

**Understanding the New ASAM  
Criteria:  
Treatment Criteria for  
Addictive, Substance-Related,  
and Co-Occurring Conditions**

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*Diane Sherman, Ph.D., CACII, CCS*  
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**OBJECTIVES FOR TODAY**

- What's new and what's not
- Review of integrated services, specifically:
  - Addiction Treatment and Mental Health Treatment
  - Addiction Treatment and General Health Treatment

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ASAM  
American Society of Addiction Medicine

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## Understanding the New ASAM Criteria



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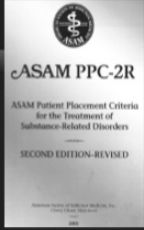
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ASAM Patient Placement Criteria  
for the Treatment of  
Substance-Related Disorders  
SECOND EDITION-REVISED



THE ASAM CRITERIA  
Patient Placement, Treatment, and Recovery


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### ASAM Criteria Background

- Collaborative consensus process
- Designed to develop unifying language for the profession
- Unifying the addiction profession around a single set of criteria for addictions placement and treatment levels of care

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### ASAM Criteria Background

- o What are the criteria?
  - Guidelines for assessment, treatment / service planning, placement, continued stay and discharge conditions
  - Service Continuum
  - Level of care recommendation based on assessment of client's severity of illness

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### ASAM Principles

- ~ Objectivity –
- ~ Multi-dimensional assessment
- ~ Client driven, outcome-informed tx
- ~ Choice of Treatment Levels
- ~ Identifying adolescent – specific needs
- ~ Clarifying treatment goals
- ~ Treatment Failure

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### ASAM Principles

- ~ Interdisciplinary, evidenced cross-trained, team approach
- ~ Length of Stay
- ~ Twelve Step, Mutual Help, and Self Help Recovery-based Groups
- ~ Treatment Outcomes
- ~ Engaging with “Informed Consent”
- ~ Medical Necessity

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**Decision Rules**

Step 1a - Clinical Evaluation  
↓  
Step 1b - What is the DSM Diagnosis?  
↓  
Step 2 - Which Dimensions are the most important to determine treatment priorities?  
↓  
Step 3 - List highest priorities  
↓  
Step 4 - Dose, Intensity and Frequency?  
↓  
Step 5 - Least intensive LOC?

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**What's New? Definition for Addiction**

- The pathological pursuit of reward or relief
- Involves alcohol, tobacco, and / or other substance use
- Involves addictive behaviors

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**What Else is New?**

- New title – The ASAM Criteria – Treatment Criteria for Addiction, Substance-Related and Co-Occurring Conditions
- Broad ID terminology of person served
- Shift from *Placement* to *Treatment*
- Terminology compatible with DSM-5 diagnostic
- Information of working with managed care / utilization review

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**What is New?**

- Adolescent Criteria
- Consolidated Adolescent and Adult content to minimize redundancy, while preserving adolescent specific content
- Appendices
  - Withdrawal Management Instruments
  - Dimension 5 constructs
  - Glossary

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**What is New?**

- Withdrawal Management
  - Wording in the Level of Care
  - Withdrawal management focus (rather than detoxification)
  - New approaches included to support use of less intensive level of care for safest / most effective withdrawal intervention
  - Broad range of severity of withdrawal syndrome offered for safe and appropriate management on an out-patient LOC

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**What is New?**

- Updated terminology. Strength based, recovery oriented
  - Co-Occurring Disorders
  - High risk use of substances
- OMT becomes Opioid Treatment Services
- Special Section for Special Populations
  - Older adults
  - Persons in safety sensitive occupations
  - Parents with children / Pregnant women
  - Persons in Criminal Justice System

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**What is New?**

- Additional content to address:
  - Tobacco use disorder
  - Gambling disorder
- Integration of care
  - Addiction tx into general medical care
  - Role of physicians and addiction psychiatrists, addiction medicine physicians

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**ASAM Dimensions**

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

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**DIMENSION 1  
ACUTE INTOXICATION AND/OR  
WITHDRAWAL POTENTIAL**

- Exploring clients past and current experiences of substance use and withdrawal
- Assess need for stabilization of acute intoxication
- GOALS:
  - Avoid hazardous consequences of drug discontinuation
  - Facilitate withdrawal management
  - Promote patient dignity and ease discomfort during withdrawal

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**DIMENSION 1  
ACUTE INTOXICATION AND/OR  
WITHDRAWAL POTENTIAL**

- *What risk is associated with the client's current level of intoxication?*
- *Is there serious risk of severe withdrawal symptoms or seizures based upon client's history?*
- *Are there current signs of withdrawal?*
- *Does the client have supports to assist in ambulatory detox if medically safe?*

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**ASAM DIMENSION 2  
BIOMEDICAL CONDITIONS / COMPLICATIONS**

- *Exploring an individual's health history and current physical condition(s)*
- *Conditions that place client at risk*
- *Conditions that interfere with treatment*
- *Are there current physical illnesses (other than withdrawal that need to be addressed or complicate treatment?*
- *Are there chronic illnesses which might be exacerbated by withdrawal (e.g., diabetes, hypertension)?*
- *Are there chronic conditions or medications that might affect treatment?*

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**ASAM DIMENSION 3**  
**EMOTIONAL / BEHAVIORAL (CONT)**

- Explore individuals thoughts, emotions, and MH issues
- ‡ *Are there current / chronic psychiatric illnesses or psychological, behavioral, or emotional problems that need to be addressed or complicate treatment?*
- ‡ *Any psychotropic medications that might complicate treatment?*
- ‡ *Do emotional / behavioral problems appear to be an expected part of the addiction illness or separate?*
- ‡ *Even if connected to addiction, are they severe enough to warrant specific mental health treatment?*
- ‡ *Is the client suicidal, and if so, what is the lethality?*

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**ASAM DIMENSION 4**  
**READINESS TO CHANGE**

- Explore individual's readiness and interest in change
- *Does the client feel coerced?*
- *How ready is the client to change?*
- *If willing to accept treatment, how strongly does the client agree with others' perception that s/he has an addiction problem?*
- *Is the client compliant to avoid negative consequences (externally motivated to enter treatment)?*
- *Or is the client internally distressed in a self-motivated way?*

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**DIMENSION 5**  
**RELAPSE, CONTINUED USE, OR CONTINUED PROBLEM POTENTIAL**

- ~ Explore individuals' unique relationship to relapse or continued use or problems
- ~ *Is the client in immediate danger or continued severe distress?*
- ~ *Does client have any recognition, understanding of, and skills to cope with preventing relapse / return of sys?*
- ~ *What severity of problems and distress will potentially continue/reappear if the client is not successfully engaged in treatment now?*
- ~ *How aware is the client of relapse triggers?*
- ~ *How effective is the client's ability to manage anxiety / cravings?*
- ~ *What is the client's ability to remain abstinent based upon history?*
- ~ *What is the client's current level of craving?*
- ~ *How successfully can s/he resist using?*

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ASAM DIMENSION 6  
RECOVERY / LIVING ENVIRONMENT

- ✓ Explore individuals living situation and recovery oriented support network
- ✓ *Are there any dangerous family, significant others, living or working situations threatening treatment engagement and success?*
- ✓ *Does the client have supportive friendship, financial, or vocational resources to improve the likelihood of successful treatment?*
- ✓ *Are there barriers to access treatment?*
- ✓ *Are there legal, vocational, social service agency, or criminal justice mandates that may enhance motivation for engagement into treatment?*

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The Continuum of Care

- o Levels of Service
  - 0.5 Early Intervention
  - 1.0 Outpatient Services
  - 2.0 IOP and PHP
    - IOP 2.1; PHP 2.5
  - 3.0 Residential / Inpatient Services
    - Level 3.1; 3.3; 3.5; 3.7
  - 4.0 Medically Managed Intensive Inpatient Services

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Integrated Services: Addiction Treatment and MH Treatment

- o Co-Occurring Capable / Enhanced
- o Assessment Tools (DDCAT/DDMHT)
- o Models (IDDT; ITC)
- o Widespread understanding of prevalence of trauma
- o Need for trauma-informed care
- o Gender specific / Family involved care
- o Stage matched Treatment Plans
- o Multidisciplinary / cross-consultation
- o Ongoing education about medications
- o Cross-trained staff to become "co-occurring competent"

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**Integrated Services: Addiction Treatment and MH Treatment**

- “Complexity Capability”
  - Multiple and concurrent needs
  - Complex needs – health, MH, legal, housing, parenting, educational, vocational, diverse families
  - Tend to have poorer outcomes
- Comprehensive Integrated System of Care
  - Framework and process
  - All programs engage in partnership, along with leadership, individual, family, stakeholders

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**Integrated Services: Addiction Treatment and General Health Treatment**

- Services into primary health care
- Screening, Brief Intervention, Referral, and Treatment (SBIRT)
- Addressing AOD/MH and chronic conditions
- Seamless system of care / Partnerships
- Staff training and Staff responsibilities
- Procedures in place for Collaboration / Referral
- Formal mechanisms for sharing / releasing of information

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**CONTINUED SERVICE CRITERIA**

- Making progress.
- Not yet making progress.
- New problems identified

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DISCHARGE / TRANSFER CRITERIA

- o Has achieved goals in tx plan
- o Unable to resolve problems identified
- o Demonstrated lack of capacity to resolve problems identified
- o Has experienced intensification of problems and effective treatment is necessary at higher level of care

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