What Using *The ASAM Criteria* Really Means: Skill-Building and Systems Change

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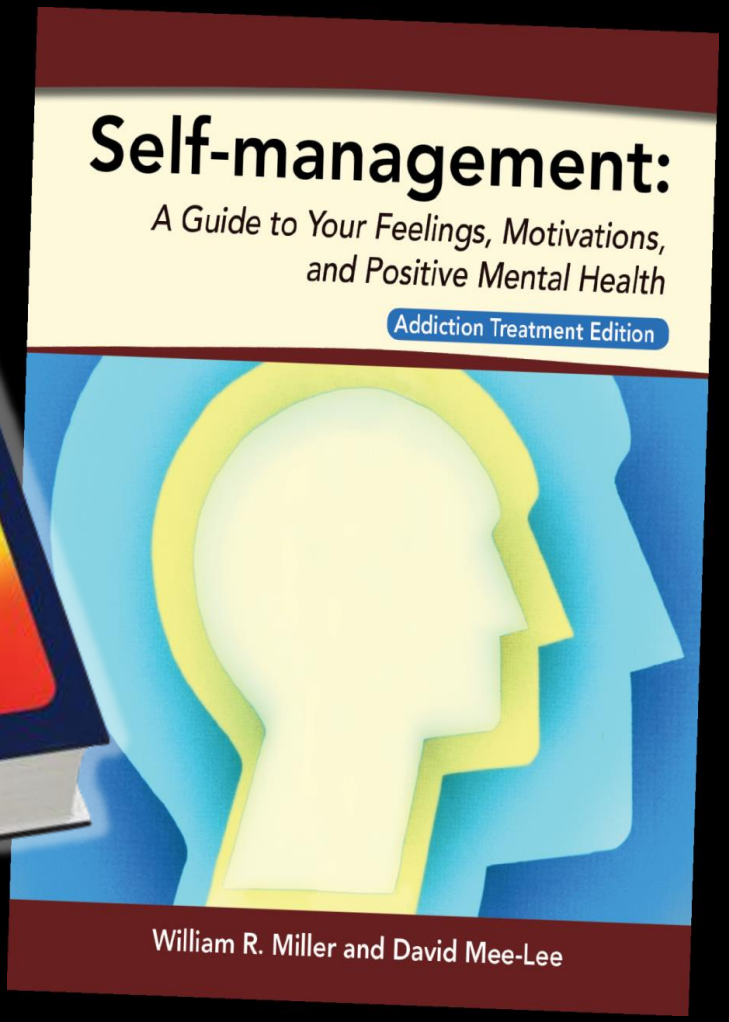

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FOUNDED 1954
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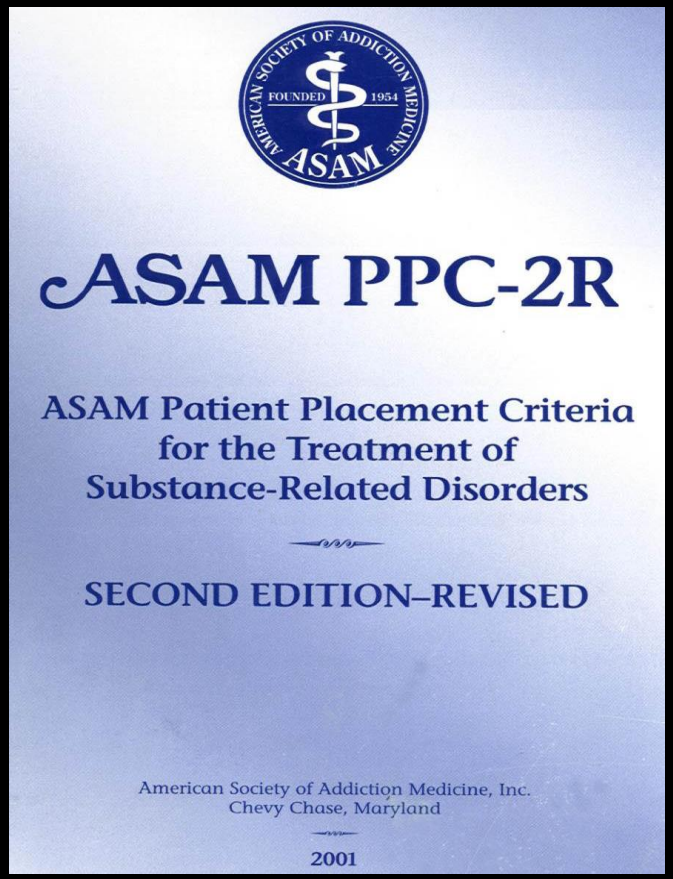

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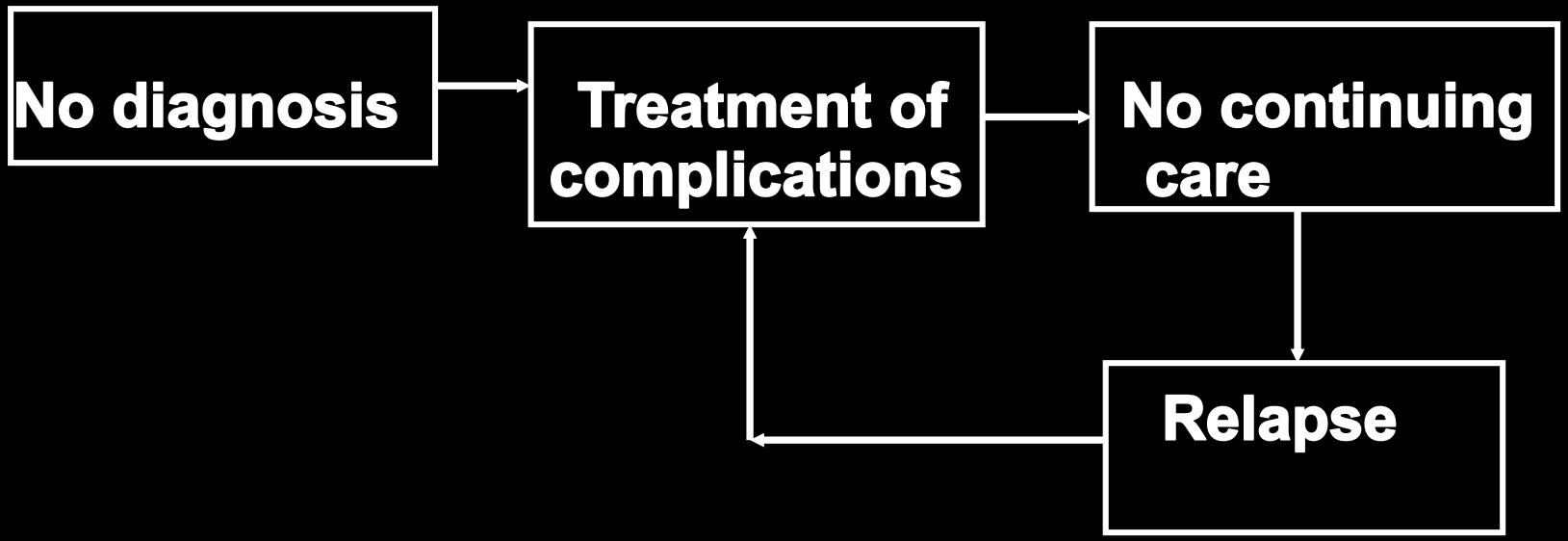
Generations of Clinical Care

