WHAT IS TREATMENT?

A QUICK OVERVIEW OF AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM) TREATMENT CRITERIA

KEN HEUVELMAN MS, CAADC, DP-S
LEARNING OBJECTIVES

BASIC UNDERSTANDING OF

• ASAM SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT
• ASAM LEVELS OF CARE
THE NEED FOR TREATMENT

AMERICAN ADULTS IN 2018

• 19.3 MILLION WITH A SUBSTANCE USE DISORDER (SUD)
• 47.6 MILLION WITH A MENTAL HEALTH DISORDER (MH)
• 9.2 MILLION HAVE BOTH A SUD AND MH DISORDER

TREATMENT AVAILABILITY IN 2018

NATIONALLY
- OUTPATIENT – 12,243
- RESIDENTIAL – 3,500
- HOSPITAL INPATIENT – 785
- TOTAL – 14,809

MICHIGAN
- OUTPATIENT – 409
- RESIDENTIAL – 89
- HOSPITAL INPATIENT – 14
- TOTAL – 465

ASAM, founded in 1954, is a professional medical society representing over 6,000 physicians, clinicians and associated professionals in the field of addiction medicine. ASAM is dedicated to increasing access and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction.
SIX DIMENSIONS OF ASSESSMENT

• DIMENSION 1 – ACUTE INTOXICATION AND/OR WITHDRAWAL POTENTIAL
• DIMENSION 2 – BIOMEDICAL CONDITIONS AND COMPLICATIONS
• DIMENSION 3 – EMOTIONAL, BEHAVIORAL, OR COGNITIVE CONDITIONS AND COMPLICATIONS
• DIMENSION 4 – READINESS TO CHANGE
• DIMENSION 5 – RELAPSE, CONTINUED USE, OR CONTINUED PROBLEM POTENTIAL
• DIMENSION 6 – RECOVERY/LIVING ENVIRONMENT
DIMENSION 1 – ACUTE INTOXICATION AND/OR WITHDRAWAL POTENTIAL

- DETERMINE THE NEED FOR WITHDRAWAL MANAGEMENT OR DETOX SERVICES
- LOOKING AT FREQUENCY, QUANTITY, AND RECENNY OF USE
- HISTORY OF SEVERE OR LIFE THREATENING SYMPTOMS
DIMENSION 2 – BIOMEDICAL CONDITIONS AND COMPLICATIONS

• IDENTIFYING PHYSICAL HEALTH CONCERNS
• ASSESSING LIKELIHOOD SYMPTOMS WOULD INTERFERE WITH TREATMENT
• POTENTIAL UNDERLYING CAUSES OR CONSEQUENCES OF SUBSTANCE USE
DIMENSION 3 – EMOTIONAL, BEHAVIORAL, OR COGNITIVE CONDITIONS AND COMPLICATIONS

- IDENTIFYING A NEED FOR MENTAL HEALTH SERVICES
- DETERMINING IF ACUTE OR CHRONIC CONCERNS
- IS THE CONDITION PRIMARY OR SECONDARY
DIMENSION 4 – READINESS TO CHANGE

• IDENTIFYING THE CLIENT’S DESIRE TO ENGAGE IN TREATMENT
• ASSESSING THE TRANSTHEORETICAL STAGE OF CHANGE
• DETERMINING THE CLIENT’S UNDERSTANDING OF THEIR ADDICTIVE BEHAVIOR
DIMENSION 5 – RELAPSE, CONTINUED USE, OR CONTINUED PROBLEM POTENTIAL

• ASSESSING THE NEED FOR RELAPSE PREVENTION SERVICES
• HISTORY OF SUSTAINED RECOVERY EFFORTS
• CLIENT’S ABILITY TO COPE WITH AND HAVE AWARENESS OF STRESSORS AND RELAPSE TRIGGERS
DIMENSION 6 – RECOVERY/LIVING ENVIRONMENT

• ASSESSING HOW SUPPORTIVE THE CLIENT’S ENVIRONMENT IS
• IDENTIFYING IF FAMILY OR MARRIAGE INTERVENTIONS ARE APPROPRIATE
• ALSO LOOKING AT HOUSING, VOCATIONAL, LEGAL, EDUCATIONAL, TRANSPORTATION, OR CHILD CARE CONCERNS
MULTIDIMENSIONAL RISK RATING

- **4** – CRITICAL IMPAIRMENT OR IMMINENT DANGER
- **3** – SERIOUS DIFFICULTIES OR CONCERNS WITH LIMITED SUPPORT
- **2** – MODERATE DIFFICULTIES WITH SOME SUPPORT OR COPING SKILLS
- **1** – MILD DIFFICULTIES WITH MINOR IMPAIRMENT AND AN ABILITY TO ADEQUATELY COPE
- **0** – NO CURRENT RISK
LEVELS OF CARE

