TAADAS
Tennessee Association of Alcohol, Drug and other Addiction Services

The ASAM Criteria 3rd. Edition
Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions

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Module 1: Goals & Objectives

1. Name, Job Title & Tasks.
2. What are your learning expectations?

OBJECTIVES
- Identify and explain the rationale and benefits of using the American Society of Addiction Medicines (ASAM) Criteria to make patient placement decisions.
- Identify and explain the key components of the ASAM Criteria.
- Identify the general characteristics used to differentiate between the various levels of care along the continuum of care.
- Identify and differentiate the levels of care, along the continuum of care used for the treatment of substance use disorders.

GOAL
To develop and/or enhance the knowledge and skills required to make more informed and accurate clinical decisions (e.g., level of care recommendations, and the services and interventions), and write clear, concise clinical justifications for those decisions utilizing the ASAM Criteria 3rd. Edition.

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OBJECTIVES

- Identify and differentiate between ASAM’s six dimensions of assessment.
- Identify the specific sections of standard assessment instruments e.g., ASI, that inform ASAM’s Six Dimensions.
- Identify clinical information /symptoms that correspond to the “Assessment Considerations” of at least two of ASAM’s six dimensions.

OBJECTIVES

- Identify, analyze and interpret the necessary clinical information to formulate a dimension risk rating for at least two of ASAM’s six dimensions.
- Synthesize risk ratings for ASAM’s Six dimensions to formulate a level of care recommendation.
- Learn how dimension risk ratings & clinical justifications directly drive treatment planning.
- Know how to write clinical justifications for dimension risk ratings and level of care recommendations.

Critical Thinking Practitioners

Practitioners who are willing to call into question the assumptions underlying their customary, habitual ways of thinking and acting, and are ready to think and act differently on the basis of critical questioning………

(Stephen D. Brookfield, 1987)

Training is NOT

Designed to answer all of your questions regarding the assessment, placement, and treatment of persons with addictive disorders.

Sufficient to make you competent in the use of the ASAM criteria, but rather is an introduction to it, and it’s components. Further training and individual study is required to learn how to use the criteria successfully.
Disclaimer

Completion of this workshop will not infer competence in any one of the areas of emphasis.

Continued learning and performance feedback is critical for application and mastery of the core concepts highlighted in the workshop.

QUESTIONS?

- Introductions
- Goals / Objectives
- Goal Setting
Module 2: Challenges Facing the Behavioral Health Care Field

Major Challenges in Substance Abuse Treatment

1. Standardization in the collection of client information (a.k.a., clinical data)
2. Consistency of the interpretation of data collected for patient placement and treatment planning purposes.
3. Matching of appropriate evidence based, proven and effective treatment interventions to the client’s identified problems.
4. Correct implementation of evidenced based interventions
5. Development and implementation of policies and procedures to monitor the above.

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Module 3
Rationale & Benefits of Standardized Instruments & Evidence Based Criterias’

What's happening in “SOME” programs in America?
- Client’s are being referred to the wrong levels of care.
- Client’s assessed are referred to, and treated in the agency conducting the assessment.
- Clinical Assessment's do not justify the recommendations being made.
- Clinical Justifications are not required.
- If provided clinical justifications do not include clinical rationale / evidence supporting the recommendation.
- There are little to no policies or procedures that address the format and or quality of assessments, patient placement decisions, and clinical justifications.

What Does Research Say?
Clients that are mismatched to treatment have lower retention rates and poorer outcomes.
- Less treatment is NOT Good.
- More treatment is NOT Good.

One Research Study
Real data from a study conducted in part on patient placement decision making and clinical justifications.

201 Counselors and Social Workers were asked to make a patient placement decision and provide a clinical justification for that decision.

They were all given the same case.
What Do You Think Happened?

Recommendations

The use of standardized, valid and reliable evidence based criteria e.g., DSM-5, ASAM, & LOCUS, help increase the consistency of the interpretation of the information collected.

Benefits of Evidence Based Criteria

- Improved Performance and Treatment Outcomes
- Increase Initiation, Engagement & Retention Rates
- More Efficient & Effective Utilization of Resources
- Establishment of a common language
- Shift to Performance Based Contracting
- Positions Organizations for Medicaid and Private insurance Reimbursement

IMPORTANT !!!

- Tools, and Criteria’s are NOT substitutes for GOOD Clinical Judgment.
- Tools, and Criteria’s support, guide and enhance GOOD Clinical Judgment!
### Things to Think About

Substance using offenders are often required to undergo a comprehensive assessment, after which many are referred or mandated to treatment. Offenders who relapse or fail to complete treatment often experience significant repercussions, including jail time.

**Discussion Questions**

1. What if the LOC Recommendation is wrong?
2. Who should be held accountable when offenders, probationers or parolees relapse or fail to complete treatment?
3. How do you know the TX recommendations are correct?

### Patient Placement: Life and Death Decisions

East Hampton woman pleads guilty to fatal DWI.

State Supreme Court Justice Robert Doyle had promised to sentence Fisher to 3 & 1/3 to 10 years if she admitted to the hit-and-run and stayed sober.

But yesterday, after learning of her lapses in rehab, Doyle added two-thirds of a year to her minimum sentence and two years to the maximum.

### Summary

Evidence Based Criteria are similar to sorting machines, they are used to help you sort through and interpret the information collected.

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Module 4
The ASAM Criteria & Clinical Decisions: Components, Process and Cognitive Tasks

ASAM CRITERIA

Key Components:
- Levels / Continuum of Care
- Six Dimensions of Assessment
- Risk Ratings
- Criteria e.g., admission, continued stay & discharge

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The Traditional Continuum of Care

Continuum of Care

Less Intensive ------------------------------ More Intensive

Outpatient Levels of Care

Intensive Outpatient

Social Detox

Residential

Inpatient (2-26 Days)

Medical Detoxification

ASAM’s Levels of Care

Level 4.0
Medically Managed Intensive Inpatient

Level 3.7
Medically Monitored

Level 3.1, 3.3, 3.5
Clinically Managed

Level 2.1 & 2.5
Intensive Outpatient Treatment / Partial Hospitalization

Level 1:
Outpatient Treatment

Level 0.5
Early Intervention

Withdrawal Management Services:
Levels: 1WM, 2WM, 3WM, & 4WM.

Opioid Treatment Services
Can be provided at all LOC

ASAM’s Continuum

Traditional Continuum

Withdrawal Management Services:
Levels: 1WM, 2WM, 3WM, & 4WM.

Opioid Treatment Services
Can be provided at all LOC

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Levels of Care

Levels of care reflect treatment settings and intensity.

**Treatment setting** describes the characteristic environmental features needed in the various levels of care.

**Treatment intensity** refers to the scope and frequency of service provision and the number of resources utilized in providing such services.

- Availability of Medical Services
- Variety of Professional Disciplines
- Program Elements
- Patient to Staff Ratio

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**ASAM’s Patient Placement Criteria II**

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<th>Services Available</th>
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<th>Personnel</th>
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<td>More Hours</td>
<td>Interdisciplinary MD’s, RN’s, MSW, Licensed &amp; Credentialed</td>
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<tr>
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<td>Medical &amp; Clinical</td>
<td>More Hours</td>
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<tr>
<td>Less Structured</td>
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<td>Credentialed</td>
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ASAM CRITERIA

Key Components:
- Levels / Continuum of Care
- Six Dimensions of Assessment
- Risk Ratings
- Criteria e.g., admission, continued stay & discharge

ASAM’s Six Dimensions of Assessment

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

Decision Hierarchy

Dimensions I, II, and III, generally help indicate Inpatient or Outpatient.

If symptoms are not severe enough to warrant treatment in an inpatient facility then then treatment in either standard outpatient or intensive outpatient is recommended.

Dimensions IV, V, VI, generally help indicate the intensity of outpatient.

NOTE: Generally Indicate, there are often times that dimensions V, and VI will indicate treatment inpatient, i.e., residential.
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- Levels / Continuum of Care
- Six Dimensions of Assessment
- Risk Ratings
- Criteria e.g., admission, continued stay & discharge

**Risk Rating Scale**

ASAM Uses a Five (5) Point Risk Rating Scale

**Low End - - - - - Medium - - - - High End**

0 - 1 - 2 - 3 - 4

The higher the risk rating is, the greater the chances are, that the problem, condition or situation will interfere with, and/or prevent the client’s successful initiation and engagement of treatment, unless adequately addressed.