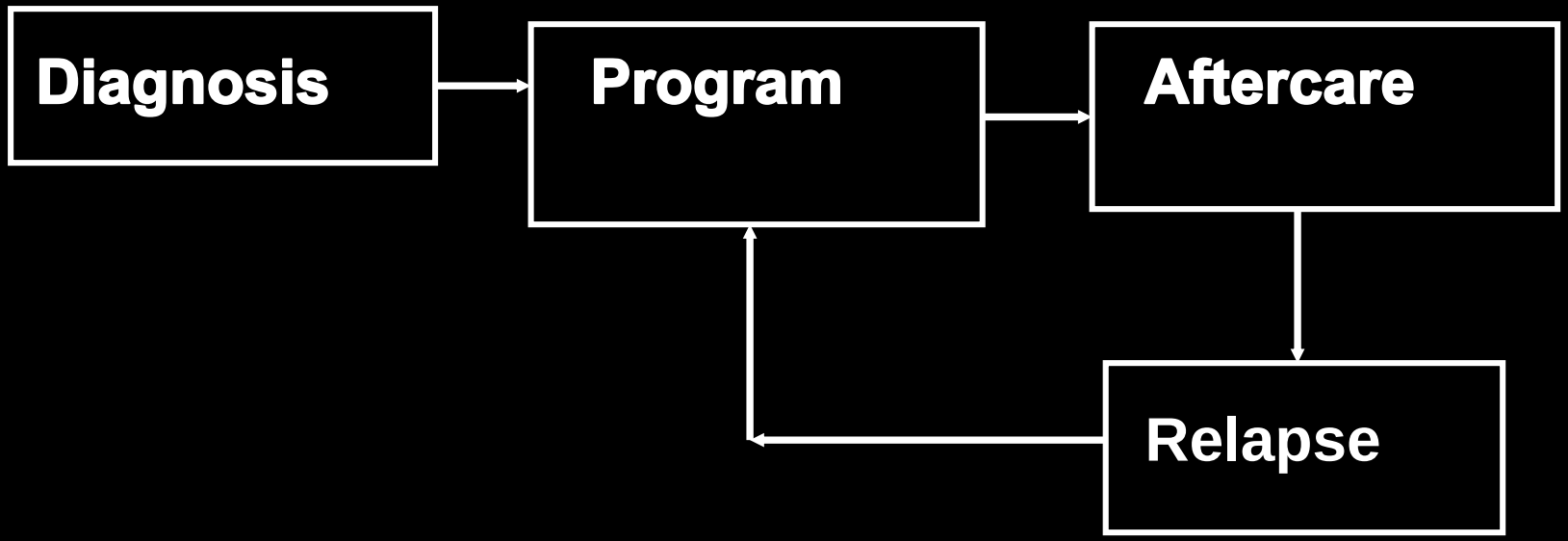
1. Complications-driven Treatment



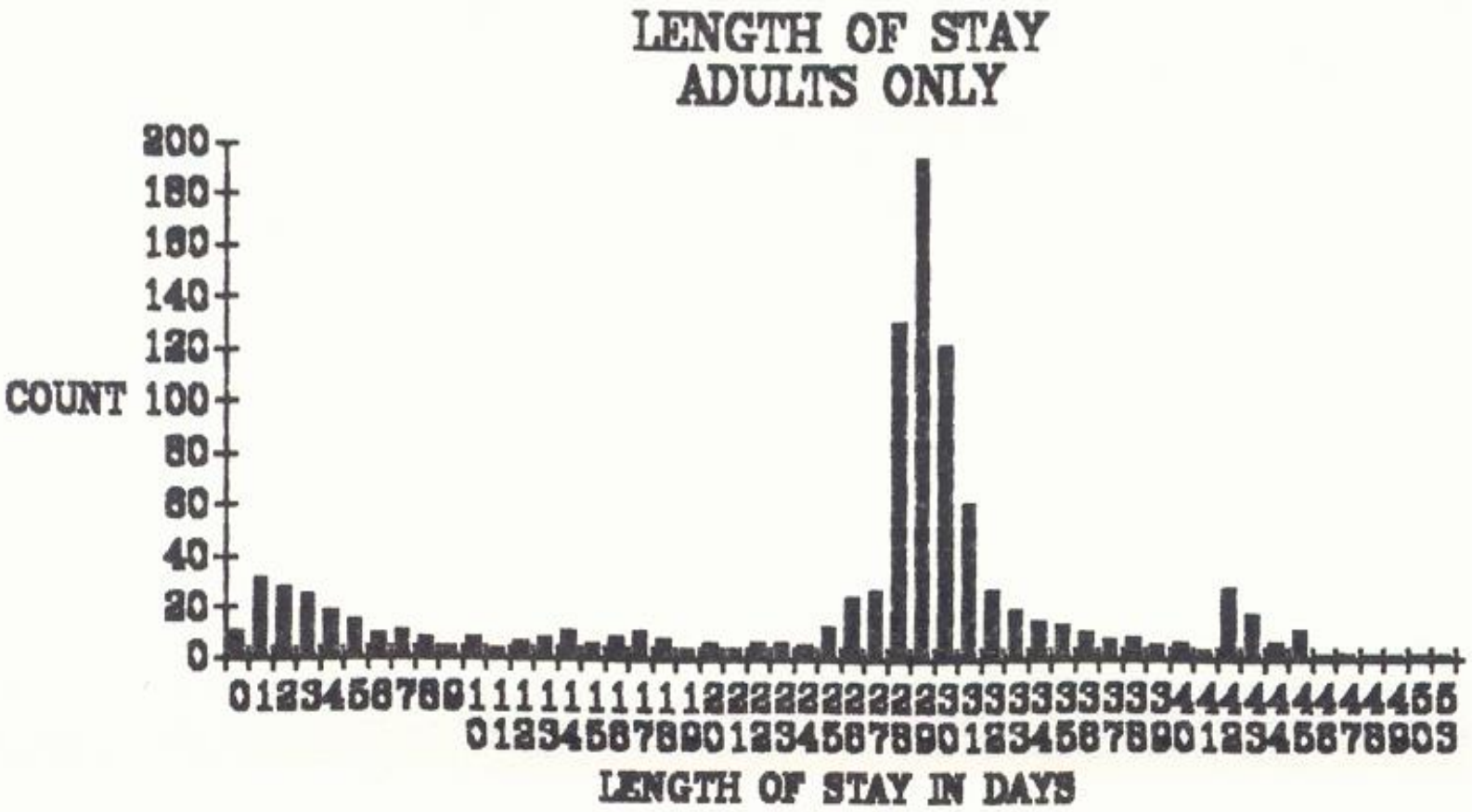
Mee-Lee, David (2001): "Persons with Addictive Disorders, System Failures, and Managed Care" Chapter 9, pp. 225-265 in "Managed Behavioral Health Care Handbook"

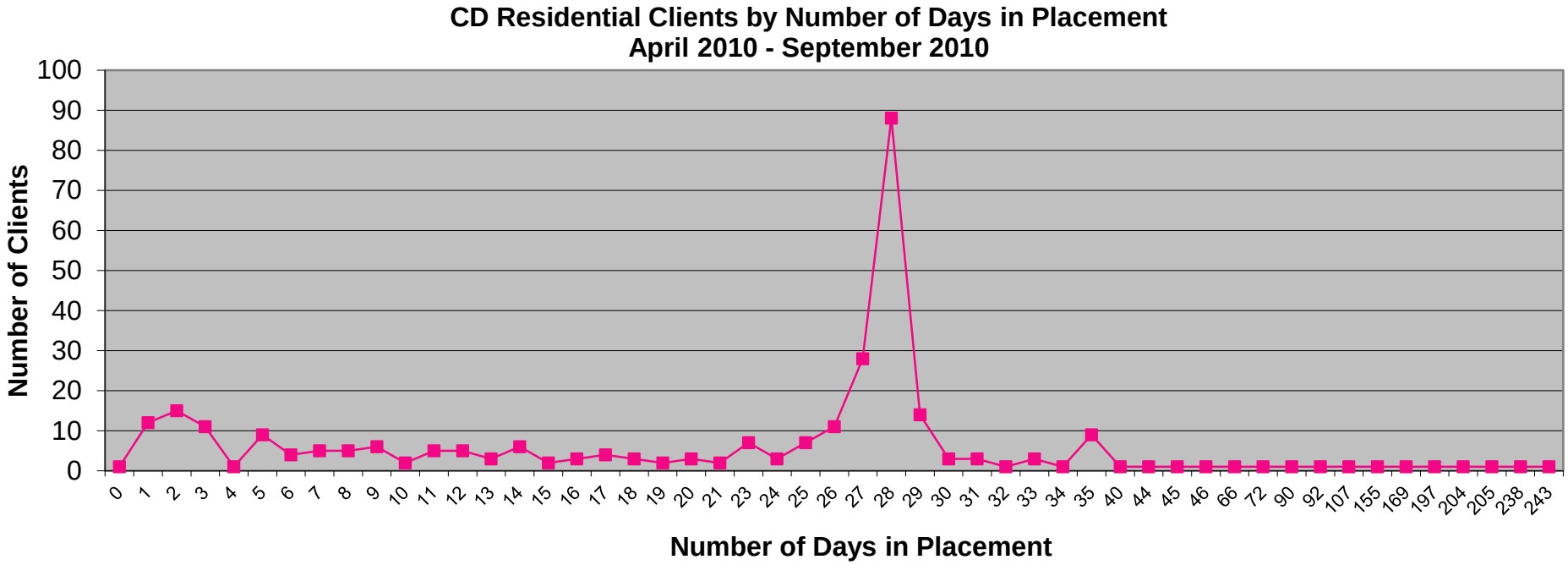
Generations of Clinical Care

2. Diagnosis-driven Treatment



Mee-Lee, David (2001): "Persons with Addictive Disorders, System Failures, and Managed Care" Chapter 9, pp. 225-265 in "Managed Behavioral Health Care Handbook"


LENGTH OF STAY
ADULTS ONLY
COUNT
200
180
160
140
120
100
80
60
40
20
0
LENGTH OF STAY IN DAYS



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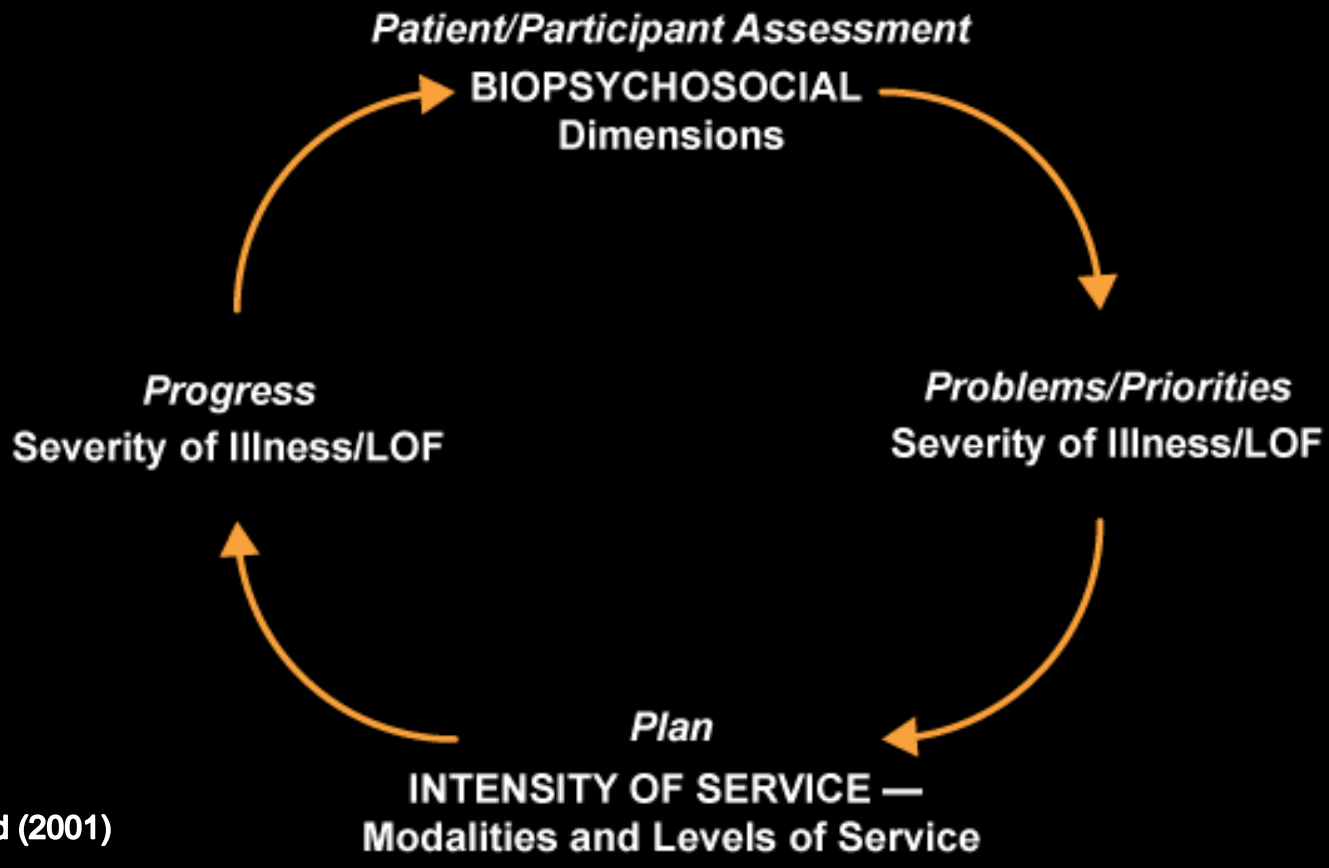
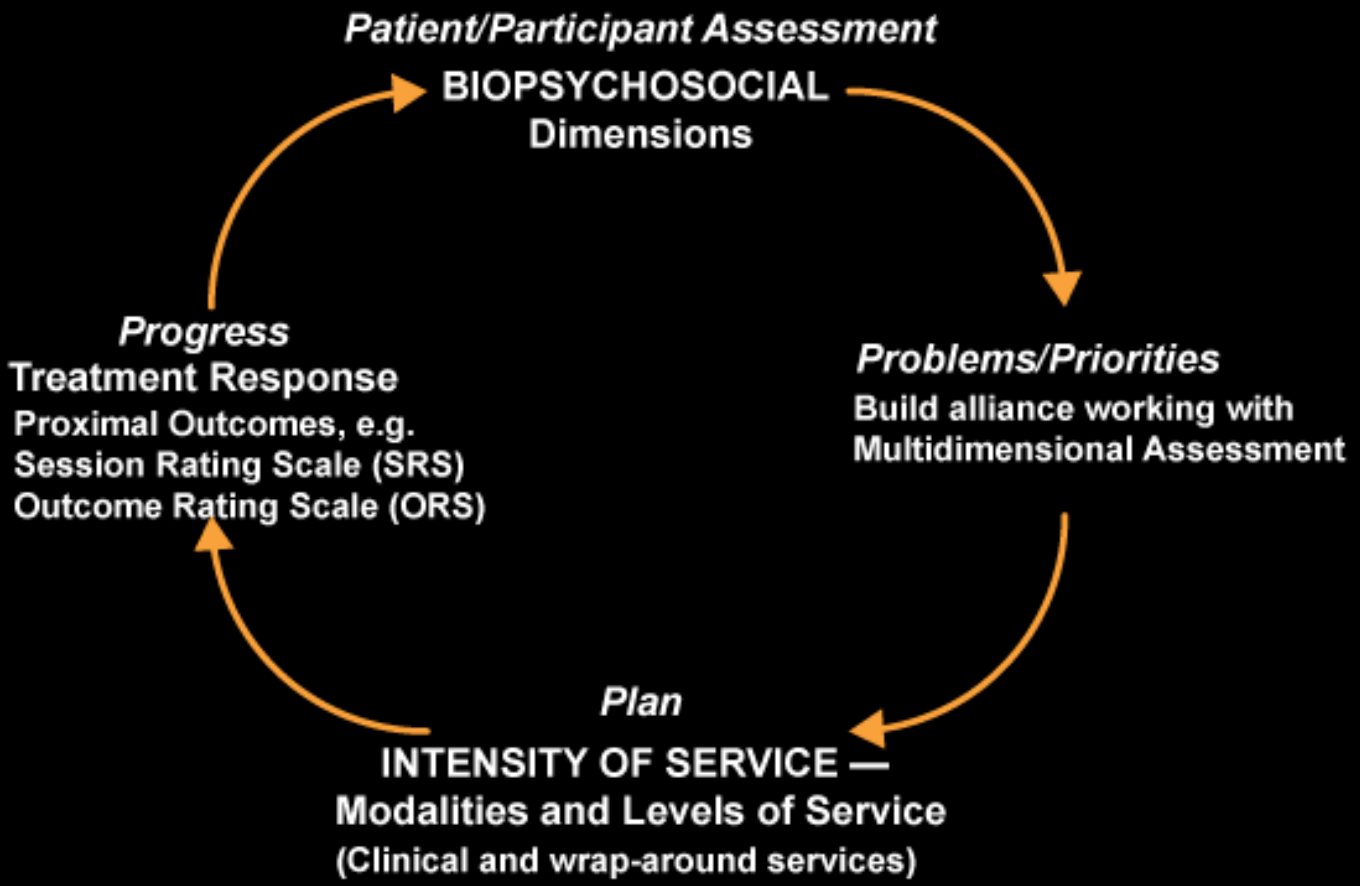
Generations of Clinical Care

3. Individualized, Clinically-driven Treatment



Mee-Lee, David (2001)

4. *Client-directed, Outcome-informed Feedback-informed Treatment*



Underlying Concepts (cont.)

Multidimensional Assessment

1. Acute intoxication and/or withdrawal potential
2. Biomedical conditions and complications
3. Emotional/behavioral/cognitive conditions and complications
4. Readiness to change
5. Relapse/continued use/continued problem potential
6. Recovery environment

(*The ASAM Criteria*, 2013, pp. 43-53)

Underlying Concepts (cont.)

Treatment Matching - Modalities

- **Motivate - ** Dimension 4
- **Manage –** All Six Dimensions
- **Medication –** Dimensions 1, 2, 3, 5
- **Meetings –** Dimensions 2, 3, 4, 5, 6
- **Monitor-** All Six Dimensions

Underlying Concepts (cont.)
Treatment Levels of Service

I → 1 Outpatient Treatment

II → 2 Intensive Outpatient and Partial Hospitalization

III → 3 Residential/Inpatient Treatment

IV → 4 Medically-Managed Intensive Inpatient Treatment

(*The ASAM Criteria*, 2013, pp.106-107)

Level 0.5 and OMT

Level 0.5: Early Intervention Services - Individuals with problems or risk factors related to substance use, but for whom an immediate Substance - Related Disorder cannot be confirmed

Opioid Maintenance Therapy (OMT) - Criteria for Level I Outpatient OMT, but OMT in all levels → **Opioid Treatment Program** (OTP) with **Opioid Treatment Services** (OTS) = antagonist meds (naltrexone) and Office-Based Opioid Treatment (OBOT) - buprenorphine

(*The ASAM Criteria*, 2013, pp.179,290)

POLL QUESTION #1

How many levels of Withdrawal Management (WM) are there in the Adult ASAM Criteria?

(a) 3 levels of WM

(b) 5 levels of WM

(c) 6 levels of WM

Detoxification → Withdrawal Management Services for Dimension 1

I-D → 1-WM - Ambulatory Withdrawal Management without Extended On-site Monitoring

II-D → 2-WM -Ambulatory Withdrawal Management with Extended On-Site Monitoring

(*The ASAM Criteria*, 2013, pp.132-134)

Withdrawal Management Services for Dimension 1 (continued)

III.2-D → 3.2- WM- Clinically-Managed Residential Withdrawal Management

III.7-D → 3.7- WM - Medically-Monitored Inpatient Withdrawal Management

IV-D → 4-WM - Medically-Managed Inpatient Withdrawal Management

(*The ASAM Criteria*, 2013, pp.133-141)

Level I and II → Level 1 and 2 Services

Level I → 1 Outpatient Treatment

Level II.1 → 2.1 Intensive Outpatient Treatment

Level II.5 → 2.5 Partial Hospitalization

(*The ASAM Criteria*, 2013, pp.184-208)

Level III → Level 3 Residential/Inpatient

Level III.1→ 3.1- Clinically-Managed, Low Intensity Residential Treatment

Level III.3 → 3.3- Clinically-Managed, Medium Intensity Residential Treatment → Clinically Managed *Population-Specific High Intensity* Residential Treatment
(Adult Level only)

(*The ASAM Criteria*, 2013, pp.222-234)

Level III → Level 3 Residential/Inpatient (cont.)

