ASAM – An overview

ASAM History, Criteria, and Highlights of 2013 Changes
Third Thursday Provider Call
January 15, 2015
At the end of this presentation you should be able to:

• Describe how ASAM was created and four important changes it brought to/reflect in the Substance Related Disorder field.
• Name three crucial components of the 2013 ASAM Criteria that are NOT substantially changed from the 2001 ASAM PPC.
• Identify the six dimensions that are components of all substance related disorder assessments.
• Specify the special populations the 2013 ASAM Criteria addresses.
• Discuss the philosophy behind the shift from ‘Patient Placement’ to simply ‘Criteria.
• Name the addictions added to both the DSM-5 and 2013 ASAM.
History:

**WHAT IS ASAM?**

ASAM – Stands for American Society of Addiction Medicine

**Roots of Criteria in mid-1980s**

- Multidisciplinary groups with purpose of developing ‘national set of consensus criteria’
- Change from fixed addiction treatments to
  
  - *assessment-based*
  - *clinically driven*
  - *outcomes-oriented continuum*
ASAM reflected important evolutions in the field of Addiction Treatment:

- **Multidimensional Assessment & Treatment:**
  Change from focus on just substance abuse to biopsychosocial

- **‘Set program’ for all to Clinically driven treatment**
  Individualized treatment

- **Fixed program to Variable length treatment**
  Example: 28 Day Inpatient/Residential

- **Very limited levels of care to broad Continuum**
  Inpatient & IOP/AA to full spectrum of treatment settings

*All of these are ‘works in progress’ around the country*
History of ASAM Criteria

1991: First edition of ASAM’s Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders

1996: ASAM PPC-2:

*Included Continuing Stay and Discharge Criteria*

1998/99 ASAM PPC endorsed by 30 states, Dept of Defense, & some MCOs

2001: ASAM PPC-2R

*Change to Admission Criteria only*

(2010: ASAM Supplement)

2013: The ASAM Criteria – Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions
ASAM heralded a shift in treatment philosophy

- Shift from one size fits all to Individualized treatment
- Inclusion of psychosocial & societal factors
- Discharge planning; Wrap around services
- Gender & diversity
- Consideration of patient satisfaction & outcomes; research on treatment response
What Stays the Same in the 2013 ASAM Criteria

• Dimensions for Assessment

• Broad Levels of Service

• “Decision Rules” – Severity of Illness generally determines Intensity of Service
Multi-dimensional Assessment

1. Acute Intoxication &/or Withdrawal Potential
2. Biomedical conditions & complications
3. Emotional/Behavioral/Cognitive conditions & complications
4. Readiness to change
5. Relapse/Continued Use/Continued Problem potential
6. Recovery Environment
No Dimension 7? Spirituality?

- Spirituality is an ongoing conversation in the addictions field
- Spiritual concepts - ideas & relationships very important ways in recovery
- Addiction includes “spiritual manifestation”
- The bottom line:
  
  *Spirituality difficult to define in objective, behavioral & measurable terms*
Applying the Multidimensional Assessment for Decision Making

• **ALL Dimensions to be assessed for ALL levels of treatment**
• **Weighting** of dimensions varies for different levels of treatment

**Example:**

**Medically-Managed Intensive Inpatient Services**

• Dimensions 1 & 2 primary
• Dimension 3 may also be important
• Dimensions 4-6 assessed, but not crucial to decision making
Dimension 1: Acute Intoxication &/or Withdrawal Potential

- Assessment for intoxication and withdrawal management

2013 ASAM:
‘Withdrawal management’ replaces ‘Detoxification’

Types of Substances used (withdrawal potential)
Amount, frequency, length of use, last use
History of serious withdrawal
  life threatening withdrawal
  seizures
Dimension 2: Biomedical conditions & complications

Biomedical Conditions

✓ Current Physical illnesses?
✓ Managed or unmanaged?
✓ Contribute or complicate treatment?
✓ Chronic conditions – impact treatment?
Dimension 3: Emotional/Behavioral/Cognitive conditions & complications

Emotional/Behavioral/Cognitive conditions & complications

- Psychiatric disorders? Diagnosed or undiagnosed?
- Commonly co-occurring psychiatric diagnoses
  - Psychological/emotional/cognitive problems that need to be addressed?
  - Chronic disorders? (schizophrenia, personality disorder)
  - Grief and loss issues?
  - Ongoing assessment essential to differentiating between co-occurring mental health disorders and substance-induced disorders
Dimension 4: Readiness to change

Stages of Change

Motivational Interviewing (Miller & Rollnick)

- Not ready
- Unsure
- Ready
- Trying

Does he/she feel coerced? (Many forms of coercion; not just legal)
Compliant? Internally distressed? Avoiding negative consequences?
At different readiness stages for SA vs MH issues?
Dimension 5: Relapse/Continued Use/Continued Problem potential

Relapse/Continued Use/Continued Problem potential

- Immediate danger of continued distress and/or abuse?
- Awareness and specificity of triggers & personal relapse dangers?
- Recognition of relapse prevention skills/coping? Development of skills?
Dimension 6: Recovery Environment

Recovery Environment

Dangerous?

- family/significant other
- Living situation/Community
- Work/school situation
  that threaten treatment engagement & success

Supports?

✓ Family/friends/community
✓ Financial
✓ Educational/vocational
Continues in 2013 ASAM: Treatment Levels of Service

Levels of Service

1. Outpatient Treatment
2. Intensive Outpatient and Partial Hospitalization
3. Residential/Inpatient Treatment
4. Medically-Managed Intensive Inpatient Treatment

Expansion and some changes within broad levels of service
What’s New in 2013 ASAM

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

- No longer ‘Placement’ criteria

  Emphasis on chronicity and treatment
New in 2013 ASAM

Expanded definition:

- ‘Addiction’ replaces all previous terms
  - Focus still on forms of ‘chemical dependency’
  - ASAM’s mission is not ‘behavioral addictions’
- …’primary, chronic disease’
- ‘biological, psychological, social and spiritual manifestations’
- “The pathological pursuit of reward or relief by substance use and other behaviors”
- ‘chronic disease’ ‘cycles of relapse and remission’
New in 2013 ASAM: Withdrawal Management

- ‘Withdrawal Management’ supersedes ‘Detoxification’:
  Levels WM-1, WM-2, WM-3 (3.2, 3.7) and WM-4
- Increased support for less intensive levels of care for safe management of withdrawal
- Risk Rating Assessment Format – severity, LOF, service needs to determine treatment plan and level of care
- Inclusion of Withdrawal Management Instruments Appendix
  - COWS
  - CINA
  - CIWA

Emphasizes withdrawal management as not high level of care one-and-done, but a **continuum** of support.
New in 2013 ASAM Level of Care descriptors

◆ More levels of care within each of the broad levels

◆ Changes from Roman numerals to Arabic numerals, e.g.:
  ◆ “Level I” becomes “Level 1”
  ◆ “Level II.1” becomes “Level 2.1”
  ◆ “Level II.5” becomes “Level 2.5”

◆ ASAM Level 3.3 is now ‘Clinically Managed Population-Specific High Intensity Residential Services’
  ◆ Less intensive milieu/group for those with cognitive or other impairments unable to benefit from a full milieu environment
New in 2013 ASAM: “Complexity Capability”

• Co-occurring Mental health assessment and treatment
• Primary care coordination and treatment
  – Co-occurring Infectious diseases
• Trauma Informed
New in ASAM 2013: Special Populations

Specific Population Chapters & Criteria for

- Older Adults
- Parents with Children/Pregnant women
- Safety Sensitive Occupations
- Criminal Justice settings
New in 2013 ASAM: Expansion of Outpatient Philosophy

• Not just ‘gateway’ or ‘aftercare’

• Ongoing disease management for maintenance

• Parallels drawn to diabetes, asthma, hypertension

• Some may need for life – not a failure
New in ASAM 2013: Updated Diagnostic Criteria

Diagnostic Criteria Updated to be compatible with DSM-5

- Shift from ‘categories’ to Continuum
- Inclusion of
  - Gambling Disorder section
  - Tobacco Use Disorder chapter
New in ASAM 2013:
Update on Opioid Treatment Services

• Expanded beyond Opioid Treatment Programs (methadone)
• Inclusion of MAT
• OBOT
2013 ASAM Summary

Continued and Expanded:

• Multidimensional Assessment utilizing the 6 Dimensions
• Broad Levels of Care
• Decision making
• Expands and emphasizes integration of substance related and mental health

New in 2013 ASAM:

• ‘Criteria’ to emphasize ongoing assessment and continuum; no longer ‘patient placement’
• Terminology and, by inference, philosophical emphasis
• Compatible with DSM-5 – Arabic numerals, diagnoses, inclusion of gambling & tobacco
• Special Populations specifically addressed: Older Adults, Parents/pregnant women, Safety Sensitive Occupations, & Criminal justice settings
• Expansion/partial redefinition of Withdrawal Management, Outpatient, Opioid treatment and ‘Complexity Capability’
References


• American Society of Addiction Medicine, http://www.asam.org

• The Change Companies, https://www.changecompanies.net
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Questions & Answers