



Understanding and Using Current ASAM Criteria

for Ce-Classes.com

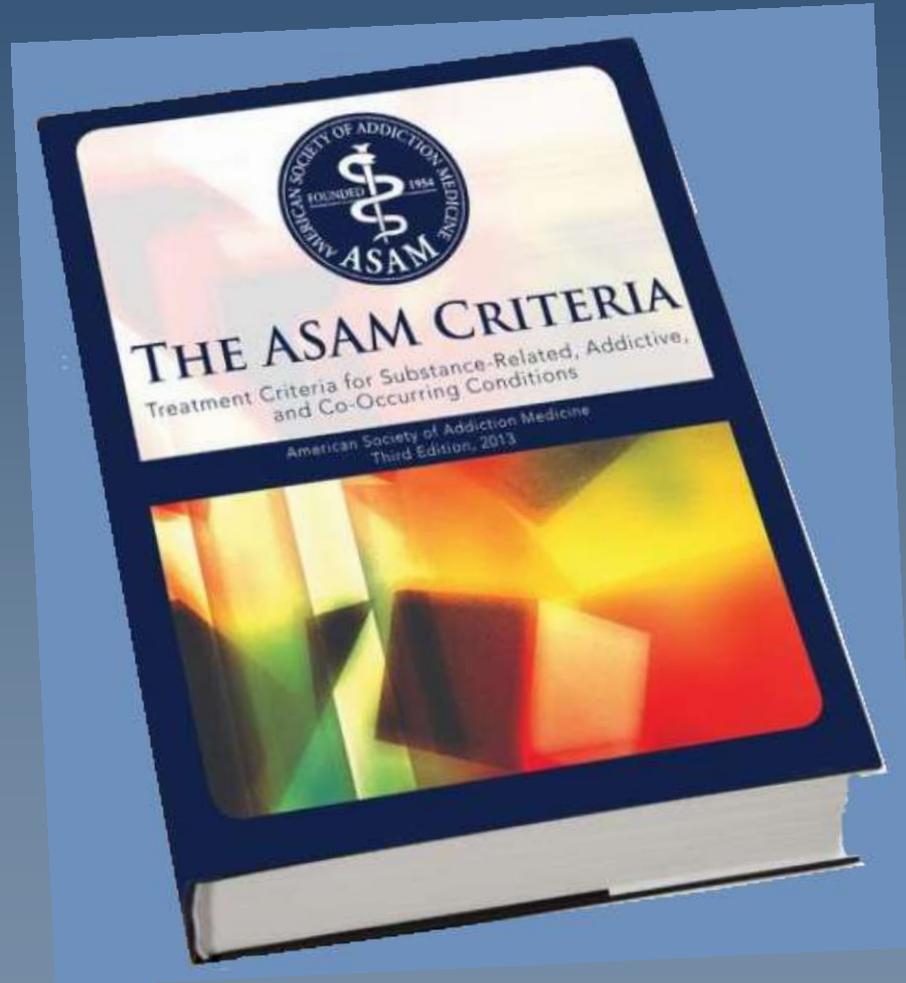


Learning Objectives

- ◆ After completing this course, participants will:
- ◆ Identify ASAM and the history of its development
- ◆ Describe how ASAM criteria fit into the assessment process
- ◆ Identify ASAM Levels of Care
- ◆ Describe ASAM Dimensional Criteria



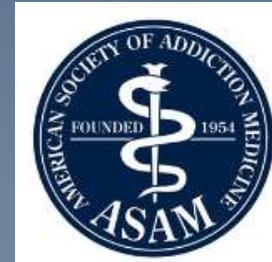
The 3rd Edition of the ASAM Criteria





Overview of Training

- ◆ What is ASAM and the history of its development
- ◆ How ASAM fits into the assessment process
- ◆ Levels of Care
- ◆ Dimensional Criteria





ASAM Criteria Background

- ◆ In the late 1980's a taskforce is assembled to integrate existing admission and continued stay criteria
- ◆ Both NAATP and ASAM were involved
- ◆ Ownership of the criteria was left with ASAM



ASAM Criteria Background

- ◆ Goal - unifying the addiction field to a single set of criteria



ASAM Criteria Background

- ◆ The criteria were developed through a collaborative process in which consensus was achieved
- ◆ Clinical experts, researchers and a coalition of stakeholders were included in the process