Level III.5 → 3.5- Clinically-Managed, Medium/High Intensity Residential Treatment

Level III.7 → 3.7- Medically-Monitored Intensive Inpatient Treatment

(*The ASAM Criteria*, 2013, pp.224-265)

Level IV → Level 4 Services

Level IV → Level 4 Medically-Managed Intensive Inpatient

(*The ASAM Criteria*, 2013, pp.280)

Guiding Principles of *The ASAM Criteria, Third Edition, 2013*

- One-dimensional to multidimensional assessment
- Program-driven to clinically & outcomes-driven treatment
- Fixed length of service to variable length of service
- Limited number of discrete levels of care to broad and flexible continuum of care
- Identifying adolescent-specific needs
- Clarifying the goals of treatment

(*The ASAM Criteria*, 2013, p.3)

Guiding Principles of *The ASAM Criteria, Third Edition, 2013* (cont.)

- From using “treatment failure” as admission prerequisite
- Interdisciplinary, team approach to care
- Focusing on treatment outcomes
- Engaging with “informed consent”
- Clarifying “medical necessity”
- Harnessing ASAM’s Definition of Addiction

(*The ASAM Criteria*, 2013, p.3)

- “Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry
  August 15, 2011
- Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations.
- Pathologically pursuing reward and/or relief by substance use and other behaviors.”

ASAM’s Revamped Definition of Addiction

http://www.asam.org/quality-practice/definition-of-addiction

POLL QUESTION #2

True or False?:

To ask a client what s/he really wants is as important as assessing what the client needs.

Engage the Client as Participant

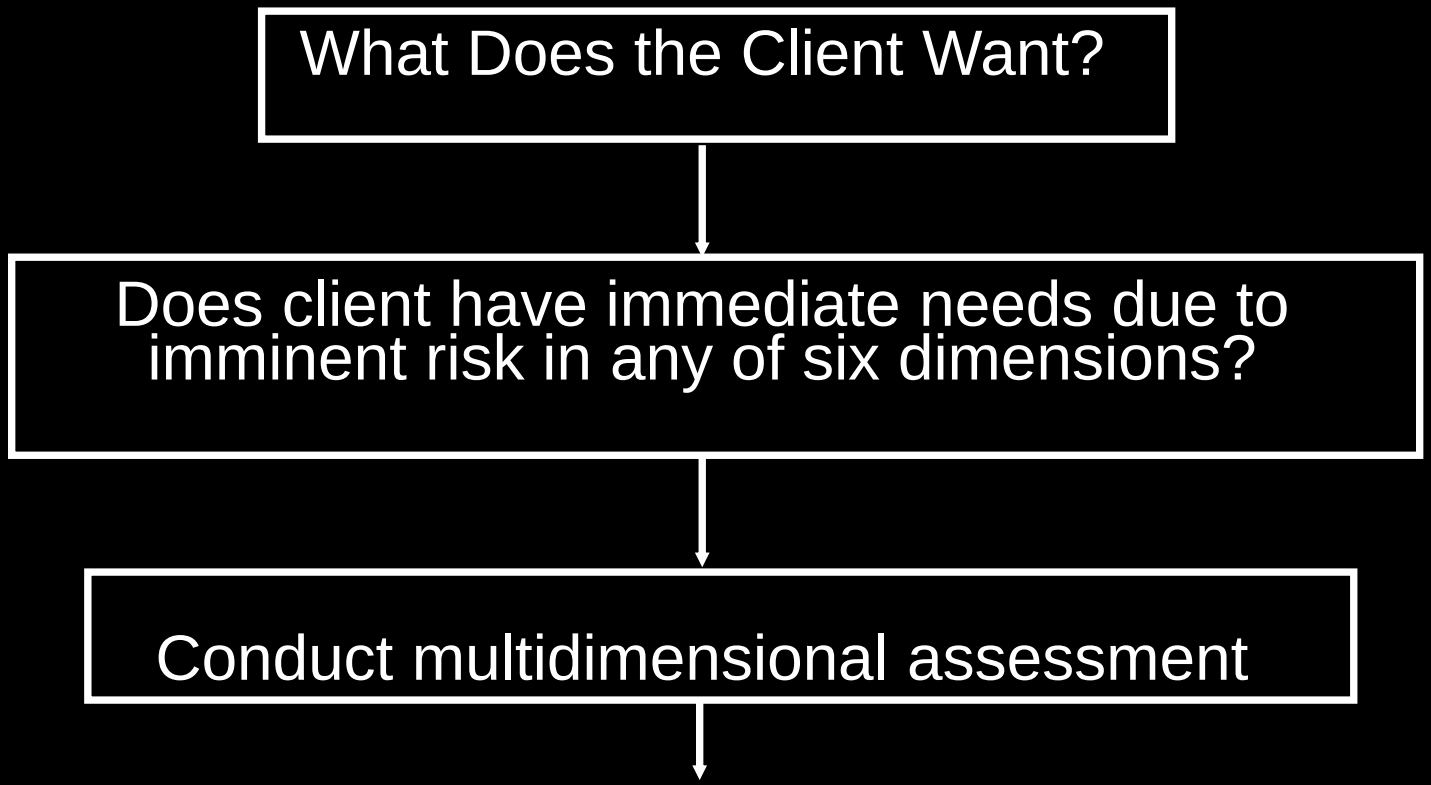
Treatment Contract

What?
Why?
How?
Where?
When?

Identifying the Assessment and Treatment Contract

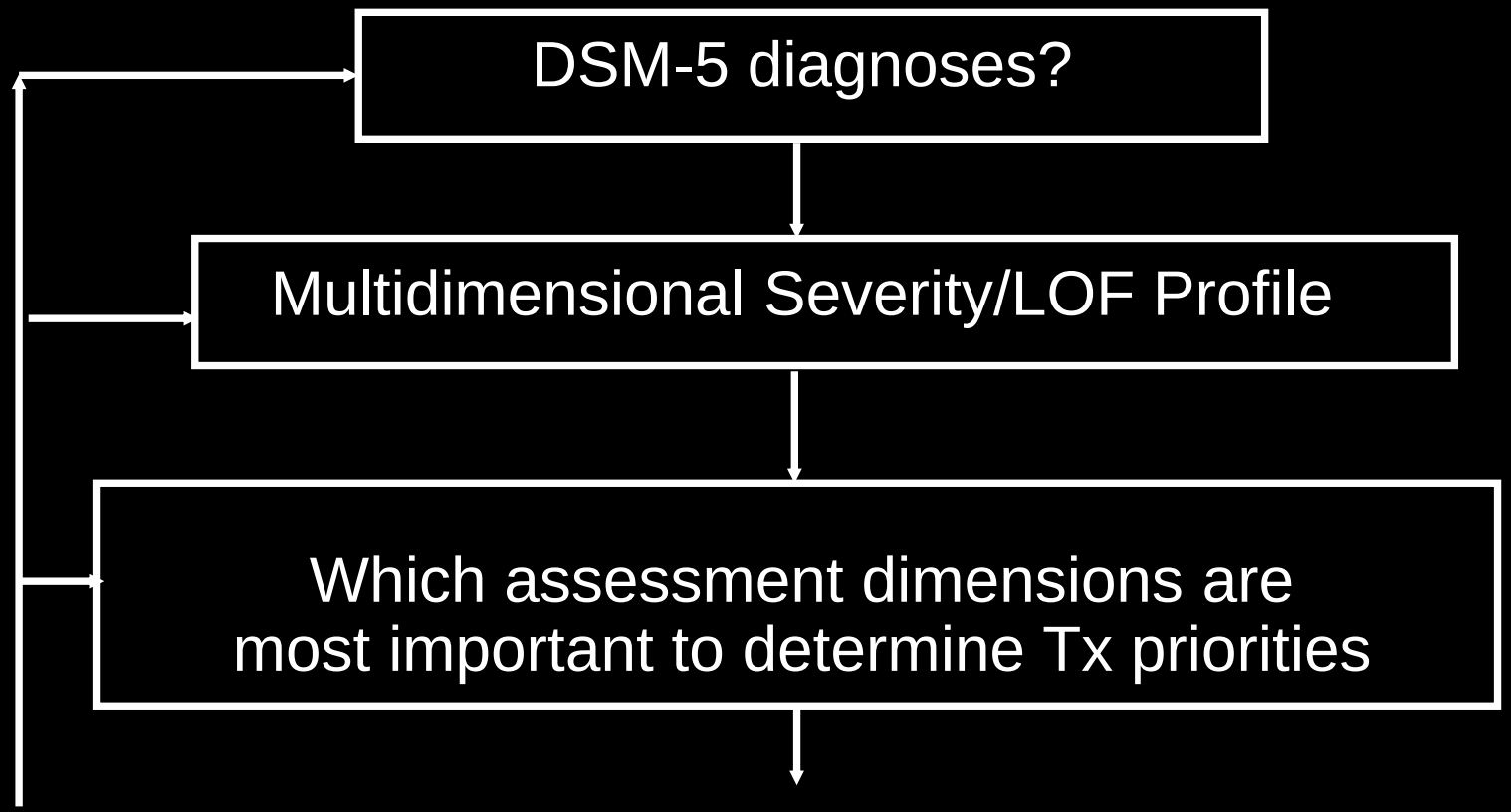
Client	Clinical Assessment	Treatment Plan
WHAT? What does client want?	What does client need?	What is the treatment contract?
WHY? Why now? What's the level of commitment?	Why? What reasons are revealed by the assessment date?	Is it linked to what client wants?
HOW? How will s/he get there?	How will you get him/her to accept the plan?	Does client buy into the link?
WHERE? Where will s/he do this?	Where is the appropriate setting for treatment? What is indicated by the placement criteria?	Referral to level of care
WHEN? When will this happen? How quickly? How badly does s/he want it?	When? How soon? What are realistic expectations? What are milestones in the process?	What is the degree of urgency? What is the process? What are the expectations of the referral?

