

UNION HEALTH

ASAM CRITERIA

Dr. Jennifer Hutchens, PsyD, HSPP

Healthier, together.

Speaker Disclosure – Jennifer Hutchens

- I am on the Speaker's Bureau for Alkermes, Inc. (Vivitrol).
- I will not discuss any unapproved or investigative use of a commercial product or medication

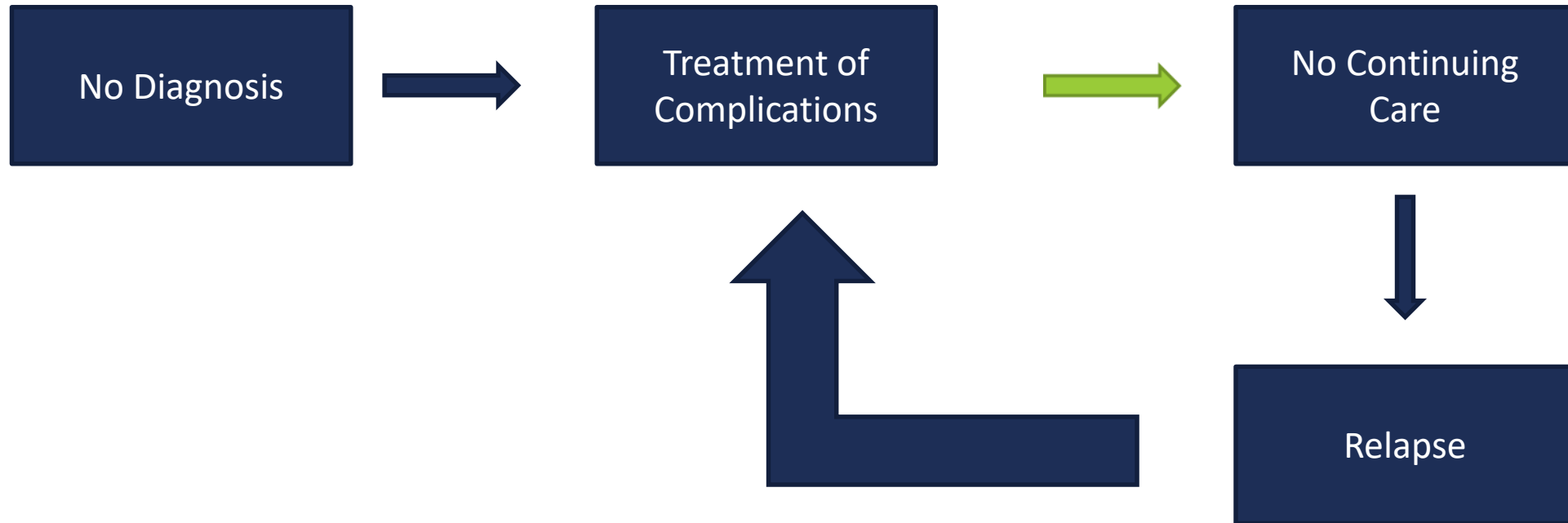
A commercial interest is defined by ACCME as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

ASAM Criteria Background

- What are the ASAM Criteria?
 - Guidelines for assessment, service planning, placement, continued stay, and discharge
 - Framework for multidimensional patient assessment
 - Description of levels of care (service continuum)
 - Algorithm for determining appropriate Intensity of Service based on assessment of consumers Severity of Illness (IS/SI)

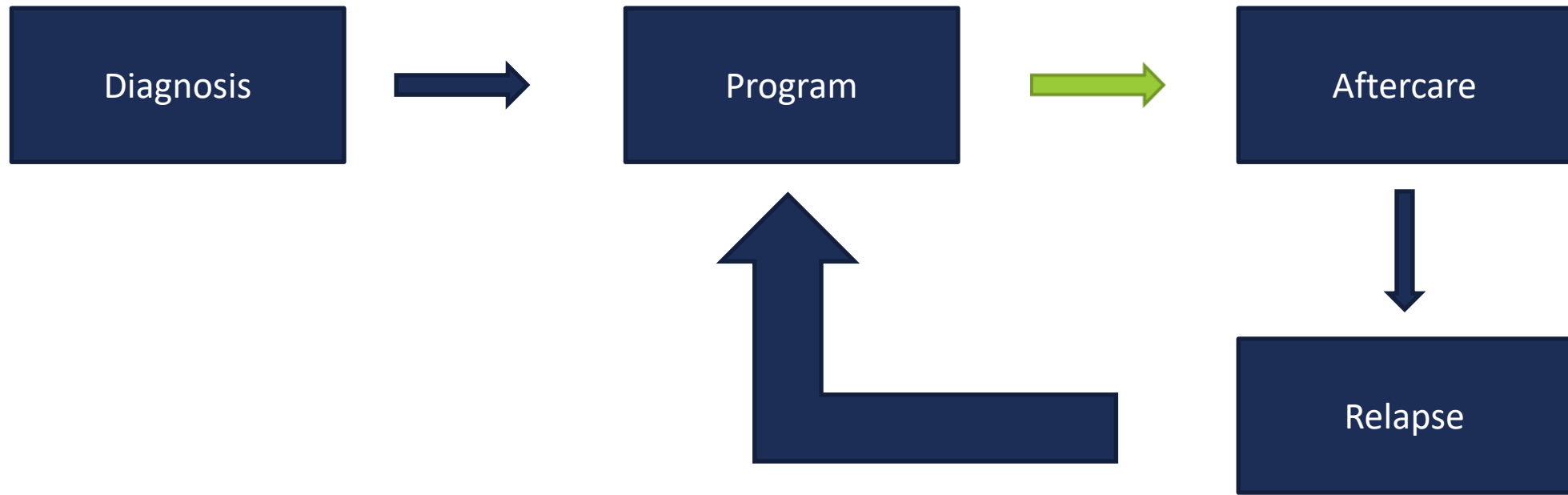
Generations of Clinical Care

1. Complications-driven treatment



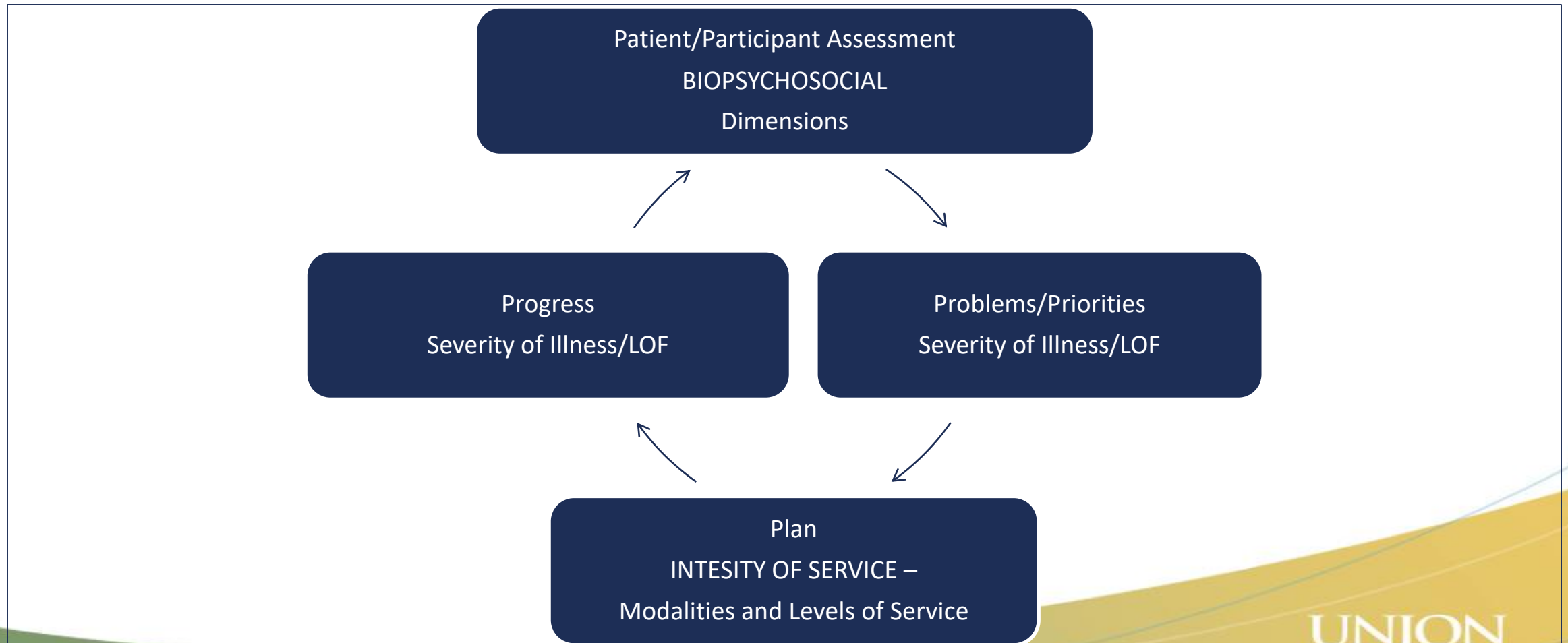
Generations of Clinical Care

2. Diagnosis-driven Treatment



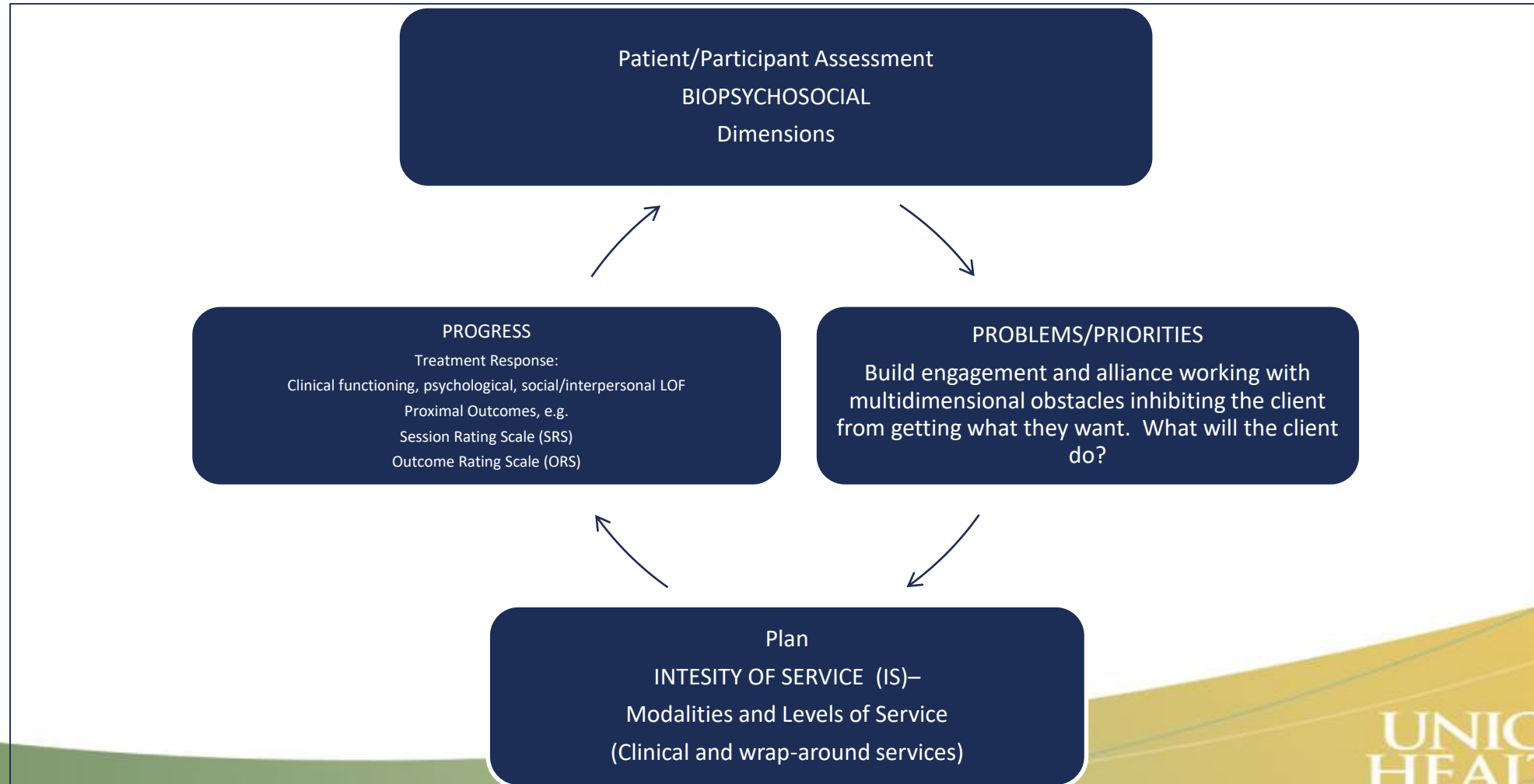
Generations of Clinical Care

3. Individualized, Clinically-driven Treatment



Generations of Clinical Care

4. Client-directed, Outcome Informed



Dimensional Criteria Assessment

- ASAM Criteria should be utilized to:
 - Assign the appropriate level of service and level of care
 - Do effective treatment planning and documentation
 - Made decisions about continued service or discharge by ongoing assessment and review of progress notes

Dimensional Criteria Assessment: Underlying Concepts

Assessment of Biopsychosocial Severity and Function (ASAM PPC-2R, pp5-7)

- The common language of six Patient Placement Criteria dimensions determine needs/strengths in behavioral health services:
 1. Acute intoxication and/or withdrawal potential
 2. Biomedical conditions and complications
 3. Emotional/behavioral/cognitive conditions and complications
 4. Readiness to Change
 5. Relapse/Continued Use/Continued Problem Potential
 6. Recovery environment

Dimensional Criteria Assessment: Underlying concepts

Assessment Dimensions	Assessment and Treatment Planning Focus
1. Acute Intoxication and/or Withdrawal Potential	Assessment for intoxication and/or withdrawal management. Detoxification in a variety of levels of care and preparation for continued addiction services
2. Biomedical conditions and Complications	Assess and treat co-occurring physical health conditions or complications. Treatment provided within the level of care or through coordination of physical health services.
3. Emotional, Behavioral, or Cognitive Conditions and Complications	Assess and treat co-occurring diagnostic or sub-diagnostic mental health conditions or complications. Treatment provided within the level of care or through coordination of mental health services.
4. Readiness to Change	Assess stage of readiness to change. If not ready to commit to full recovery, engage into treatment using motivational enhancement strategies. If ready for recovery, consolidate and expand action for change.
5. Relapse, Continued Use or Continued Problem Potential	Assess readiness for relapse prevention services and teach where appropriate. If still at early stages of change, focus on raising consciousness of consequences of continued use or problems with motivational strategies.
6. Recovery Environment	Assess need for specific individualized family or significant other, housing, financial, vocational, educational, legal, transportation, childcare services

Dimensional Criteria Assessment: Underlying Concepts

Biopsychosocial Treatment – Overview: 5 M's

- **Motivate** – Dimension 4 issues; engagement and alliance building
- **Manage** – the family, significant others, work/school, legal
- **Medication** – detox; HIV/AIDS; anti-craving anti-addiction meds; methadone; buprenorphine, naltrexone, acamprosate, psychotropic medication
- **Meetings** – AA, NA, Al-Anon; Smart Recovery, Dual Recovery Anonymous, etc.
- **Monitor** – continuity of care; relapse prevention; family and significant others

Dimensional Criteria Assessment: Underlying Concepts

Treatment Levels of Service

- I Outpatient Services
- II Intensive Outpatient/Partial Hospitalization Services
- III Residential/Inpatient Services
- IV Medically-Managed Intensive Inpatient Services

Factors Affecting Dimension 1

Acute Intoxication/Withdrawal Potential

- What are the risks associated with the client's current level of acute intoxication?
- Current signs of withdrawal?
- What are the client's frequency and amount of substance(s) use and the history of withdrawal symptoms?

Client's drug(s) of choice in relation to the drug's withdrawal symptoms. Substances that may require medically managed detox due to the possibility of **death if stopped immediately: barbiturates, alcohol and benzodiazepines**

Opioid withdrawals are not life threatening for most; however, depending on the severity and length of use, opiate withdrawal could cause seizures or other life-threatening complications.

Dimension 1

Assessment Tools: CIWA and COWS

- Clinical Institute
 - Withdrawal Assessment – Ar (Alcohol)
 - Withdrawal Assessment – B (Benzodiazepines)
 - Narcotics Assessment
- Clinical Opioid Withdrawal Scale

Dimension 2

Biomedical Condition and Complications

- Are there current physical illnesses, other than withdrawal, that need to be addressed because they are exacerbated by withdrawal, create risk or may complicate treatment?
- Does the client have any illness or requires medical attention that may interfere with treatment? E.g., hypertension, diabetes, the need for dialysis or chemotherapy?
- Is the client being treated with narcotic analgesics for chronic pain?

Dimension 3

Emotional/Behavioral/Cognitive Conditions & Complication

- Are there current psychiatric illnesses or psychological, behavioral, emotional or cognitive problems that need to be addressed because they create or complicate treatment?
- Are there chronic conditions that affect treatment?
- Do any emotional, behavioral or cognitive problems appear to be an expected part of the addictive disorder, or do they appear to be autonomous?
- Even if connected to the addiction, are they severe enough to warrant specific mental health treatment?
- Does the patient have a history of suicidal ideations or suicide attempts?

Dimension 4

Readiness for Change

- Does the patient feel coerced into treatment?
- How ready is the patient to change?
- How strongly does the patient disagree with others' perception that she or he has an addictive or mental disorder?
- Does the patient appear to be compliant only to avoid a negative consequence?
- Does he or she appear to be internally distressed in a self-motivated way about his or her substance use or mental health problem?

Dimension 5

Relapse/Continued Use/Problem Potential

- How aware is the client of relapse triggers, ways to cope with craving and skills to control impulses to use?
- Is the client in imminent danger of continued severe distress and substance use or other high-risk behavior due to a co-occurring mental problem?
- How severe are the problems and further distress that may continue or reappear if the patient is not successfully engaged in treatment at this time?
- Compliance vs Adherence: client maybe willing but unable

Dimension 6

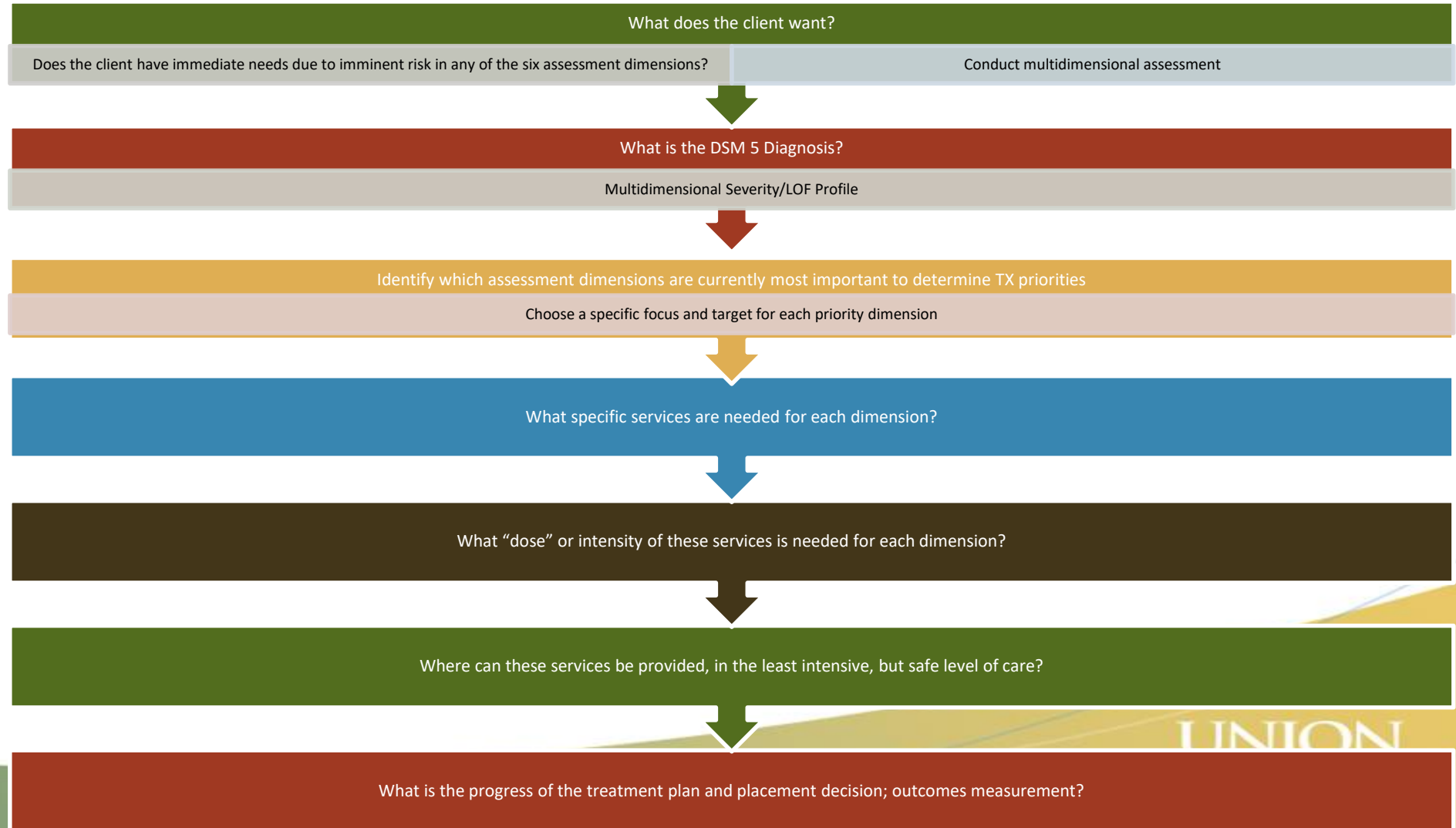
Recovery/Living Environment

- Do any family members, significant others, living situation, or work situations pose a threat to the patient's safety or engagement in treatment?
- Does the patient have supportive friendships, financial resources, or educational or vocational resources that can increase the likelihood of successful treatment?
- Are there legal, vocational, social service agency or criminal justice mandates that may enhance the patient's motivation for engagement in treatment?
- Are there transportation, childcare, housing, or employment issues that need to be clarified and addressed?

ASAM Crosswalk

- See handout

How to Organize Assessment Data to Focus Treatment



How and when to use the Criteria: Continued Service and Discharge Criteria

- After the admission criteria for a given level of care have been met, the criteria for continued service, discharge or transfer from that level of care will be reviewed.
- To document and communicate the patient's readiness for discharge or need for transfer to another level of care, each of the six dimensions of the ASAM criteria should be reviewed.
- If the criteria apply to the patient's existing or new problem(s), the patient should continue in treatment at the present level of care and the Continued Service criteria will be reviewed.
- If not, the Discharge/Transfer Criteria will be reviewed.

How and when to use the Criteria: Continued Service and Discharge Criteria

- Continued Service Criteria: It is appropriate to retain the patient at the present level of care if:
 - The patient is making progress but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the patient to continue to work toward his or her treatment goals; **or**
 - The patient is not yet making progress but has the capacity to resolve his or her problems. He or she is actively working on the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the patient to continue to work toward his or her treatment goals; **and/or**
 - New problems have been identified that are appropriately treated at the present level of care. This level is the least intensive at which the patient's new problems can be addressed effectively.

How and when to use the Criteria: Continued Service and Discharge Criteria

- Discharge/Transfer Criteria: It is appropriate to transfer or discharge the patient from the present level of care if he or she meets the following criteria:
 - The patient has achieved the goals articulated in his or her individualized treatment plan, thus resolving the problem(s) that justified admission to the current level of care; **or**
 - The patient has been unable to resolve the problem(s) that justified admission to the present level of care, despite amendments to the treatment plan. Treatment at another level of care or type of service therefore is indicated; **or**
 - The patient has demonstrated a lack of capacity to resolve his or her problem(s). Treatment at another level of care or type of service therefore is indicated; **or**
 - The patient has experienced an intensification of his or her problem(s), or has developed a new problem(s), and can be treated effectively only at a more intensive level of care.

How to deal with Recovery and Psychosocial Crises

- Recovery and Psychosocial Crises cover a variety of situations that can arise while a patient is in treatment. Examples include, but are not limited to, the following:
 - Slip/using alcohol or other drugs while in treatment
 - Suicidal, and the individual is feeling impulsive or wanting to use alcohol or other drugs
 - Loss or death, disrupting the person's recovery and precipitating cravings to use or other impulsive behavior
 - Disagreements, anger, frustration with fellow patients or therapist

How to deal with Recovery and Psychosocial Crises

- The following procedures provide steps to assist in implementing the principle of re-assessment and modification of the treatment plan:
 - Set up a face-to-face appointment as soon as possible. If not possible in a timely fashion, follow the next steps via telephone
 - Convey an attitude of acceptance; listen and seek to understand the patient's point of view rather than lecture, enforce "program rules," or dismiss the patient's perspective
 - Assess the patient's safety for intoxication/withdrawal and imminent risk of impulsive behavior and harm to self, others, or property. Use the six ASAM assessment dimensions to screen for severe problems and identify new issues in all biopsychosocial areas

How to deal with Recovery and Psychosocial Crises

- The following procedures provide steps to assist in implementing the principle of re-assessment and modification of the treatment plan:
 - Discuss the circumstances surrounding the crisis, developing a sequence of events and precipitants leading up to the crisis. If the crisis is a slip, use the 6 dimensions as a guide to assess causes. If the crisis appears to be willful, defiant, non-compliance with the treatment plan, explore the patient's understanding of the treatment plan; level of agreement on the strategies in the treatment plan; and reasons she/he did not follow through
 - Modify the treatment plan with patient input, to address any new or updated problems that arose from your multidimensional assessment in steps 3 and 4 above.
 - Reassess the treatment contract and what the patient wants, if there appears to be resistance to developing a modified treatment plan in step 5 above.

How to deal with Recovery and Psychosocial Crises

- The following procedures provide steps to assist in implementing the principle of re-assessment and modification of the treatment plan:
 - Determine if the modified strategies can be accomplished in the current level of care; or need a more or less intensive level of care in the continuum of services
 - If, on completion of step 6, the patient recognizes the problem/s; understands the need to change the treatment plan to learn and apply new strategies to deal with the newly-identified issues; but still chooses not to accept treatment, then discharge is appropriate
 - Document the crisis and modified treatment plan or discharge in the medical record