ASAM Criteria Background

- ◆ The edition with which most practitioners are familiar is the Patient Placement Criteria-2R (2001) which replaced the 1996 version
- ◆ A new edition came out in the Fall of 2013



ASAM Criteria Background

- ◆ The ASAM criteria are guidelines for:
 - Assessment
 - Service planning
 - Placement
 - Continued stay
 - Discharge
- ◆ For clients with substance abuse disorders



ASAM Criteria Background

- ◆ The ASAM criteria is a framework for patient assessment that is multidimensional



ASAM Criteria Background

- ◆ The ASAM criteria is also a description of levels of care
 - Levels of care refers to the places within the service continuum from outpatient to intensive inpatient treatment.



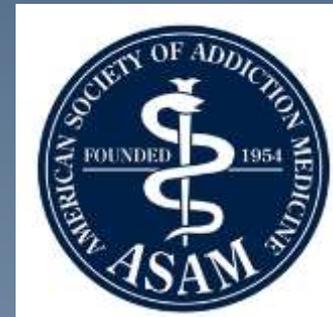
ASAM Criteria Background

- ◆ The ASAM criteria provides a means for deciding upon the appropriate intensity of service based upon the patient's severity of illness



When to use ASAM

- ◆ **At first contact** with client (at assessment, when referral is made, to see if a referral is appropriate for your program)
- ◆ **During treatment**
 - If not doing well
 - If achieving goals
- ◆ **At discharge**
 - To see what the client needs next





How to Use the Criteria

- ◆ To assign the appropriate level of service and level of care.
- ◆ To make decisions about continued service or discharge by ongoing assessment and review of progress.
- ◆ To do effective treatment planning and documentation.



ASAM Criteria Basic Concepts

- ◆ The main goal of the system is to provide individualized – clinically driven – treatment

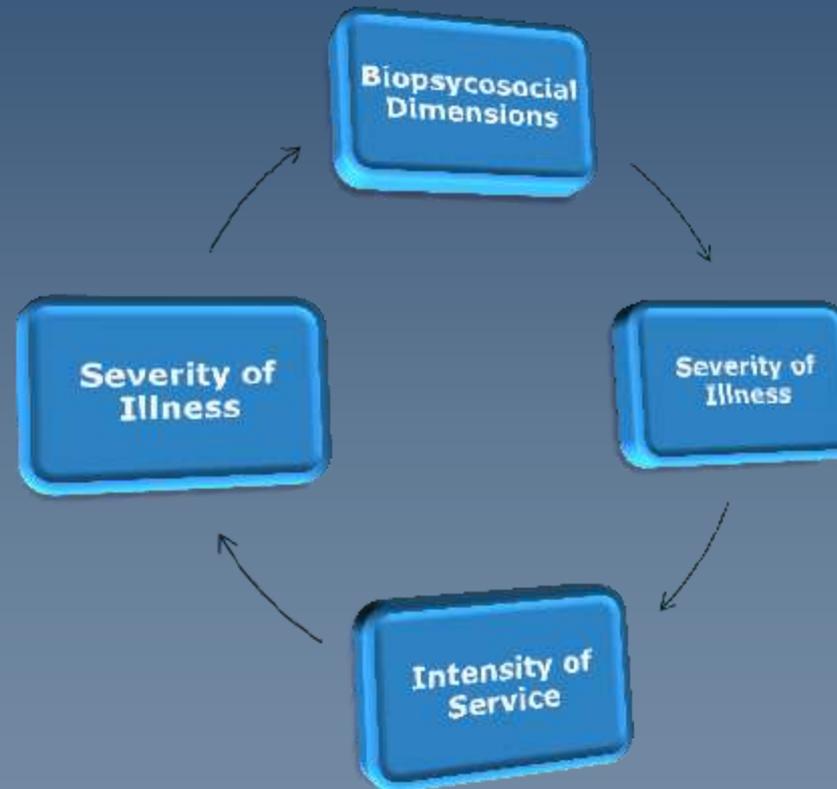


ASAM Criteria Basic Concepts





ASAM Criteria Basic Concepts





ASAM Criteria Basic Concepts

- ◆ Each element of the process informs the next
- ◆ This is a cyclical process



ASAM Criteria Background

- ◆ Intensity of Service is often referred to as IS
- ◆ Severity of Illness is often referred to as SI



ASAM's New Definition of Addiction

- ◆ Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.



ASAM's New Definition of Addiction

- ◆ Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.



Definition of Other Key Terms

- ◆ **Clinically managed:** Directed by non physician addiction specialist rather than medical personnel. Appropriate for individuals whose primary problems involve emotional, behavioral, cognitive, readiness to change, relapse or recovery environment concerns. Intoxication/withdrawal/biomedical concerns are all minimal if they exist at all.



Definition of Terms

- ◆ **Medically Monitored:** Services provided by an interdisciplinary staff of nurses, counselors, social workers, addiction specialist and other health and technical personnel under the direction of a licensed physician. Medical monitoring is provided through appropriate mix of direct patient contact, review of records, team meetings, 24 hour coverage by a physician and a quality assurance program.



Definition of Terms

- ◆ **Medically Managed:** Services that involve daily medical care, where diagnostic and treatment services are directly provided and/or managed by an appropriately trained and licensed physician.



Dimensional Assessment

- ◆ ASAM Criteria should be utilized to:
 - Determine the appropriate level of service and level of care
 - Conduct effective treatment planning and documentation
 - Make choices about continued service or discharge through ongoing assessment and review of progress notes



Dimensional Assessment

- ◆ Dimension 1: Acute Intoxication/Withdrawal Potential
- ◆ Dimension 2: Biomedical Conditions and Complications
- ◆ Dimension 3: Emotional/Behavioral/Cognitive Conditions and Complications
- ◆ Dimension 4: Readiness to Change
- ◆ Dimension 5: Relapse/Continued Use/Continued Problem Potential
- ◆ Dimension 6: Recovery Environment



ASAM Criteria Assessment

- ◆ Assessment of Biopsychosocial Severity and Level of Function
- ◆ This is the first step in the process



Assessment of Severity & Level of Function

- ◆ First identify if there is acute intoxication and/or withdrawal potential



Assessment of Severity & Level of Function

- ◆ Evaluate
 - Biomedical conditions & complications
 - Behavioral conditions & complications
 - Cognitive conditions & complications



Assessment of Severity & Level of Function

- ◆ Evaluate
 - Readiness to change
 - Relapse/continued use potential
 - Recovery environment



What is ASAM PPC?

◆ The Patient Placement Criteria provide:

- A tool to use along with your clinical judgment
- Criteria for how bad the problem is and what the client needs
- A framework for determining who needs what level of care
- Standard descriptions of levels of care and who might need them



Client-Directed, Outcome Informed

- ◆ Enhances efficient use of limited resources
- ◆ Variable length of stay determined by client need and progress
- ◆ Can increase retention and reduce drop outs and relapse
- ◆ Broad flexible levels of care, such as mixing IOP and housing to get a residential type program
- ◆ Creative use of resources to develop a treatment package for each client
- ◆ Client and clinician have a choice about treatment levels – least intensive while safe and effective
- ◆ Can enter the system at any level of care and move as needed
- ◆ If there are limited levels of care in your area, link with other providers as needed



The Heart of Client-Directed Tx

- ◆ Build a therapeutic alliance... it is the greatest determinant of treatment outcome



The Heart of Client-Directed Tx

- ◆ Come to agreement with your client about the treatment
 - Goals
 - Strategies
 - Methods



The Heart of Client-Directed Tx

- ◆ If the client is not with you, your treatment will not be effective
- ◆ Help the client accomplish what is important to them, which will likely involve staying clean and sober



The Heart of Client-Directed Tx

- ◆ Court-ordered or leveraged treatment can be effective
- ◆ The goal may be to satisfy the court order!



Assessment

1. What does the client want? Why now?
2. Multidimensional assessment including strengths, supports, resources, risks and deficits
3. Imminent danger
 - Relates to all dimensions
 - Immediate Need Profile
 - Risks that require immediate attention

Consider the 3 H's

- History
- Here and now
- How concerned are you



The Three H's of Assessment

- ◆ History
- ◆ Here and Now
- ◆ How uncomfortable are you?



Rating Risk in the 6 Dimensions

- 0** – no or very low risk. Stable.
- 1** – mild discomfort, can be stabilized, functioning restored easily
- 2** – moderate risk/difficulty functioning but can understand support services
- 3** – serious difficulties – in or near imminent danger
- 4** – highest concern – severe, persistent, poor ability to cope with illness, life threatening

❖ Can also rate as **LOW, MEDIUM, and HIGH**



How do the Dimensions lead to a level of care?

- ◆ **Dimensions 1, 2 and 3** – high risk/severity = immediate need for high intensity services
- ◆ **Dimensions 4, 5, and 6** – balance out strengths and challenges in these dimensions interact – combine and contrast to determine the lowest intensity service level that is safe and effective for the client (and others)



Dimension 1 – Acute Intoxication/Withdrawal

- ◆ What risk is associated with the patient's current level of acute intoxication?
- ◆ Are there current signs of withdrawal?
- ◆ Does the patient have supports to assist in ambulatory detoxification, if medically safe?



Dimension 1 – Acute Intoxication/Withdrawal

- ◆ Is there significant risk of severe withdrawal symptoms or seizures, based on the patients previous withdraw history, amount, frequency chronicity and recent discontinuation or significant reduction of alcohol or other drug use.



Matching assessment of severity with level of care

Assessment of Severity

- ◆ 0= no intoxication or withdrawal or already resolved

Level of Care

- ◆ Does not affect placement



Matching assessment of severity with level of care

Assessment of Severity

- ◆ 1= minimum to moderate intoxication or withdrawal with minimal risk

Level of Care

- ◆ Level 1D – outpatient (some onsite monitoring)



Matching assessment of severity with level of care

Assessment of Severity

- ◆ 2= has some difficulty coping with moderate intoxication or withdrawal, some risk of more serious symptoms

Level of Care

- ◆ Level 2D – outpatient (extended onsite monitoring)



Matching assessment of severity with level of care

Assessment of Severity

- ◆ 3= has significant difficulty coping with severe signs and symptoms of intoxication or withdrawal, risk of more severe symptoms

Level of Care

- ◆ Level 3.2D – residential (social setting detox) or
- ◆ Level 3.7D (social setting detox with medication support)



Matching assessment of severity with level of care

Assessment of Severity

- ◆ 4= incapacitated with severe signs and symptoms, continued use poses clear danger, withdrawal poses clear danger

Level of Care

- ◆ Level 4D – inpatient (hospital)



Dimension 2: Biomedical Conditions & Complications

- ◆ Are there current physical illnesses, other than withdrawal, that need to be addressed because they create risk or complicate treatment?
- ◆ Are there chronic conditions that affect treatment?



Dimension 2: Biomedical Conditions & Complications

- ◆ Hypertension, cardiac disorders, vascular disorders, diabetes, and seizure disorders are all high on the list
- ◆ Chronic benign pain syndromes are often an issue
- ◆ There are a range of chronic disorders that may need to be considered in placement decisions



Matching assessment of severity with level of care

Assessment of Severity

- ◆ 0: no biomedical problems

Level of Care

- ◆ Does not affect placement



Matching assessment of severity with level of care

Assessment of Severity

- ◆ 1= adequate ability to cope, mild to moderate signs and symptoms

Level of Care

- ◆ Level 1



Matching assessment of severity with level of care

Assessment of Severity

- ◆ 2= some difficulty coping, problems may interfere with treatment, fails to care for serious biomedical problems

Level of Care

- ◆ Level 1, 2 or 3



Matching assessment of severity with level of care

Assessment of Severity

- ◆ 3= poor ability to cope with serious biomedical problems

Level of Care

- ◆ Level 4



Matching assessment of severity with level of care

Assessment of Severity

- ◆ 4= incapacitated with severe biomedical problems

Level of Care

- ◆ Level 4



Dimension 3: Emotional, Behavioral, or Cognitive Conditions & Complications

- ◆ Are there current psychiatric illnesses or psychological, behavioral, emotional, or cognitive problems that need to be addressed because they create risk 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?



Dimension 3: Emotional, Behavioral, or Cognitive Conditions & Complications

- ◆ Even if connected with the addictive disorder, are they severe enough to warrant specific mental health treatment?
- ◆ Is the individual capable of managing the activities of daily living?
- ◆ Does the individual have the resources to cope with the emotional, behavioral, or cognitive problems?



Matching assessment of severity with level of care

Assessment of Severity

- ◆ **0= no emotional or mental health problem or if it exists, it is stable**

Level of Care

- ◆ **Does not affect placement**



Matching assessment of severity with level of care

Assessment of Severity

- ◆ 1= diagnosed mental disorder requiring intervention but does not interfere with treatment

Level of Care

- ◆ Level 1



Matching assessment of severity with level of care

Assessment of Severity

- ◆ 2= persistent mental illness with symptoms that interfere with treatment but do not constitute immanent risk

Level of Care

- ◆ Level 2



Matching assessment of severity with level of care

Assessment of Severity

- ◆ 3= serious symptoms, disability, and impulsivity but not requiring involuntary hospitalization

Level of Care

- ◆ Level 3



Matching assessment of severity with level of care

Assessment of Severity

- ◆ 4= serious symptoms, disability and impulsivity requiring involuntary hospitalization.

Level of Care

- ◆ Level 4



Dimension 4- Readiness / Motivation

- ◆ What is the individual's emotional and cognitive awareness of the need to change?
- ◆ What is his or her level of commitment to and readiness for change?



Dimension 4- Readiness / Motivation

- ◆ What is or has been his or her degree of cooperation with treatment?
- ◆ What is his or her awareness of the relationship of alcohol or other drug use to negative consequences?



Dimension 4: Readiness to Change

- ◆ **Pre-contemplation:** does not know they have a problem. “In denial.” Avoids thinking about their behavior. **Risk rating: 4**



Dimension 4: Readiness to Change

- ◆ **Contemplation:** aware of problem but ambivalent. Teeter between cost and benefit of continued use. **Risk rating: 3**



Dimension 4: Readiness to Change

- ◆ **Preparation:** intending to take action in the immediate future
Risk rating: 2



Dimension 4: Readiness to Change

- ◆ **Action:** specific overt changes have been made in the last 6 months to reduce risk. **Risk rating: 1**



Dimension 4: Readiness to Change

- ◆ **Maintenance:** achieved change goals for 6+ months. **Risk rating: 0**



Matching assessment of severity with level of care

- ◆ Not as direct a correlation between Dimensions 4, 5, and 6 and levels of care
- ◆ May need to use motivational strategies to attract them into treatment
- ◆ Resistance is expected and does not exclude clients from treatment



Matching assessment of severity with level of care

- ◆ If risk is low in other dimensions, may work on increasing motivation in a lower level of care first to prepare for treatment: a “discovery plan”



Matching assessment of severity with level of care

- ◆ If high risk/severity in other dimensions, may need to “contain” the client and do motivational enhancement in a higher level of care
- ◆ Look for strengths



Dimension 5: Relapse, Continued Use or Continued Problem Potential

- ◆ Is the patient in immediate danger of continued severe mental health distress and or alcohol and drug use?
- ◆ How aware is the patient of relapse triggers, ways to cope with cravings to use, and skills to control impulses to uses or impulses to harm self or others?



Dimension 5: Relapse, Continued Use or Continued Problem Potential

- ◆ Does the patient have any recognition of, understanding of, or skills with which to cope with his or her addictive or mental disorder in order to prevent relapse, continued use or continued problems such as suicidal behavior?



Dimension 5: Relapse, Continued Use or Continued Problem Potential

- ◆ **Relapse:** stops using on purpose and begins again
- ◆ **Continued use:** never stops using to begin with



Dimension 5: Relapse, Continued Use or Continued Problem Potential

- ◆ Would continued use/relapse be dangerous to the client or to others
 - Children
 - Other adults in their lives
 - Others in the world



Dimension 5: Relapse, Continued Use or Continued Problem Potential

- ◆ How severe are the problems if the individual is not successfully engaged in treatment at this time?



Dimension 5: Relapse, Continued Use or Continued Problem Potential

- ◆ How aware is the individual of relapse triggers:
 - Ways to cope with cravings to use,
 - Skills to control impulses to use or,
 - Impulses to harm self or others?



Matching assessment of severity with level of care

- ◆ Have to consider in relation to other dimensions
- ◆ High severity can indicate need for higher intensity of services but not necessarily
- ◆ Consider the lowest intensity that is safe and effective



Dimension 6: Recovery/Living Environment

- ◆ Assess for risks, issues, strengths, skills, and resources in:
 - Recovery supports
 - Living environment
 - Family, friends, social network
 - Work/school
 - Finances
 - Transportation
 - Legal mandates/requirements



Matching assessment of severity with level of care

- ◆ Consider in relation to other dimensions
- ◆ High severity can indicate need for higher intensity of services but not necessarily
- ◆ Consider the ***lowest intensity that is safe and effective***



Continued Treatment Guidelines

- ◆ **Keep the client in the current level of care if:**
 - They are making progress but have not yet achieved their goals
 - They are not yet making progress but have the capacity to resolve their problems, are actively working on goals, and continued treatment is necessary to reach their goals
 - New problems have been identified that can be treated at this level



Discharge & Transfer Criteria

Consider transferring if:

- They have achieved their goals and resolved the problem (transfer to a lower level of care)

- They are unable to resolve the problem despite adjustments to the treatment plan (increase level of care)



Discharge & Transfer Criteria

Consider transferring if:

- They demonstrate a lack of capacity to resolve the problems (increase level of care)
- If their problems get worse or
- If more problems emerge that can't be effectively treated at this level of care (increase level of care)



Discharge Planning

- ◆ Discharge planning is part of treatment planning
- ◆ It isn't a separate or isolated activity



Discharge Planning

- ◆ A discharge plan is really a deferred treatment plan
- ◆ It should be as specific and concrete as any other treatment plan



Levels of Service

- ◆ Each level of care has specific parameters which define it



Outpatient with Supportive Living

- ◆ Provides structure and support
- ◆ Primary medical services not necessary
- ◆ Patients not in “Imminent Danger”



Residential Treatment

- ◆ Provides 24 hour:
 - Structure and support (except 3.1 24 hours)
- ◆ Primary medical services not necessary
- ◆ Patients in “Imminent Danger”



Inpatient Treatment

- ◆ Provides 24 hour:
 - Structure and support
 - Access to medical & nursing services
- ◆ Patients in “Imminent Danger”



What is Imminent Danger?

- ◆ A strong probability that certain behaviors will occur (e.g., continued alcohol or drug use or non-compliance with psychiatric medications)
- ◆ These behaviors will present a significant risk of serious adverse consequences to the individual and/or others (as in a consistent pattern of driving while intoxicated)
- ◆ The likelihood that such adverse events will occur in the very near future



What is Imminent Danger?

- ◆ In order to constitute “Imminent Danger” **ALL THREE ELEMENTS** must be present



Imminent Danger

- ◆ Requires In-patient treatment



Immediate Need

- ◆ A criteria to be considered in determining level of care



Immediate Need Profile

◆ Dimension #1: Acute Intoxication/Withdrawal Potential:

(a) Have you ever had life-threatening withdrawal signs or symptoms?

___ No ___ Yes

(b) If yes, are you currently having similar withdrawal symptoms?

___ No ___ Yes



Immediate Need Profile

◆ Dimension #2: Biomedical Conditions and Complications:

(a) Do you have any current, untreated severe physical problems?

___No ___Yes



Immediate Need Profile

◆ Dimension #3: Emotional/Behavioral Conditions & Complications:

(a) Do you feel that you are imminently in danger and could harm yourself or someone else?

___No ___Yes



Immediate Need Profile

- ◆ Yes to Dimension 1, 2, and/or 3 Questions:
- ◆ Requires that the caller/client immediately receive medical or psychiatric care



Immediate Need Profile

◆ Dimension #4: Treatment Acceptance/Resistance:

(a) Do you feel that you are in immediate need of alcohol/drug treatment?

No Yes

(b) Have you been referred or required to have an assessment and/or enter treatment by the criminal justice system, health or social services, work/school, or family/significant other?

No Yes



Immediate Need Profile

- ◆ Yes to Dimension 4 Alone:
- ◆ Client to be seen for an assessment as soon as possible – must be within 48 hours,
- ◆ Client assessed for motivational strategies, unless client imminently likely to walk out and needs containment strategies



Immediate Need Profile

◆ Dimension #5: Relapse/Continued Use Potential

(a) Are you currently under the influence?

