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
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
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

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

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
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

What’s New? Definition for Addiction

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

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
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

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

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
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

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

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
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?

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?
### 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?

### 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?

### Dimension 5
**Relapse, Continued Use, or Continued Problem Potential**
- Explore individual's 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 use?
  - 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?
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?

The Continuum of Care

- 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

Integrated Services: Addiction Treatment and MH Treatment

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

Integrated Services: Addiction Treatment and MH 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

CONTINUED SERVICE CRITERIA
- Making progress.
- Not yet making progress.
- New problems identified
**DISCHARGE / TRANSFER CRITERIA**

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

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