ASAM
An Overview 2013
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ASAM
Eiffel Tower
Eiffel Tower

- 108 stories
- 1665 stairs
Eiffel Tower

- 2,500,000 rivets
- 15,000 pieces of iron
- 40 tons of paint
Weight approximately 10,000 tons

Eiffel Tower
The stress on no joint exceeds eleven pounds
- Height 984 to 990 feet
  (Depending on the temperature)

Eiffel Tower
ASAM is a professional organization comprised of physicians specializing in the treatment of addiction
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.

ASAM
The goals of the Society include
~ Defining addiction medicine
~ Improving access to services
~ Improving treatment services
~ Gaining recognition for this medical specialty
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.
CURRENT VERSION

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

2013

ASAM
ASAM Criteria

ASAM
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
PAST ASSESSMENT & SERVICE MODELS

ASAM
PAST

ASSESSMENT/SERVICE MODELS

- Diagnosis defined service placement
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”

ASAM
PAST ASSESSMENT/SERVICE MODELS

CHARTING
“More willing to follow the rules”.
“Compliant in group”.
“Serious and persistent”.

ASAM
What is ASAM?
The ASAM PPC-2r is **NOT** an assessment instrument.
Instruments for ASAM placement

- LOCI-2R
- DAPPER
Instruments for ASAM placement

Level of Care Index second edition, revised

LOCI-2R
Instruments for ASAM placement

Dimensional Assessment for Patient Placement Engagement and Recovery

DAPPER

ASAM
All information necessary to properly determine placement decisions is based on screening and assessment that PRECEDES using ASAM criteria.
One of the primary determinants of level of care placement is the potential lethality of the consumers’ current condition.
The ASAM Criteria were developed to better coordinate treatment across multiple levels of care and to identify the intensity of the services needed.
ASAM TERMINOLOGY

Clinically Managed
Length of service
Levels of service
Continued service
The ASAM Criteria were developed to:
Treat the consumer in the most available, least restrictive level of care possible.
Takes a less conservative approach to withdrawal management based on recent clinical research
Develop a method of expanding the levels of care available
Define commonly used terms in ways that enhance communication among users of ASAM criteria

To promote a common clinical service
(provider language)
Shift from uni-dimensional to multi-dimensional assessment.
Change program driven treatment to clinically driven services
Move from fixed length of service to variable length of service
Move from a limited number of discrete levels of care to a continuum of care
Clinical services should be individualized and tailored to the needs of the consumer within each of the six dimensions.
The service plan should be based on a comprehensive biopsychosocial assessment.

This includes, whenever possible, a comprehensive assessment of the family.
Length of service should be linked directly to the consumers response to services.
The goals of intervention & service delivery determine the
- Methods,
- Intensity,
- Frequency and
- Types,
of services provided.
Progress through the levels of service

Progress in all 6 dimensions must be assessed continuously to ensure comprehensive service delivery.

ASAM
As service delivery progresses, new problems and priorities may be discovered requiring a review of service status.
Always find the level of care that can best address the service plan in the least restrictive environment.
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
INITIAL PLACEMENT
~
CONTINUED STAY
and/or
REFERRAL
~
DISCHARGE

ASAM
SIX ASSESSMENT DIMENSIONS

ASAM
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

ASAM
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

ASAM
INTERVENTION LEVELS

ASAM
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
Level 0.5

Early Intervention

ASAM
0.5 Early Intervention
Institute of Medicine Intervention Spectrum
Level 1

Outpatient Services

ASAM
Level 2

Intensive Outpatient/Partial Hospitalization Services

ASAM
Level 3
Residential/Inpatient Services
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
Level 4

Medically Managed Intensive Inpatient Services
- 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.
DSM 5

ASAM
WITHDRAWAL MANAGEMENT 

ASAM
GAMBLING DISORDER

ASAM
TOBACCO DISORDER

ASAM
Inter-rater Reliability

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The consumer should be seen as entering a continuum of care – not entering a treatment program.
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
adolescent patient placement criteria

asam
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.
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

ASAM
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
REAL WORLD CONSIDERATIONS

ASAM
Unbundling of services
ASAM criteria and State certification requirements.
Need for a safe environment
Consider sober living

ASAM
Assessment of imminent danger
Mandated level of care or length of stay
Interactions across dimensions
ALWAYS treat the consumer in the most available, least restrictive level of care

ASAM
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
Appendix A

Withdrawal Management Instruments
Appendix B

Special Considerations for Dimension 5
Criteria: Relapse, Continued Use or Continued Problem Potential
Appendix C

Glossary of Terms Used in the ASAM Criteria
The Three “H’s”

HISTORY
HERE AND NOW
HOW CONCERNED AM I

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

ASAM
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.
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?”

ASAM
**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)?”
Addiction Severity Index
Fifth edition

ASAM
Medical Section

Corresponds to ASAM Dimensions 1, 2 & 4

ASAM
Employment & Support

Corresponds to ASAM Dimension 6
Drug and Alcohol Sections

Corresponds to ASAM Dimensions 1, 4, & 5

ASAM
Legal Status

Corresponds to ASAM Dimensions 4 & 6.
Family and Social Status

Corresponds to ASAM Dimensions 5 & 6

ASAM
Psychiatric Status

Corresponds to ASAM Dimensions
4, 5 & 6

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