No Yes

(b) Are you likely to continue use of alcohol and/or other drugs, or to relapse, in an imminently dangerous manner?

No Yes



Immediate Need Profile

- ◆ Yes to Dimension 5, Question (a):
- ◆ Requires the client receive assessment for withdrawal potential



Immediate Need Profile

◆ Dimension #6: Recovery Environment:

(a) Are there any dangerous family, significant others, living/working situations threatening your safety, immediate well-being and/or sobriety?

No Yes



Immediate Need Profile

- ◆ Yes to Dimension 5 and/or 6 without Yes in Dimensions 1, 2, and/or 3:
- ◆ Requires the caller/client be referred to a safe or supervised environment



ASAM Criteria

- ◆ Also details level of care or service



Levels of Care / Service

- ◆ The basic levels of service are:
- ◆ Level 0.5- Early Intervention
- ◆ Level 1- Outpatient
- ◆ Level 2- Intensive Outpatient/Partial Hospitalization
- ◆ Level 3- Residential/Inpatient Treatment
- ◆ Level 4- Medically Managed Intensive Inpatient Treatment



Levels of Service

- ◆ Within each basic level of service, there are additional levels to provide even greater specification



Continuum of levels of treatment care

Level .5 – Early Intervention

Level 1 – Outpatient Treatment

Level 2 – Intensive Outpatient/Partial Hospitalization

Level 3 – Residential/Inpatient Treatment

Level 4 – Medically Managed Inpatient Treatment



.5 Early Intervention / Prevention

- ◆ For those individuals who are at high risk for developing substance use disorders or for whom there is insufficient information to document a substance use disorder.
- ◆ Should have the capacity to move individuals in imminent danger to an appropriate level of care or provide outpatient treatment together with an early intervention for those needing it
- ◆ Examples: DUI education, basic education, early intervention with adolescents



Level 1: Outpatient Treatment

- ◆ Less than 9 hours of services/week (6 for adolescents)
- ◆ Recovery and/or motivational enhancement strategies
- ◆ Are appropriate for individuals with low severity in all dimensions of assessment with the exception of dimension 4 (readiness to change)



Level 2: Intensive Outpatient/Partial Hospitalization

- ◆ IOP is 9+ hours/week; partial hospitalization is 20+ hours/week
- ◆ For clients not needing 24 hour care
- ◆ Provide treatment during the day, after work, or school, in the evenings or weekends
- ◆ Have capacity to provide medical and psychiatric consultation, psychopharmacological consultation, medication management, and crisis services



Level 3: Residential/Inpatient Treatment

- ◆ They provide 24 hour treatment services in a safe environment
- ◆ Level 3.1: clinically managed low intensity (5 clinical hrs/wk)
- ◆ Level 3.3: clinically managed medium intensity (lower intensity milieu for cognitive/other impairments)
- ◆ Level 3.5: clinically managed high intensity
- ◆ Level 3.7: medically monitored inpatient



Level 4: Medically Managed Inpatient

- ◆ 24 hour medical and nursing care with staff credentialed in mental health and addiction
- ◆ Has the capability of an acute care hospital or psychiatric hospital
- ◆ For severe, unstable problems in Dimensions 1, 2, and 3
- ◆ Must be dual diagnosed enhanced (DDE)



Medication Assisted Treatment

- ◆ Methadone, Suboxone
- ◆ Can also be meds such as Naltrexone or antabuse
- ◆ Generally provided in Level I
- ◆ Clients on MAT can be in OP, IOP, residential treatment, detox



Revision of the Criteria

- ◆ The revision process was done by small committees and workgroups who developed drafts
- ◆ They used a field review process that was conducted online
- ◆ The Coalition for National Clinical Criteria provided input



Revision of the Criteria

- ◆ The latest version was released in October of 2013
- ◆ Criteria was updated to reflect the most current science.



