

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PAST ASSESSMENT/SERVICE MODELS

- ↳ Placement “program based”
 - ⌘ “One size fits all”
 - ⌘ Typically a single option is available

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PAST ASSESSMENT/SERVICE MODELS

“Negative consequences”

“Graduation”

“Complete the program”

“Our program is _____ in length”.

“Phases”

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**PAST
ASSESSMENT/SERVICE MODELS**

CHARTING

“More willing to follow the rules”.

“Compliant in group”.

“Serious and persistent”.

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What is ASAM?

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& The ASAM PPC-2r is NOT an assessment instrument.

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↳ Instruments for ASAM placement

↳ LOCI-2R

↳ DAPPER

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- ⌘ Instruments for ASAM placement
 - ⌘ Level of Care Index second edition, revised
 - ⌘ LOCI-2R

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⌘ Instruments for ASAM placement

⌘ Dimensional Assessment for Patient
Placement Engagement and Recovery

⌘ DAPPER

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& All information necessary to properly determine placement decisions is based on screening and assessment that **PRECEDES** using ASAM criteria.

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& One of the primary determinants of level of care placement is the potential lethality of the consumers' current condition.

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‣ The ASAM Criteria were developed to better coordinate treatment across multiple levels of care and to identify the intensity of the services needed.

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ASAM TERMINOLOGY

Clinically Managed

Length of service

Levels of service

Continued service

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**The ASAM Criteria
were developed to:**

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⌘ Treat the consumer in the most available, least restrictive level of care possible.

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↳ Takes a less conservative approach to withdrawal management based on recent clinical research

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↳ Develop a method of expanding the levels of care available

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⌘ **Define commonly used terms in ways that enhance communication among users of ASAM criteria**

**To promote a common clinical service
(provider language)**

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↳ Shift from uni-dimensional to multi-dimensional assessment.

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↳ Change program driven treatment to clinically driven services

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↳ Move from fixed length of service to variable length of service

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↳ Move from a limited number of discrete levels of care to a continuum of care

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**THEORETICAL
FOUNDATIONS
OF ASAM
CRITERIA**

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⌘ **Clinical services should be individualized and tailored to the needs of the consumer within each of the six dimensions.**

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⌘ The service plan should be based on a comprehensive biopsychsocial assessment.

⌘ This includes, whenever possible, a comprehensive assessment of the family.

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⌘ Length of service should be linked directly to the consumers response to services.

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- The goals of intervention & service delivery determine the
 - Methods,
 - Intensity,
 - Frequency and
 - Types,of services provided.

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- ⌘ Progress through the levels of service
 - ⌘ Progress in all 6 dimensions must be assessed continuously to ensure comprehensive service delivery.

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& As service delivery progresses, new problems and priorities may be discovered requiring a review of service status.

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& Always find the level of care that can best address the service plan in the least restrictive environment.

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ISSUES

- ⌘ Objectivity
- ⌘ Choice of service levels
- ⌘ Continuum of care
- ⌘ Service level failure
- ⌘ Length of stay
- ⌘ Mutual Support Groups
- ⌘ Clinical outcomes

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**The ASAM Criteria
address three areas**

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INITIAL PLACEMENT



CONTINUED STAY
and/or
REFERRAL



DISCHARGE

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SIX ASSESSMENT DIMENSIONS

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- ↳ **Dimension 1**
 - ⌘ **Acute Intoxication and/or Withdrawal Potential**
- ↳ **Dimension 2**
 - ⌘ **Biomedical Conditions and Complications**
- ↳ **Dimension 3**
 - ⌘ **Emotional, Behavioral or Cognitive Conditions and Complications**
- ↳ **Dimension 4**
 - ⌘ **Readiness to Change**
- ↳ **Dimension 5**
 - ⌘ **Relapse, Continued Use, or Continued Problem Potential**
- ↳ **Dimension 6**
 - ⌘ **Recovery/Living Environment**

SIX DIMENSIONS

↳ Dimension 1

↳ Acute Intoxication and/or Withdrawal Potential

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↳ Dimension 2

↳ Biomedical Conditions and Complications

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↳ **Dimension 3**

↳ **Emotional, Behavioral or Cognitive Conditions
and Complications**

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↳ Dimension 4

↳ Readiness to Change

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↳ Dimension 5

↳ Relapse, Continued Use, or Continued Problem Potential

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↳ Dimension 6

↳ Recovery/Living Environment

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INTERVENTION LEVELS

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- ↳ **Level 0.5**
 - ↳ Early Intervention
- ↳ **Level 1**
 - ↳ Outpatient Services
- ↳ **Level 2**
 - ↳ Intensive Outpatient/Partial Hospitalization Services
- ↳ **Level 3**
 - ↳ Residential/Inpatient Services
- ↳ **Level 4**
 - ↳ Medically Managed Intensive Inpatient Services

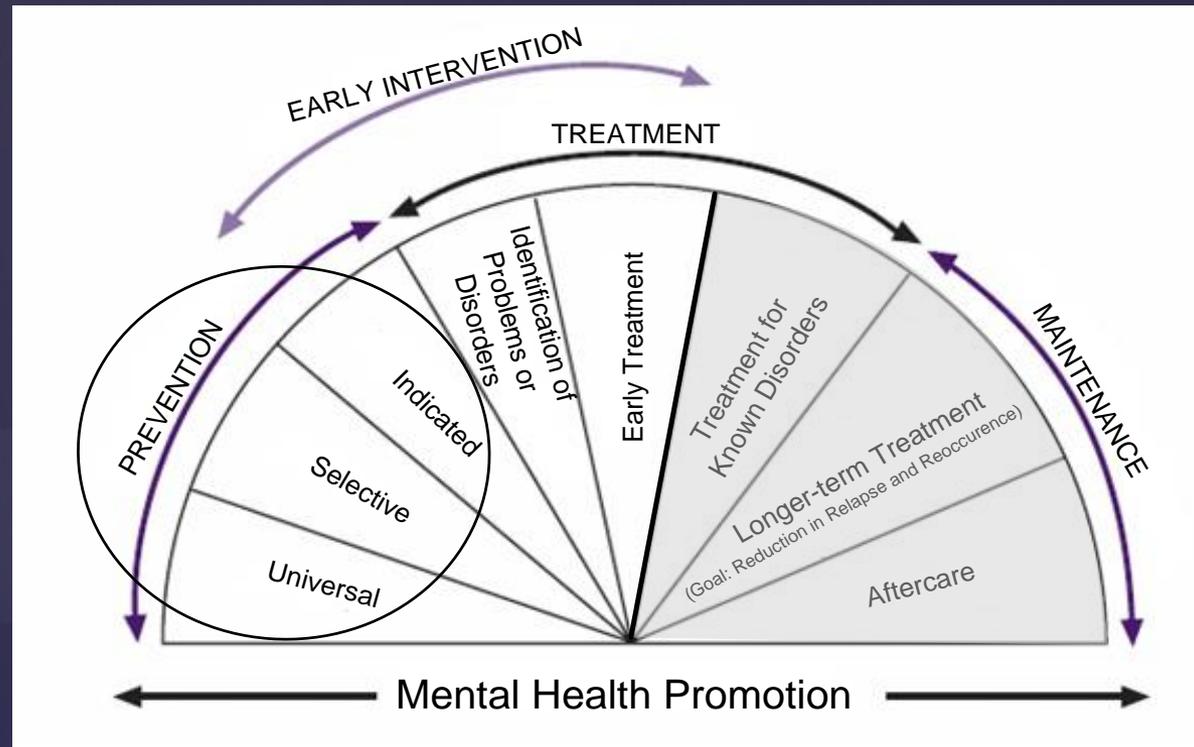
Opioid Treatment Services (OTS)
Withdrawal Management Services

FIVE LEVELS

↳ Level 0.5

↳ Early Intervention

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0.5 Early Intervention

Institute of Medicine Intervention Spectrum

↳ Level 1

↳ Outpatient Services

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↳ Level 2

↳ Intensive Outpatient/Partial Hospitalization
Services

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↳ Level 3

↳ Residential/Inpatient Services

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Level 3 Residential/Inpatient Services

- ⌘ **Level 3.1 Clinically Managed Low-Intensity Residential Services**
- ⌘ **Level 3.3 Clinically Managed Population Specific High-Intensity Residential Services**
- ⌘ **Level 3.5 Clinically Managed High-Intensity Residential Services**
- ⌘ **Level 3.7 Medically Monitored Intensive Inpatient Services**

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↳ **Level 4**

↳ **Medically Managed Intensive Inpatient
Services**

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- ↳ Opioid Treatment Services (OTS)
 - ↳ Opioid Treatment Services and/or
 - ↳ Office Based Opioid Treatment

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The levels are also identified through decimals (.1 through .9) to better express the gradations of intensity within each level of care

Allows for improved precision and better inter-rater reliability by focusing on five broad levels of service.

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ISSUES

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DSM 5

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WITHDRAWAL MANAGEMENT

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GAMBLING DISORDER

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TOBACCO DISORDER

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Inter-rater Reliability

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**The consumer should be
seen as entering a
continuum of care – not
entering a treatment
program**

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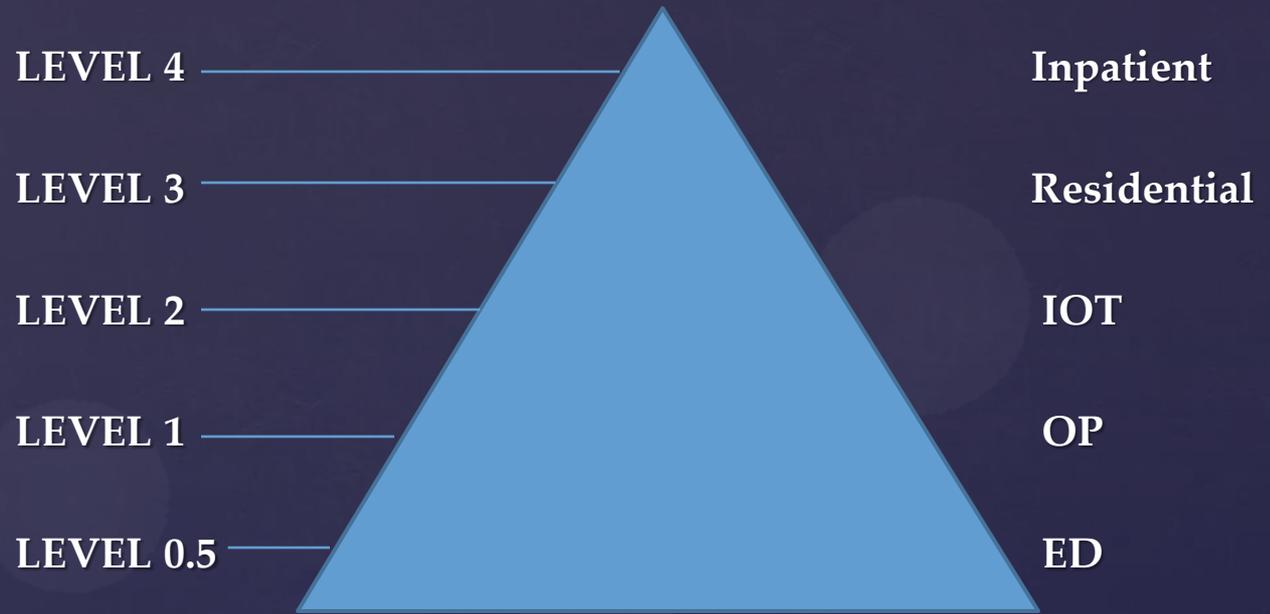
25% to 40% of the population
never drink

20% of the population
consume 90% of the alcohol



Of this group only 30%, or 10%
of the total population are
physically dependent

ALCOHOL



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**ADOLESCENT
PATIENT
PLACEMENT
CRITERIA**

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ADOLESCENT PPC

- ⌘ Dimensions will most often focus more on Mental Health issues than on Substance Use disorders.
- ⌘ Levels do not include withdrawal maintenance or opioid maintenance therapies as these are less common with adolescents

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ADOLESCENT PPC

- Level 0.5 More common for adolescents
- Level 1
- Level 2 IOT 6 to 19 hours
- Level 3 3.5 & 3.7
- Level 4

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Level 3 Residential/Inpatient Services

Adolescent Criteria

- ⌘ **Level 3.5 Clinically Managed Medium-Intensity Residential Services**
- ⌘ **Level 3.7 Medically Monitored High Intensity Intensive Inpatient Services**

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REAL WORLD CONSIDERATIONS

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& Unbundling of services

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↳ ASAM criteria and State certification requirements.

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& **Need for a safe environment**

& **Consider sober living**

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& Assessment of imminent danger

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& Mandated level of care or length of stay

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& Interactions across dimensions

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ALWAYS treat the
consumer in the most
available, least restrictive
level of care

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ASAM OVER RIDES

- ⌘ Service not available
- ⌘ Provider judgement
- ⌘ Patient preference
- ⌘ On waiting list for appropriate level
- ⌘ No payment resource
- ⌘ Geographic accessibility
- ⌘ Family responsibility/preference
- ⌘ Language

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Appendix A
& Withdrawal Management Instruments

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Appendix B

**& Special Considerations for Dimension 5
Criteria: Relapse, Continued Use or
Continued Problem Potential**

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Appendix C
& Glossary of Terms Used in the ASAM Criteria

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The Three “H’s”

HISTORY

HERE AND NOW

HOW CONCERNED AM I

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~ Sometimes we have to
let go of what's killing
us, even if its killing us
to let go!

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Lethality

1 Acute Intoxication or Withdrawal Potential

This information comes directly from the consumer's substance use history and current use patterns. The clinician must have knowledge of dependency and withdrawal complications from alcohol or various classes of drug.

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Lethality

2) Biomedical Conditions and Complications

This information comes from the medical section of assessment. The question to answer is “Do medical conditions interfere with the clients’ ability to engage in treatment?”

and/or

“Does this condition have the possibility of death if medical treatment is not provided?”

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Lethality

3) Emotional, Behavioral or Cognitive Conditions or Complications.

“Does this consumer represent a threat to himself or someone else?”

and/or

“Does this consumer have sufficient cognitive capability to participate in and benefit from services (at a sub-acute level of care)?”

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Addiction

Severity

Index

Fifth edition

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Medical Section

Corresponds to ASAM Dimensions 1, 2 & 4

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Employment & Support

Corresponds to ASAM Dimension 6

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Drug and Alcohol Sections

Corresponds to ASAM Dimensions 1, 4, & 5

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Legal Status

Corresponds to ASAM Dimensions 4 & 6.

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Family and Social Status

Corresponds to ASAM Dimensions 5 & 6

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Psychiatric Status

Corresponds to ASAM Dimensions
4, 5 & 6

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