Focus Assessment and Treatment



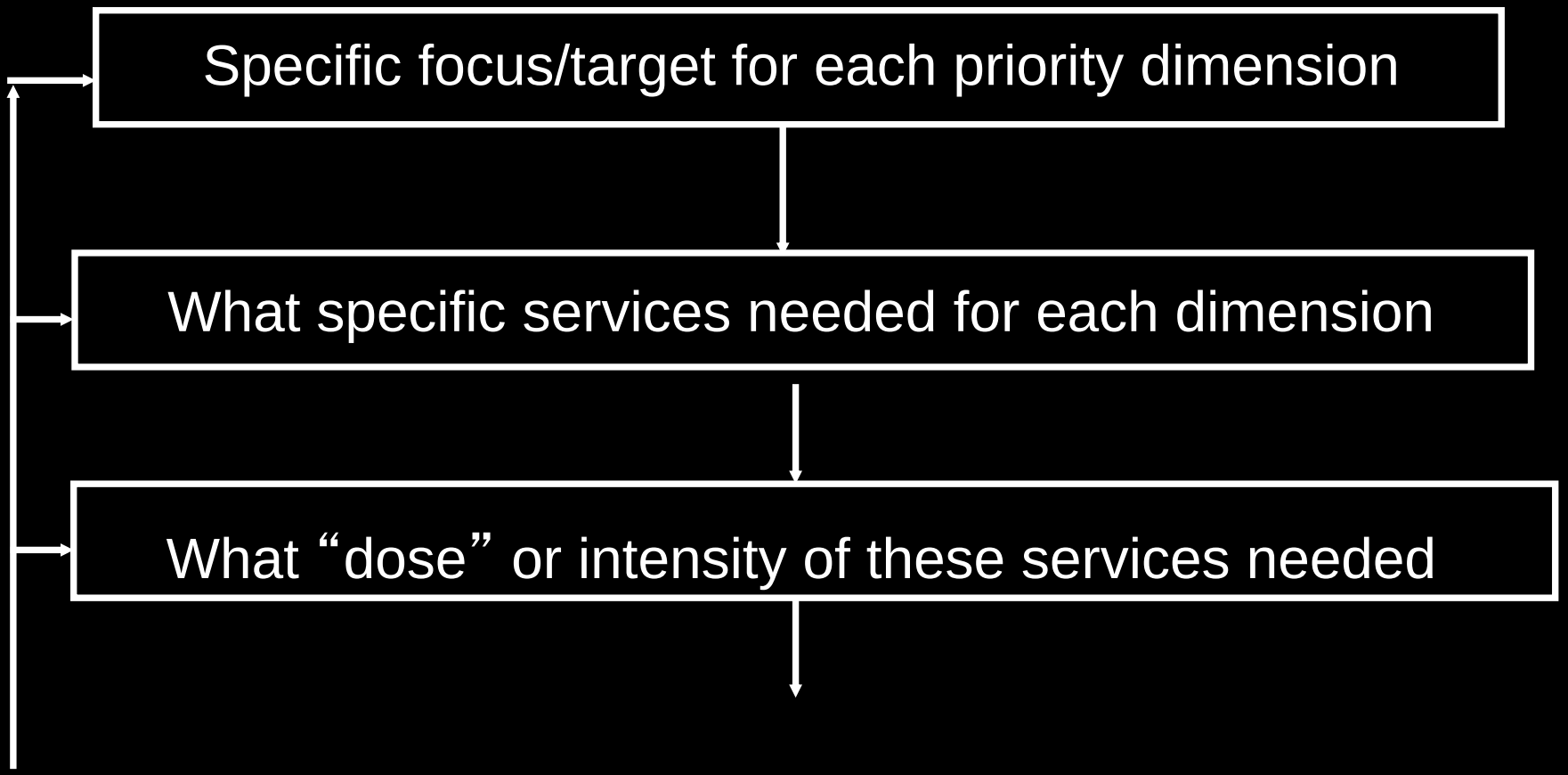
(*The ASAM Criteria*, 2013, p124)

Focus Assessment and Treatment (cont.)



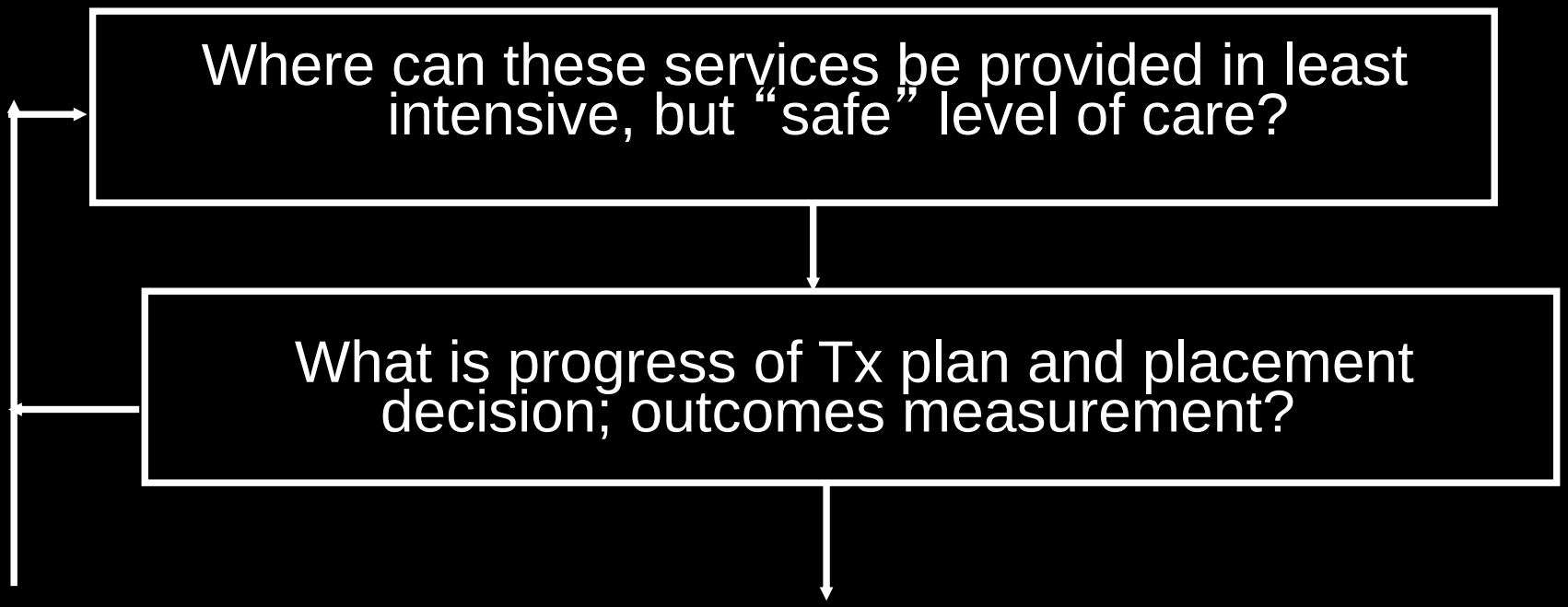
(*The ASAM Criteria*, 2013, p124)

Focus Assessment and Treatment (cont.)

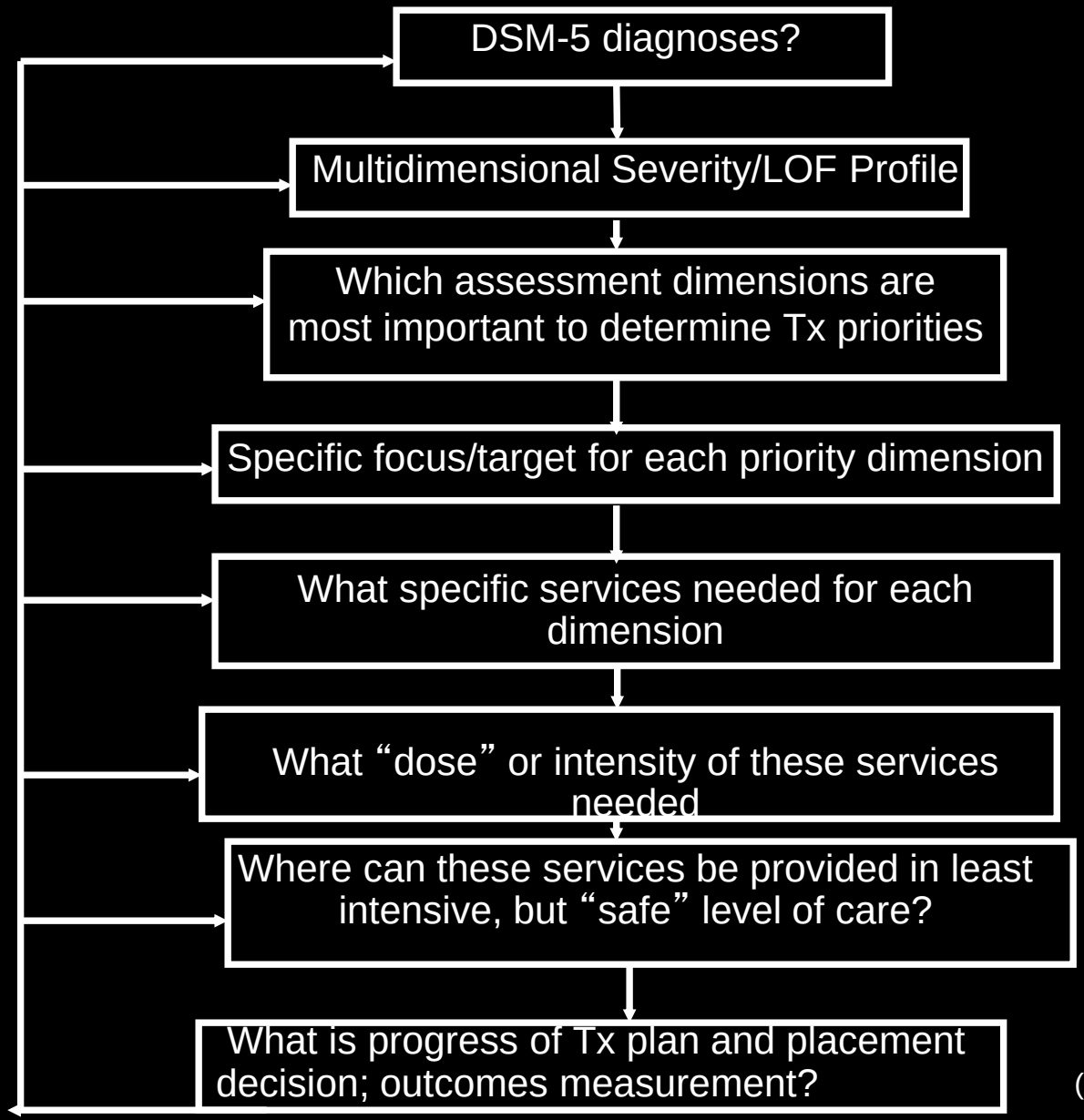


(*The ASAM Criteria*, 2013, p124)

Focus Assessment and Treatment (cont.)



(*The ASAM Criteria*, 2013, p124)



(*The ASAM Criteria*, 2013, p124)

Severity/LOF Assessment
The 3 H's

- **HISTORY**
- **HERE AND NOW**
- **HOW WORRIED NOW**

(*The ASAM Criteria*, 2013, p. 56)

Continued Service Criteria (ASAM Criteria)

Retain at the present level of care if:

1. Making progress, but not yet achieved goals articulated in individualized treatment plan. Continued treatment at present level of care necessary to permit patient to continue to work toward his or her treatment goals;

or

(*The ASAM Criteria*, 2013, p.300)

Continued Service Criteria (ASAM Criteria) (cont.)

2. Not yet making progress but has capacity to resolve his or her problems. Actively working on goals articulated in individualized treatment plan. Continued treatment at present level of care necessary to permit patient to continue to work toward his or her treatment goals;

and/or

(*The ASAM Criteria*, 2013, p.300)

Continued Service Criteria (ASAM Criteria) (cont.)

3. New problems identified that appropriately treated at present level of care. This level is least intensive at which patient's new problems can be addressed effectively.

(*The ASAM Criteria*, 2013, p.300)

Discharge/Transfer Service Criteria (ASAM Criteria)

Transfer or discharge from present level of care if he or she meets the following criteria:

1. Has achieved goals articulated in his or her individualized treatment plan, thus resolving problem(s) that justified admission to current level of care;

or

(*The ASAM Criteria*, 2013, p.303)

Discharge/Transfer Service Criteria (ASAM Criteria) (cont.)

2. Has been unable to resolve problem(s) that justified admission to present level of care, despite amendments to treatment plan. Treatment at another level of care or type of service therefore is indicated;

or

(*The ASAM Criteria*, 2013, p.303)

Discharge/Transfer Service Criteria (ASAM Criteria) (cont.)

3. Has demonstrated lack of capacity to resolve his or her problem(s). Treatment at another level of care or type of service therefore is indicated; or

(*The ASAM Criteria*, 2013, p.303)

Discharge/Transfer Service Criteria (ASAM Criteria) (cont.)

4. Has experienced intensification of his or her problem(s), or has developed new problem(s), and can be treated effectively only at a more intensive level of care

(*The ASAM Criteria*, 2013, p.303)

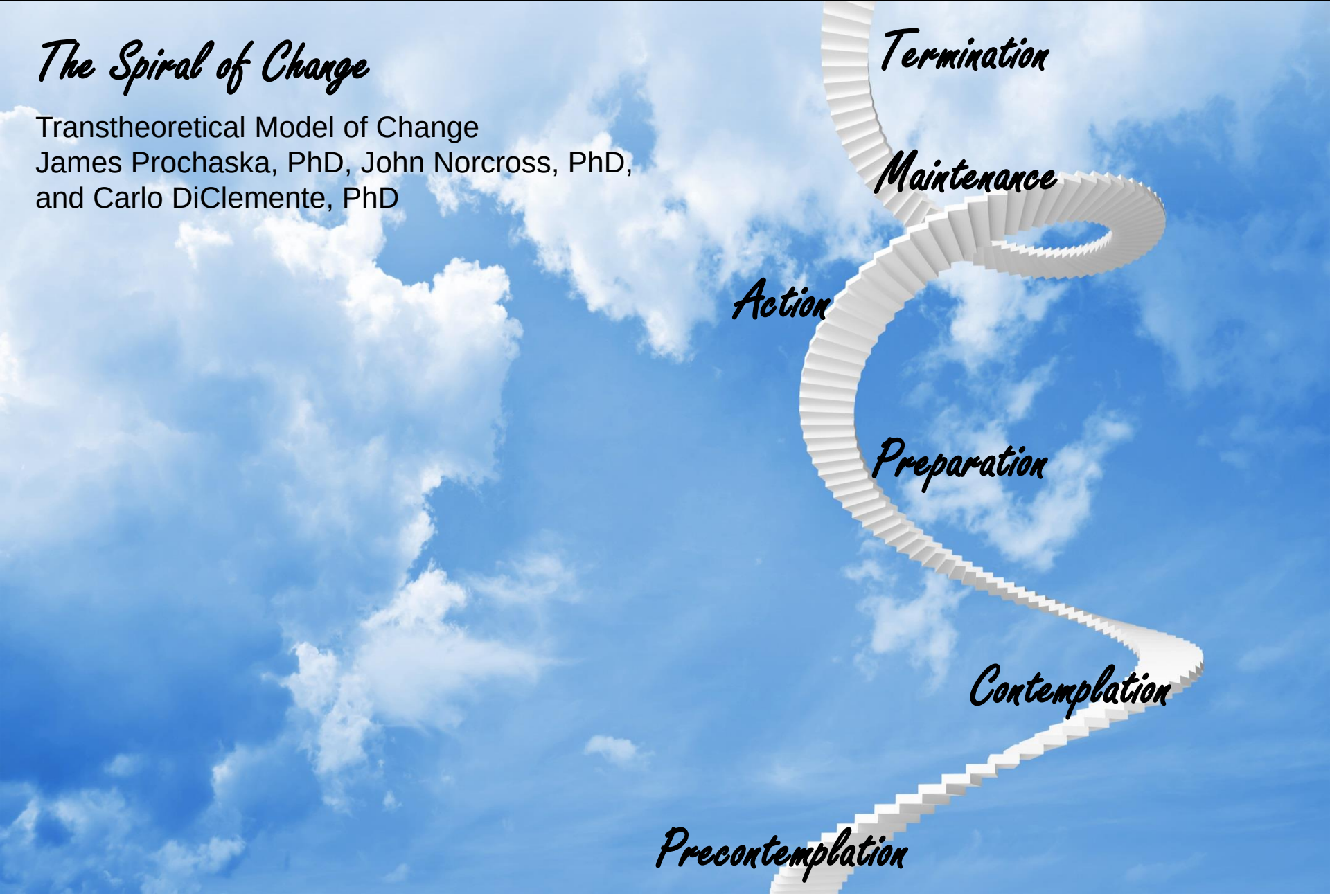
A Word About Terminology
Treatment Compliance vs Adherence

Webster's Dictionary defines:

- "comply": to act in accordance with another's wishes, or with rules and regulations
- "adhere": to cling, cleave (to be steadfast, hold fast), stick fast

Models of Stages of Change

- 12-Step model - surrender versus comply; accept versus admit; identify versus compare
- Transtheoretical Model of Change - Pre-contemplation; Contemplation; Preparation; Action; Maintenance; Relapse and Recycling; Termination
- Readiness to Change - not ready, unsure, ready, trying, doing what works



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POLL QUESTION #3

True or False?:

A flare-up or relapse of a client's addiction illness should be treated no differently from a flare-up of a person's mental illness or psychiatric diagnosis.

Revised Constructs for Dim. 5

A. Historical Pattern of Use or Mental Health Problems
   1. Chronicity of Problem Use or MH problems
   2. Treatment or Change Response

B. Pharmacologic Responsivity
   3. Positive Reinforcement (pleasure, euphoria)
   4. Negative Reinforcement (withdrawal discomfort, fear)

(*The ASAM Criteria*, 2013, pp..403 - 407)

Revised Constructs for Dim. 5 (cont.)

C. External Stimuli Responsivity
   5. Reactivity to Acute Cues (trigger objects and situations)
   6. Reactivity to Chronic Stress (positive and negative stressors)

D. Cognitive and behavioral measures of strengths and weaknesses
   7. Locus of control and Self-efficacy

(*The ASAM Criteria*, 2013, pp..403 - 407)

Revised Constructs for Dim. 5 (cont.)

D. Cognitive and behavioral measures of strengths and weaknesses (cont.)

8. Coping Skills (stimulus control, other cognitive strategies)
9. Impulsivity (risk-taking, thrill-seeking)
10. Passive and passive/aggressive behavior

(*The ASAM Criteria*, 2013, pp..403 - 407)

Recovery and Psychosocial Crises

- Slips/using substances while in treatment
- Suicidal – impulsive or wanting to use
- Loss or death – cravings or impulsive
- Disagreements, anger, frustration with fellow clients or therapist

(*The ASAM Criteria*, 2013, pp.407 - 409)

Policy and Procedure

Implements principle of re-assessment and modification of treatment plan:

1. Face to face or telephone appointment ASAP

2. Attitude of acceptance; listen for patient's point of view, rather than lecture, enforce "program rules"; or dismiss their perspective

3. Assess safety and immediate needs in all six ASAM assessment dimensions

(*The ASAM Criteria*, 2013, pp.407 - 409)

ASAM Six Assessment Dimensions

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

The ASAM Criteria (2013) Pages 43-53

Policy and Procedure (cont.)

4. Discuss circumstances surrounding the crisis, develop a sequence of events/precipitants

5. Modify participatory treatment plan to address new or updated problems

6. Reassess treatment contract and what patient wants if any lack of interest in modifying Tx. Plan

7. Determine if modified strategies need same level of care; or more or less intense level

(*The ASAM Criteria*, 2013, pp.407 - 409)

Policy and Procedure (cont.)

8. If patient recognizes the problem/s; understands need to change, but still chooses no further treatment, then discharge

9. If patient is invested in treatment, then Tx continues

10. Document crisis and modified treatment plan or discharge in the medical record

(*The ASAM Criteria*, 2013, pp.407 - 409)

Case Presentation Format

Before presenting the case, please state why you chose the case and what you want to get from the discussion

I. Identifying Client Background Data

- Name
- Age
- Ethnicity and Gender
- Marital Status
- Employment Status
- Referral Source
- Date Entered Treatment
- Level of Service Client Entered Treatment
- Current Level of Service (if case presented for Tx. Plan review)
- DSM Diagnoses
- Stated or Identified Motivation for Treatment

(*The ASAM Criteria*, 2013, p.125)

ASAM Six Assessment Dimensions

1. Acute Intoxication and/or Withdrawal Potentia
2. Biomedical Conditions and Complications
3. Emotional, Behavioral or Cognitive Conditions and Complications
4. Readiness to Change
5. Relapse/Continued Use, Continued Problem Potential
6. Recovery Environment

The ASAM Criteria (2013) Pages 43-53

Case Presentation Format (cont.)

First state how severe you think each assessment dimension is and why (focus on brief relevant history information and relevant here and now information):

II. Current Placement Dimension Rating
Has It Changed?

1.
2.
3.
4.
5.
6.

(Brief explanation for each rating, note whether it has changed since client entered treatment -why or why not)

(*The ASAM Criteria*, 2013, p.125)

Case Presentation Format (cont.)

III. What problem(s) with High and Medium severity rating are of greatest concern at this time?

- Specificity of the problem
- Specificity of the strategies/interventions
- Efficiency of the intervention (Least intensive, but safe, level of service)

(*The ASAM Criteria*, 2013, p.125)

Criminal Justice's View of Presenting Problem and Solution

3 C's Consequences
Compliance
Control

Coerced Clients and Working with Referral Sources

- Common purpose and mission
- Common language of assessment of stage of change
- Consensus philosophy of addressing readiness to change
- Consensus on how to combine resources and leverage to effect change, responsibility and accountability
- Communication and conflict resolution

Working Effectively with Managed Care

- Clinical discussion, not game playing - Improve communication between consumers, clinicians, providers payers, managed care, utilization reviewers, care managers
- Use Case Presentation Format to concisely review biopsychosocial data and focus the discussion
- Follow through Decision Tree on How to Organize Assessment Data to guide clinical discussion
- Identify where points of disagreement are: severity rating; priority dimension or focus of treatment; service needs; dose and intensity of services; placement level

(*The ASAM Criteria*, 2013, pp. 119 - 126)

Working Effectively with Managed Care (cont.)

- Offer alternative clinical data: severity rating and rationale; priority dimension or focus of treatment; service needed; dose and intensity of services; placement level
- Appeal if still no consensus

(*The ASAM Criteria*, 2013, pp. 119 - 126)

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The American Society of Addiction Medicine

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The ASAM Criteria Software now branded as *Continuum*™

- *The ASAM Criteria* book and *The ASAM Criteria Software* now branded as *Continuum*™ are companion text and application
- The text delineates the dimensions, levels of care, and decision rules that comprise *The ASAM Criteria*

The ASAM Criteria Software now branded as *Continuum*™

- The software provides an approved structured interview to guide adult assessment and calculate the complex decision tree to yield suggested levels of care, which are verified through the text

www.asamcontinuum.org

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Data to Identify Gaps

- Systems issues cannot change quickly. Each incident of inefficient or inadequate care can be a data point that promotes systems change
- Finding efficient ways to gather data as it happens in daily care of clients can provide hope, direction for change

(*The ASAM Criteria*, 2013, p. 126)

Data to Identify Gaps (cont.)

PLACEMENT SUMMARY

Level of Care/Service Indicated	
Level of Care/Service Received	

(*The ASAM Criteria*, 2013, p. 126)

Data to Identify Gaps (cont.)

PLACEMENT SUMMARY

Reason for Difference - Circle only one number -- **1**. Level of care or Service not available; **2**. Provider judgment; **3**. Client preference; **4**. Client is on waiting list for appropriate level/service; **5**. Level of care or Service available, but no payment source; **6**. Geographic inaccessibility etc.

(*The ASAM Criteria*, 2013, p. 126)

Data to Identify Gaps (cont.)

PLACEMENT SUMMARY

Anticipated Outcome If Service Cannot Be Provided- Circle only one number -- **1**. Admitted to acute care setting; **2**. Discharged to street; **3**. Continued stay in acute care facility; **4**. Incarcerated; **5**. Client will dropout until next crisis; **6**. Not listed (Specify):

(*The ASAM Criteria*, 2013, p. 126)

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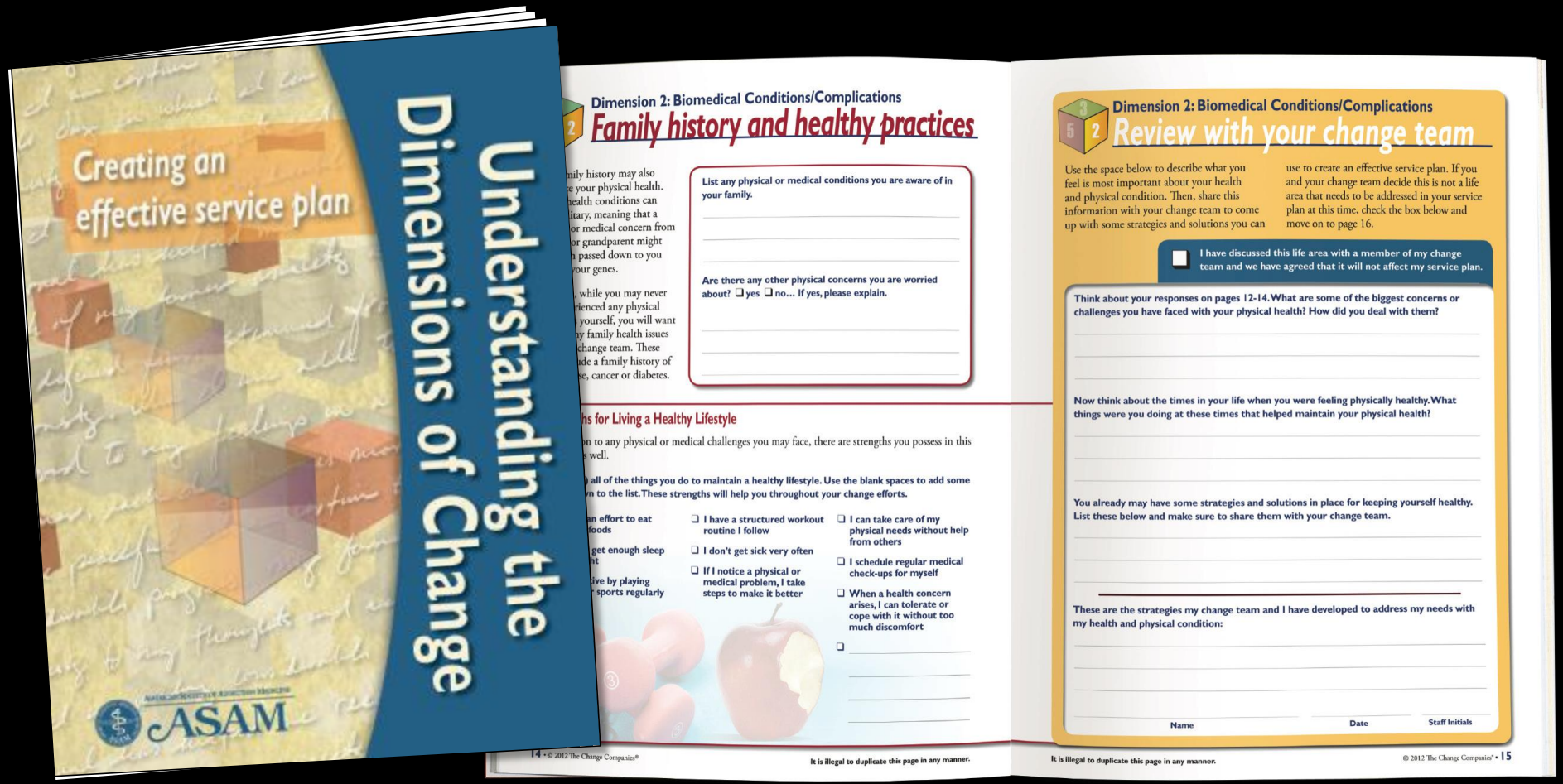
Understanding the Dimensions of Change



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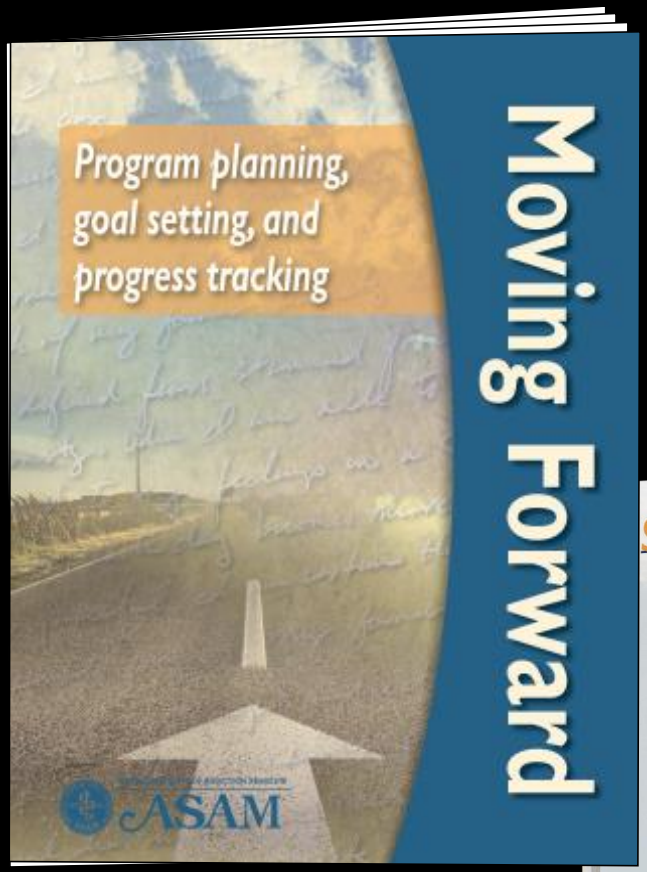
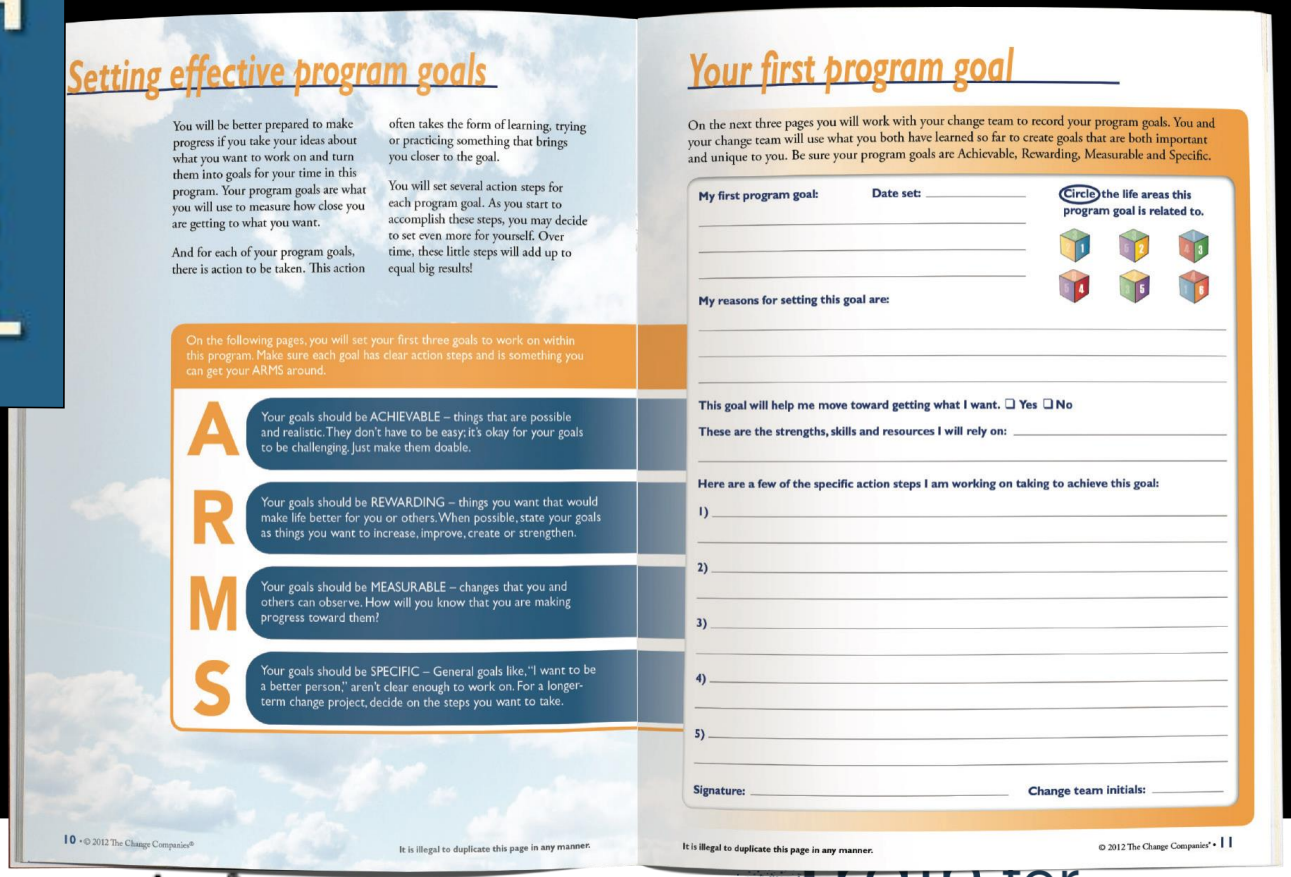
Moving Forward Participant Journal





Setting effective program goals

You will be better prepared to make progress if you take your ideas about what you want to work on and turn them into goals for your time in this program. Your program goals are what you will use to measure how close you are getting to what you want.

And for each of your program goals, there is action to be taken. This action often takes the form of learning, trying or practicing something that brings you closer to the goal.

You will set several action steps for each program goal. As you start to accomplish these steps, you may decide to set even more for yourself. Over time, these little steps will add up to equal big results!

On the following pages, you will set your first three goals to work on within this program. Make sure each goal has clear action steps and is something you can get your ARMS around.

A Your goals should be ACHIEVABLE – things that are possible and realistic. They don't have to be easy; it's okay for your goals to be challenging. Just make them doable.

R Your goals should be REWARDING – things you want that would make life better for you or others. When possible, state your goals as things you want to increase, improve, create or strengthen.

M Your goals should be MEASURABLE – changes that you and others can observe. How will you know that you are making progress toward them?

S Your goals should be SPECIFIC – General goals like, "I want to be a better person," aren't clear enough to work on. For a longer-term change project, decide on the steps you want to take.

Your first program goal

On the next three pages you will work with your change team to record your program goals. You and your change team will use what you both have learned so far to create goals that are both important and unique to you. Be sure your program goals are Achievable, Rewarding, Measurable and Specific.

My first program goal: **Date set:** _____

Circle the life areas this program goal is related to.

1 2 3 4 5 6

My reasons for setting this goal are:

This goal will help me move toward getting what I want. ❑ **Yes** ❑ **No**

These are the strengths, skills and resources I will rely on: _____

Here are a few of the specific action steps I am working on taking to achieve this goal:

1) _____

2) _____

3) _____

4) _____

5) _____

Signature: _____ **Change team initials:** _____

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