- **LEVEL 0.5** – EARLY INTERVENTION
- **LEVEL 1** – OUTPATIENT
- **LEVEL 2.1** – INTENSIVE OUTPATIENT
- **LEVEL 2.5** – PARTIAL HOSPITALIZATION/DAY TREATMENT
- **LEVEL 3.1** – CLINICALLY MANAGED LOW-INTENSITY RESIDENTIAL
- **LEVEL 3.3** – CLINICALLY MANAGED POPULATION-SPECIFIC HIGH INTENSITY RESIDENTIAL
- **LEVEL 3.5** – CLINICALLY MANAGED HIGH INTENSITY RESIDENTIAL
- **LEVEL 3.7** – MEDICALLY MONITORED INTENSIVE INPATIENT
- **LEVEL 4** – MEDICALLY MANAGED INTENSIVE INPATIENT
LEVEL 0.5 – EARLY INTERVENTION

• ADDRESSES AT-RISK INDIVIDUALS WITH SUBSTANCE USE CONCERNS
• INDICATED OR SECONDARY PREVENTION
• SBIRT – DUI COURSES – EAP – MOTIVATIONAL INTERVIEWING
• HOSPITALS – SCHOOLS – CLINICAL SETTINGS – IN-HOME – WORK PLACE
LEVEL 1 - OUTPATIENT

- ORGANIZED AROUND CLIENT SEVERITY TO ADDRESS BEHAVIOR, LIFESTYLE, MINDSET, AND ADDICTIVE USE
- OFTEN A STEP-DOWN FROM A HIGHER LEVEL OF CARE
- GOOD FOR THE TREATMENT HESITANT, COURT ORDERED, EARLY RECOVERY, OR ONGOING MAINTENANCE
- WIDE RANGE OF INTENSITY
LEVEL 2.1 – INTENSIVE OUTPATIENT

• NINE TO NINETEEN HOURS OF STRUCTURED PROGRAMMING WEEKLY
• INDIVIDUAL SESSIONS, GROUPS, FAMILY, OCCUPATIONAL, RECREATIONAL, AND OTHER THERAPIES
• INTERDISCIPLINARY TEAM APPROACH TO MANAGE WHOLE PERSON CONCERNS
LEVEL 2.5 – PARTIAL HOSPITALIZATION

• COMMONLY KNOWN AS DAY TREATMENT
• TWENTY OR MORE HOURS OF CLINICALLY INTENSIVE PROGRAMMING WEEKLY
• REGULAR MONITORING OF MENTAL AND/OR PHYSICAL HEALTH CONCERNS
LEVEL 3 – CLINICALLY MANAGED RESIDENTIAL SERVICES

• 24-HOUR RESIDENTIAL SETTING
• EMPHASIS ON THE THERAPEUTIC ATMOSPHERE
• PROVIDES A STABILIZED LIVING ENVIRONMENT TO ADDRESS SUD CONCERNS
LEVEL 3.1 – LOW-INTENSITY RESIDENTIAL

• AT LEAST FIVE HOURS OF LOW-INTENSITY TREATMENT
• ABILITY TO PRACTICE AND INTEGRATE RECOVERY SKILLS IN A SUPPORTIVE ENVIRONMENT
• DEVELOPMENT OF INTERPERSONAL AND COMMUNICATION ABILITIES
• CLINICAL FOCUS ON DIMENSIONS 4 – 5 – 6
LEVEL 3.3 – POPULATION SPECIFIC HIGH-INTENSITY RESIDENTIAL

- COGNITIVELY LIMITED OR IMPAIRED POPULATION
- SEVERE INTERPERSONAL OR COPING DEFICITS CREATE SHIFT TOWARD HABILITATION RATHER THAN REHABILITATION
- INCREASE ABILITY TO STRUCTURE, ORGANIZE, AND MAINTAIN ACTIVITIES OF DAILY LIVING
LEVEL 3.5 – HIGH-INTENSITY RESIDENTIAL

- Significant social and psychological concerns
- Chaotic and non-supportive interpersonal relationships
- Significant lack of appropriate coping mechanisms
- Often a focus on healthy reintegration into the community
LEVEL 3.7 – MEDICALLY MONITORED INTENSIVE INPATIENT

- SEVERE SUBACUTE BIOMEDICAL, COGNITIVE, EMOTIONAL, OR BEHAVIORAL
- OFTEN WITHIN AN ACUTE CARE HOSPITAL OR PSYCHIATRIC FACILITY
- INVOLVES NURSING CARE AND PHYSICIAN MONITORING
LEVEL 4 – MEDICALLY MANAGED INTENSIVE INPATIENT

- SEVERE ACUTE BIOMEDICAL, BEHAVIORAL, EMOTIONAL AND COGNITIVE CONCERNS
- INTERDISCIPLINARY TEAM STARTING WITH ADDICTION PHYSICIANS
REFERENCES

• AMERICAN SOCIETY OF ADDICTION MEDICINE. HTTPS://WWW.ASAM.ORG


• SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION. (2019). NATIONAL SURVEY OF SUBSTANCE ABUSE TREATMENT SERVICES (N-SSATS): 2018. DATA ON SUBSTANCE ABUSE TREATMENT FACILITIES. SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION.