



# ASAM CRITERIA 3<sup>rd</sup> Edition

Presented by Mark Disselkoen,  
LCSW, LADC  
CASAT

Based on DSM 5 & The ASAM Criteria Manual



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## The ATTC Network



Ten Regional Centers

Central Rockies ATTC is now the Mountain Plains ATTC (UNR, UND)



MAP NOT TO SCALE

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## 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.

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**CASAT**  
Substance Abuse Prevention & Treatment Agency (SAPTA)

Center for the Application of Substance Abuse Technologies  
(CASAT):  
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**Greetings**

- \*Name
- \*Agency
- \*Town/City



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BASED ON  
ASAM CRITERIA  
Third Edition, 2013  
&  
DSM 5, Fifth Edition



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### Learning Objectives

What's New in the Manual?

Overview of ASAM Basics

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

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### Severity Rating

DSM 5 Substance Use Disorder Severity Ratings

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

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### The ASAM Criteria

#### What's New?

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**What's New**

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

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**Continued**

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

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**Continued**

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

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### 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”

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### 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”

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### 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”

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Continued

- \* "Clarifying the role of the physician"
- \* "Focusing on treatment outcomes"
- \* "Informed Consent"
- \* "Medical Necessity"

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INFORMED CONSENT

- \* "Proposed modalities"
- \* "The risks and benefits"
- \* "Appropriate alternative treatment"
- \* "Risks of treatment versus no treatment"

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MEDICAL NECESSITY

- \* Extent
- \* Severity
- \* In all Six ASAM dimensions

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### 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

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### 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

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### 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)

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### 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)

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### 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

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### 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”

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**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

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**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

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**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

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### Severity Specifics

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

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### 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

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### Six Dimensional Assessment

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

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### 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?

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### 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?**

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### 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?

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## 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?

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## Dimension 3 Risk Domains

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

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## 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?

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### 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?

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### 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?

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### 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?

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## RECOVERY LIVING ENVIRONMENT

\* Dimension 6 Continued

- \* Are there legal, vocational, regulatory (e.g 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?

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## CONTINUED SERVICE, TRANSFER AND DISCHARGE CRITERIA



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## 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

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## 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

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## 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

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## Level of Care Placement Starting on Page 175-176

Let's Compare and Contrast  
Level 1 Outpatient  
Level 2.1 Intensive Outpatient

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### Differentiation of Levels of Care

- \* D-1 L-1: Not experiencing significant withdrawal, or at minimal risk of severe withdrawal.
- \* D-1 L-2.1: Minimal risk of severe withdrawal.
- \* D-2 L-1: None or very stable, or is receiving concurrent medical monitoring
- \* D-2 L-2.1 None or not a distraction from treatment.

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### Continued

- \* D-3 L-1: None or very stable, or is receiving concurrent mental health monitoring.
- \* D-3 L-2.1: Mild severity, with potential to distract from recovery; needs monitoring.

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### Continued

- \* D-4 L-1: Ready for recovery but needs motivating and monitoring strategies to strengthen readiness. Or needs ongoing monitoring and disease management. Or high severity in this dimension but not in other dimensions. Needs Level 1 motivational enhancement strategies.
- \* D-4 L-2.1: Has variability engagement in treatment, ambivalence, or a lack of awareness of the substance use or mental health problem(s), and requires a structured program several times a week to promote progress through the stages of change.

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### Continued

- \* D-5 L-1: Able to maintain abstinence or control use and/or addictive behaviors and pursue recovery or motivational goals with minimal support.
- \* D-5 L-2.1: Intensification of addiction or mental health symptoms indicate a high likelihood of relapse or continued use or continued problems without close monitoring and support several times a week.
- \* D-6 L-1: Recovery environment is supportive and/or the patient has skills to cope.
- \* D-6 L-2.1 Recovery environment is not supportive, but with structure and support, the patient can cope.

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### Summary of ASAM

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

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### 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

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Questions?

Thank you for Participating

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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.

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