Things That Remain the Same

- ◆ The way in which the criteria are determined is a collaborative process



Things That Remain the Same

- ◆ The 6 assessment dimensions
- ◆ The overall levels of care
- ◆ The decision rules which link Intensity of Service back to the Severity of Illness (there are a couple of changes in detox)



Things That Are New

- ◆ The title – *The ASAM Criteria – Treatment Criteria for Substance-Related, Addictive, and Co-Occurring Conditions.*



Things That Are New

- ◆ Major theoretical shift from “placement criteria” to “treatment criteria”
- ◆ This is based upon an assumption that substance abuse treatment requires more than just placement



Things That Are New

- ◆ The table of contents has been reordered
- ◆ It now moves from
- ◆ Historical Foundations to
- ◆ Guiding Principles to Assessment, Service Planning and Placement decisions.



Things That Are New

- ◆ Adolescent criteria is no longer separate from adult criteria
- ◆ The reasoning behind this was to minimize redundancy (while maintaining adolescent specific content).



Things That Are New

- ◆ There are also new appendices
 - Instruments for withdrawal management
 - Dimension 5 constructs
 - Glossary



Things That Are New

- ◆ Terminology is updated and revised
- ◆ The new terminology is based on:
 - Contemporary use
 - Strengths
 - Recovery oriented



Things That Are New

- ◆ Terminology changes examples:
 - Inappropriate use of substances is now high risk use of substances
 - Dual diagnosis is now co-occurring disorders
 - Opioid Maintenance Therapy is now Opioid Treatment Services (OTS)



Things That Are New

- ◆ Detoxification is now called Withdrawal Management



Things That Are New

- ◆ Wording in the levels of care has changed in Withdrawal Management
- ◆ Levels are now called
 - WM-1
 - WM-2
 - WM-3
 - WM-4



Things That Are New

- ◆ In Withdrawal Management – there are now new approaches described designed to support increased use of less intensive levels of care for the safe and effective management of withdrawal.



Things That Are New

- ◆ In Withdrawal Management – there is now a broader range of severity of withdrawal syndromes in the criteria that can be safely and appropriately managed on an outpatient basis.



Things That Are New

- ◆ In Withdrawal Management – A risk rating assessment format is now used
- ◆ This helps to link severity, function, and service needs when determining treatment plans and level of care.



Things That Are New

- ◆ Content has been added to improve addiction treatment for special populations – including
 - Older adults
 - Persons in the criminal justice system
 - Persons with safely sensitive occupations
 - Parents with children
 - Pregnant women



Things That Are New

- ◆ Content has been added to address the treatment of other conditions that have not been included in specialty addition treatment services, such as
 - Tobacco use disorder
 - Gambling disorder



Things That Are New

- ◆ Content has been revised to include emerging issues:
- ◆ The role of physicians on the addiction treatment team
- ◆ Physicians who are addiction specialists
 - Addiction medicine physicians
 - Addiction psychiatrists



Things That Are New

- ◆ Content has been revised to include:
- ◆ Healthcare reform
- ◆ Integration of addiction treatment into general medical care



References

- ◆ ASAM (2011). Public Policy Statement: Definition of Addiction. Retrieved from: <http://www.asam.org/docs/public-policy-statements/1definitionofaddictionlong4-11.pdf?sfvrsn=2>
- ◆ ASAM (2013). What's New in the ASAM Criteria? Retrieved from: <http://www.slideshare.net/ChangeCo/whats-new-in-the-asam-criteria-22205861>
- ◆ Lee, Editor (2001) ASAM PPC-2R, ASAM Patient Placement Criteria for the Treatment of Substance Related Disorders, 2nd Ed Revised,
- ◆ Posze, L . ASAM PPC-2R Patient Placement Criteria 101 Retrieved from: http://www.google.com/url?sa=t&rct=j&q=asam%20criteria&source=web&cd=13&ved=0CDMQFjACOAo&url=http%3A%2F%2Fdbhidid.ky.gov%2Fdbh%2Ffiles%2FASAM2R.pptx&ei=KIG3Uev8Bo7m9gSox4DoCA&usg=AFQjCNHHx_4E-Hen7ULhOppN6OwSGCJ9HQ on 10/10/13
- ◆ Shulman & Associates. (2007). American Society of Addiction Medicine (ASAM) How and When to Use the Criteria. Training and Consulting in Behavioral Health. Retrieved from:
- ◆ Walton, (2012) ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders. Making It Real, Making It Work. Retrieved from: www.ndci.org/conferences/2012/Sessions/SB_sessions/SB-27.pdf