Risk Ratings

Risk ratings are indications of the degree to which the status, or the nature and severity of a problem, condition, and/or situation in a particular dimension;

1. Poses risk, or danger to the client's overall health and well-being.....and/or
2. Affects clients functioning.....

Both of which can *distract, interfere with and/or prevent* the client's successful initiation and/or engagement of treatment.
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EXERCISE

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ASAM CRITERIA

Key Components:
- Levels / Continuum of Care
- Six Dimensions of Assessment
- Risk Ratings
- Criteria e.g., admission, continued stay & discharge.

How Are Clinical Decisions Made?
- Often Based on interviewers experience.
- Without Utilization of Standardized Criteria
- Whether they walk through your door or not

The Door They Walked Through is Usually the One they Get Treatment In
66% Chance of Getting IOP, whether needed or not.

Length of Stay & Discharge
Program Driven

NOT 
Clinically Driven
70’s, 80’s & 90’s Criteria Guiding Decisions

Intuition & Experience: I’ve been in the field 20 years, I know when someone needs detoxification.

Disruptive Behavior: Disruptive, angry, belligerent, and/or resistant client’s, warranted inpatient.

Insurance Coverage: Good coverage warranted 28 Day Inpatient Treatment.

Lack of the use of criteria and/or adherence to criteria.

ASAM CRITERIA

- Admission
- Continued Stay
- Discharge

The Client’s Risk Status in ASAM’s Six Dimensions Informs the Patient Placement Decision

Information Collected w/the Assessment Tool Informs ASAM’s Six Dimensions

Dimension I. Dimension II. Dimension III. Dimension IV. Dimension V. Dimension VI.

The Client’s Risk Status in ASAM’s Six Dimensions Informs the Patient Placement Decision

- Less Intensive
- More Intensive

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LOC Recommendation Process
Interpret the Assessment Information
Select Risk Ratings and Write Clinical Justifications for Each of the Six Dimension’s
Assess If the Risk Status of Some Dimensions Influence / Increase the Risk Status of Other Dimensions
Assess Recovery & Other Support Services Available in the Client’s Community
Level of Care / Service Recommendations
Treatment Planning

EXERCISE

Severity Risk Ratings
None 0 – 4 Severe

Risk or Severity Status

Dimensions

LOC?

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Severity Risk Ratings
None 0 – 4 Severe

Risk or Severity Status

Dimensions

Cognitive Task Analysis
1. Understands the definition of the dimensions.
2. Knows which section(s) of the assessment PRIMARILY inform each dimension.
3. Knows the specific items within the assessment sections that PRIMARILY inform each dimension.
4. Can rate the client’s RISK status in each dimension.
5. Understands how the dimensions collectively inform the patient placement decision.
6. Select the most appropriate Level of Care.
Module 5.
The Relationship & Functionality of Standardized Instruments & ASAM

- Review assessment considerations for this dimension.
- Identify the section(s) of the instrument(s) used to collect client information that primarily inform this ASAM dimension of assessment.
- Identify item(s) within sections of the instrument(s) used to collect client information that primarily and most directly inform this ASAM dimension of assessment.
- Identify additional items required in order to make more informed dimension risk ratings, and Level of Care Recommendations.

Knowledge Required Prior to the Interview

The interviewer must have a good working knowledge of:

- The DSM criteria for substance use disorders.
- The criteria guiding level of care recommendation e.g., ASAM or LOCUS.
- Familiarity with the types of problems most often experienced by the population being assessed.

Interviewer Must Know

Clinical significance of the information and symptoms obtained.

Or Put Another Way

How the information and symptoms obtained collectively inform the purpose of the interview e.g., diagnosis, level of care recommendations and/or criminogenic risk assessment.

- Number of times in treatment?
- How long was the last period of voluntary abstinence?
- Nature and severity of the types of problems experienced?
- Number of days of problems experienced
- How many days ago were the problems experienced?

LOC Recommendation Decision

Cognitive Task Analysis

1. Understands the “Assessment Considerations” of the dimensions.
2. Knows which section(s) of the assessment tool PRIMARILY inform each dimension.
3. Knows the specific items within the assessment sections that PRIMARILY informs each dimension.
4. Can rate the client’s RISK status in each dimension.
5. Understands how the dimensions collectively inform the patient placement decision.
6. Select the most appropriate Level of Care.
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Information Collected w/the Assessment Tool Informs ASAM’s Six Dimensions

Dimension I: Dimension II: Dimension III: Dimension IV: Dimension V: Dimension VI:

Acute Intoxication and / or Withdrawal Potential
Bio-Medical Conditions and Complications
Emotional, Behavioral, or Cognitive Conditions and Complications
Readiness to Change
Relapse, Continued Use, Continued Problem Potential
Recovery / Living Environment

The Client’s Risk Status in ASAM’s Six Dimensions Collectively Informs Clinical Decisions e.g., LOC, Services and Interventions Needed.

Less Intensive ——— More Intensive

0.5 1.0 2.1 2.5 3.1 3.3 3.7 3.5 4.0

Outpatient Levels of Care ——— Inpatient Levels of Care

EXERCISE

General Info | Medical | Employment | AOD | Legal | Family / Social | Psychiatric
---|---|---|---|---|---|---

ASAM DIMENSIONS

Acute Intoxication and / or Withdrawal Potential
Bio-Medical Conditions and Complications
Emotional, Behavioral, or Cognitive Conditions and Complications
Readiness to Change
Relapse, Continued Use, Continued Problem Potential
Recovery / Living Environment

Which section of your assessment instrument contain information that inform and/or influence the “Assessment Considerations for the identified ASAM dimension?”

? ? ?

Explain how or why?

The client’s status / risk status in which of the remaining ASAM Dimensions has the potential to influence and/or increase the clients risk status in this dimension?

Explain how or why?

When identifying items categorize them as follows:

Here and Now Items = Observations made during the interview;
Historical = Lifetime Items
Recent History = Past 30 Day Items.

Which “ITEMS” in the identified section(s) of your assessment instrument inform and/or influence the “Assessment Considerations for the identified ASAM dimension, ultimately informing the client’s risk status in this dimension? ?

Additional Probes / Questions: Please identify any additional probes and/or questions that should be asked in order to make the most informed risk assessment in each dimension.
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Module 6.
Clinical Justifications: An Introduction

- Risk Rating Clinical Justifications
- Level of Care Clinical Justifications

Level of Care Recommendation
Clinical Justification

1. A clinical justification is a summary of the evidence that supports and justifies a clinical decision i.e. Risk Ratings & Level of Care Recommendations.

2. Clinical justifications generally include the evidence i.e., symptoms that meet the established criteria e.g., ASAM or LOCUS.

3. Treatment professionals are responsible for documenting clinical decisions, and the evidence justifying them.

Clinical Justifications

Consistent Clinical Justifications for Dimension Risk Ratings and LOC Recommendations require a standard;

- Format
- A Process
- Language
- Monitoring
- Policy

Dimension Risk Rating Format

ASAM Dimension Summaries:

- Each dimension summary includes a statement indicating severity / risk rating.

- Clear, concise, clinical justification. A summary of the evidence justifying the rating.

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Level of Care Recommendation

1. Is a recommendation to place an individual in the appropriate level of care (LOC) without placing the individual at risk.
2. It is generally based on a comprehensive assessment of the client’s needs, clients demographics, and other client centered contextual factors.
3. The LOC recommendation is guided by established criteria, in conjunction with knowledge of available recovery support services (a.k.a., wrap around services) that are currently available.
4. The LOC recommendation, (a.k.a., Patient Placement Decision), is accompanied by a clear, and concise, clinical justification.

Clinical Justification

What is your rationale for recommending the client for a medical detoxification?

LOC Recommendation Clinical Justification Format

Example

LOC Recommendation Summary:
- Includes a statement indicating the LOC being recommended.
- Clear, concise, clinical justification. The justification may include the six preceding dimension summary statements; an explanation as to why the LOC was chosen; and why the next lowest or higher levels were not chosen.

EXERCISE
Module 7.
Treatment Planning & the ASAM Criteria

- Level of Care & Treatment Planning
- Dimension Risk Rating Clinical Justifications & Treatment Planning

ASAM & Treatment Planning

Treatment Planning is Dimensional

Goals of the LOC chosen in part establishes treatment planning priorities.

Client’s inability to be successful in treatment may be in part related to being placed in the wrong level of care, and receiving an inadequate treatment plan while in treatment.

ASI & Treatment Planning

Treatment Planning using the ASI domains can be Linear, and Limited.

ASI → Linear TX Planning

<table>
<thead>
<tr>
<th>PROBLEM</th>
<th>TX PLAN FOR</th>
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<tbody>
<tr>
<td>1. Medical</td>
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<tr>
<td>2. Employment</td>
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<td>3. AOD</td>
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<tr>
<td>4. Legal</td>
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<td>5. Family/Social</td>
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</tr>
<tr>
<td>6. Psychiatric</td>
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</tbody>
</table>

ASAM & Treatment Planning

ASAM Components → Treatment Plan Components

- Dimension Summary Statement → Problem Statement
- Dimension Clinical Justifications → Objectives
- Level of Care Recommended → Prioritizes Planning

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**Treatment Planning**

**Dimension Summary Statement**
Client has considerable biomedical conditions and complications that will greatly interfere with, and/or prevent client’s successful initiation and engagement of treatment at this time.

**Problem Statement**
Client has considerable biomedical conditions and complications that will greatly interfere with, and/or prevent client’s successful initiation and engagement of treatment at this time.

**Goals**
Stabilize and manage biomedical condition so they will not interfere with, and/or prevent client’s successful engagement of treatment.

**Dimension Summary = Objectives Address**
1. Asthma Difficulty Breathing
2. Medication Compliance
3. Chronic Pain

**Continued Use / Relapse Potential**

**General Goals:**

- The integration of relapse prevention skills into their behavior.
- Generally, these treatment goals include awareness, early identification, urge and craving management, and management of progressive relapse signs, as well as early intervention planning for relapse.

**Objectives**

- Help client understand the relationship between triggers, craving, and relapse.
- Help client identify personal triggers for AOD craving and use.
- Help client develop, integrate, and internalize skills and strategies for coping with triggers and high-risk situations.
- Help client to stop participating in high-risk behaviors, and activities and help discontinued high-risk relationships.
- Help client develop AOD-refusal skills.

**Withdrawal Potential**

- Absence or reduction in of the severity of the acute withdrawal syndrome

**Biomedical Conditions and Complications**

- Stabilization of medical problems so that medical monitoring is not required
- Resolve biomedical problems enough to allow transition to a lower level of care

**Emotional or Behavioral Conditions or Complications**

- Stabilization of problems so that intensive management is not required

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**General Treatment Goals**

**TIP # 8, SAMHSA Treatment Improvement Protocols**

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General Treatment Goals

Readiness for Change
- Awareness and self recognition of the AOD use disorder and it’s consequences
- Recognition of severity of AOD use disorder
- Personal acceptance of AOD use problem and the general goals of treatment

Relapse Potential
- Integration of relapse prevention skills into behavior
- Awareness, early identification of and management of progressive relapse signs
- Early intervention planning for relapse

Recovery Environment
- Improve patient environment to support ongoing recovery
- Develop skills to cope with problem environment

Notes:

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Module 8. Review & Relapse Prevention

- Review Goals & Objectives
- Review & Update Knowledge & Skills Self Assessment
- Review & Update Goal Setting & Learning Agreements
- Relapse Prevention

Relapse Prevention & the Workplace

- One of the central components of relapse prevention theory is that persons recovering from drug addiction who are prepared to manage high risk situations, versus those who are not would have higher self efficacy regarding their ability to successfully deal with threats to their recovery.

- The same principles can be applied by trainees faced with inevitable threats to maintaining and applying knowledge and skills learned in a training context in their work environments.

1. What are the work environment factors that may inhibit or prevent your use of what you learned back in the workplace?

2. How can you prepare to deal with these challenges?

3. What are the work environment factors that may enhance and support your learning back in the workplace?

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Module 9. Evaluation

➢ Workshop Evaluation: Content & Delivery

References


Thank You!

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Notes: