UNDERSTANDING THE BASIC CONCEPT AND THEORY OF ASAM

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Sponsored by:
Alabama Department of Mental Health
Substance Abuse Services Division
Southern Coast ATTC
Module 1

- Definition and goals of ASAM
- Multidimensional ASAM Treatment Model
  - All 6 Dimensions
- Treatment Level for Detoxification
- Stages of Change

WHAT IS ASAM?

THE AMERICAN SOCIETY OF ADDICTION MEDICINE

A PROFESSIONAL ORGANIZATION MADE UP OF PHYSICIANS WHO SPECIALIZE IN THE TREATMENT OF ADDICTION
WHAT ARE THE GOALS OF ASAM?

THE SOCIETY’S GOALS INCLUDE:

1. DEFINING ADDICTION MEDICINE
2. ACCESSING AND IMPROVING TREATMENT
3. EDUCATING OTHERS REGARDING THE SOCIETY’S PURPOSE (AND)
4. GAINING RECOGNITION OF THIS MEDICAL SPECIALTY

WHAT IS THE ASAM PPC-2R?

THE ASAM PPC-2R IS:

THE PATIENT PLACEMENT CRITERIA FOR THE TREATMENT OF SUBSTANCE-RELATED DISORDERS

SECOND EDITION - REVISED

WHY IS ALABAMA ADOPTING ASAM PLACEMENT CRITERIA?

- To establish a common language among treatment providers
- To promote individualized treatment matching for clients
- To improve the quality of assessments
- To improve the quality of treatment planning
- To comply with block grant funding requirements

TREATMENT CONCEPTS OF THE PAST

- Diagnosis defined treatment placement
- Typically a single treatment model was available
- Placement was “program based” rather “client driven”
- “The one size fits all model” was the treatment of choice
DIFFICULTIES IN MAKING APPROPRIATE TREATMENT PLACEMENT

1. LACK OF AVAILABILITY OF APPROPRIATE LEVELS OF CARE
2. THIRD PARTY PAYERS DICTATE PLACEMENT BASED ON COVERAGE NOT ON NEED
3. STATE LAWS REGULATING THE PRACTICE OF MEDICINE OR LICENSURE OF A FACILITY REQUIRING CRITERIA DIFFERENT THAN FOUND IN THE PPC-2R
4. OUT OF POCKET EXPENSES PROHIBITS PLACEMENT IN A MORE COSTLY LEVEL
5. LACK OF QUALIFIED PERSONNEL

RE-TOOLING THE ADDICTION TREATMENT SYSTEM

- FOR PATIENTS: CARE WILL BE PROVIDED AT BOTH A COST EFFICIENT AND COST EFFECTIVE LEVEL. TREATMENT WILL BE PROVIDED AT THE LEAST INTENSIVE SETTING TO PROMOTE SKILLS TESTING FOR SUCCESSFUL OUTCOMES

- FOR CLINICIANS: TREATMENT MATCHING WILL BE THE PRIORITY. CLINICIANS WILL NEED TO PREFECT THEIR ASSESSMENT SKILLS, BROADEN THEIR KNOWLEDGE BASE REGARDING PLACEMENT CRITERIA AND TREATMENT MODALITIES
RE-TOOLING THE ADDICTION TREATMENT SYSTEM CONT.

- FOR TREATMENT PROGRAMS:
  Programs will need to expand their continuum of care to provide multiple levels of care with flexible lengths of stay.

- FOR PAYERS:
  Payers will need to reimburse and fund all levels of care to allow for proper placement in the most efficient and effective treatment setting.

THE MAJOR COMPONENTS OF THE PPC - 2R

- 1. THE SIX ASSESSMENT DIMENSIONS
- 2. THE FIVE LEVELS OF DETOX.
- 3. THE INDIVIDUALIZED LEVELS OF CARE
- 4. THE RISK RATING SCALES
THE MULTIDIMENSIONAL ASAM TREATMENT MODEL

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 (FORMERLY TREATMENT ACCEPTANCE/ RESISTANCE)

DIMENSION 5: RELAPSE/CONTINUED USE OR CONTINUED PROBLEM POTENTIAL

DIMENSION 6: RECOVERY/LIVING ENVIRONMENT

Handout 1

American Society of Addiction Medicine
Patient Placement Criteria - 2R Assessment Dimensions
DIMENSION 1: ACUTE INTOXICATION AND/OR WITHDRAWAL POTENTIAL (DSM-IV-TR AXIS 1)

CONSIDERATIONS FOR TREATMENT PLACEMENT:

- Does the individual present with a risk of withdrawal by history?
- If yes, what types of symptoms has the individual experienced?
- Is the client presenting with current signs of withdrawal?
- Does the individual have a support system if detox is recommended?

There are five levels of detoxification services defined in the PPC-2R:

- Detoxification can be provided separately (unbundled)
- The level of detox services does not dictate placement in other levels of care
TREATMENT LEVELS FOR DETOXIFICATION

- LEVEL I-D – MILD WITHDRAWAL -- AMBULATORY DETOXIFICATION WITHOUT EXTENDED ON-SITE MONITORING (PHYSICIAN’S OFFICE)
- LEVEL II-D – MODERATE WITHDRAWAL -- AMBULATORY DETOXIFICATION WITH EXTENDED ON-SITE MONITORING (DAY HOSPITAL)
- LEVEL III.2-D – MODERATE WITHDRAWAL -- CLINICALLY MANAGED RESIDENTIAL DETOXIFICATION (SOCIAL SETTING)
- LEVEL III.7-D – SEVERE WITHDRAWAL -- MEDICALLY MONITORED INPATIENT DETOXIFICATION (FREESTANDING SETTING)
- LEVEL IV-D – SEVERE UNSTABLE WITHDRAWAL -- MEDICALLY MANAGED INTENSIVE INPATIENT DETOXIFICATION (HOSPITAL SETTING)

Handout 2

ASAM PPC-2R
Treatment Levels for Detox
**DI MENSION 2:**
**BIOMEDICAL CONDITIONS AND COMPLICATIONS**
(DSM-IV-TR AXI S III)

SOME CONSIDERATIONS FOR TREATMENT PLACEMENT:

- CURRENT/ACUTE PHYSICAL ILLNESSES  
  (NOT WITHDRAWAL)
- CHRONIC MEDICAL CONDITIONS
- PREGNANCY

**DI MENSION 3:**
**EMOTIONAL, BEHAVIORAL OR COGNITIVE CONDITIONS AND COMPLICATIONS**
(DSM-IV-TR AXES IV, V)

CONDITIONS TO BE ASSESSED IN DIMENSION 3

- PSYCHIATRIC CONDITIONS
- POOR IMPULSE CONTROL ISSUES
- RECENT CHANGES IN MENTAL STATUS
- PSYCHOLOGICAL OR EMOTIONAL/BEHAVIORAL COMPLICATIONS (OF KNOWN OR UNKNOWN ORIGIN)
- TRANSIENT NEUROPSYCHIATRIC COMPLICATIONS
**DIMENSION 4: READINESS TO CHANGE**
Prochaska and DiClemente

- **PRE-CONTEMPLATION**
- CONTEMPLATION
- PREPARATION
- ACTION
- MAINTENANCE
- RELAPSE

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**STAGES OF CHANGE**
Prochaska and DiClemente

**PRE-CONTEMPLATION**
(NOT CURRENTLY CONSIDERED ONE OF THE STAGES OF CHANGE, BUT AN IMPORTANT PART OF THE ASSESSMENT AND TREATMENT PLACEMENT)

THE PERSON DOES NOT SEE A NEED FOR EITHER A LIFESTYLE OF BEHAVIOR OR CHANGE
CONTEMPLATION  --
THE PERSON IS AMBIVALENT ABOUT MAKING A CHANGE (SOMETIMES THEY WANT TO AND SOMETIMES THEY DON'T)

THE PERSON IS CONSIDERING MAKING A CHANGE, BUT HAS NOT QUITE DECIDED WHEN

PREPARATION  --
THE PERSON HAS DECIDED TO MAKE A CHANGE AND IS BEGINNING TO EXPLORE WAYS TO IMPLEMENT THE CHANGE
STAGES OF CHANGE CONT.
Prochaska and DiClemente

**ACTION --**
THE PERSON IS ACTIVELY ENGAGED IN THE CHANGE PROCESS

STAGES OF CHANGE CONT.
Prochaska and DiClemente

**MAINTENANCE --**
THE PERSON IS REGULARLY ENGAGED IN NEW BEHAVIORS, AND IS ACTIVELY PRACTICING THEM
RELAPSE/ RECYCLE --
THE PERSON STOPS PRACTICING
THE NEW BEHAVIORS AND RETURNS
TO THE OLD BEHAVIORS
**DIMENSION 4**  
**READINESS TO CHANGE**

THIS DIMENSION IS BASED ON THE CONCEPT THAT:

RESISTANCE TO TREATMENT IS AN *EXPECTED* PART OF THE TREATMENT PROCESS

RESISTANCE DOES NOT *EXCLUDE* AN INDIVIDUAL FROM RECEIVING TREATMENT

THE DEGREE OF *READINESS TO CHANGE* HELPS TO DETERMINE THE LEVEL OF CARE

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**Handout 3**

**Motivational Interviewing Vignettes**
**Motivational Interviewing Vignettes**

- **STEVE:** Although Steve has been sent to your agency for substance abuse treatment, he says he feels hopeless about his drinking. After all, both of his parents were alcoholics and he says he knows that this is a disease passed along from parents to children. Since his mother died of liver failure and his father gets drunk the first thing every day, Steve sees no hope for himself. He says he’s tired of professionals telling him that he can change when he knows he can’t, and he’s tired of people acting nice and hopeful for him when it is just a set up for him to feel more frustrated later, which ends up making him drink more.

- **ANSWER:** Contemplation

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**Motivational Interviewing Vignettes**

- **DANIEL:** Daniel has been abstinent for the past 10 days. He has mostly stayed at home and slept, but he went to A.A. a few times. He is proud of himself for stopping, but feels like he has to find more options because he is beginning to feel bored. He would like help learning more about what he can do to stay abstinent.

- **ANSWER:** Action
Motivational Interviewing Vignettes

**MARGARET:** Margaret is considering cutting back on her pot smoking. She doesn’t feel like it’s a problem, but believes she needs to cut back because she has recently taken a job that requires her to do a considerable amount of public speaking, and she perceives that her public speaking is a lot better when she hasn’t been smoking a lot of pot. On the other hand, she wonders if it might be the late nights out with friends, not the pot smoking, that causes her to feel she is not as good a speaker as she could be.

**ANSWER:** Contemplation

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Motivational Interviewing Vignettes

**TOBY:** Toby has been drinking a considerable (4-5 times per week) amount of alcohol during the last six months and his friends have noticed that he is having personality and mood changes. They have tried to talk to him about their concerns, but he continues to defend his behavior and assures them he does not have a problem.

**ANSWER:** Pre-Contemplation
Motivational Interviewing Vignettes

- **CHERYL**: Cheryl successfully completed a substance abuse one month ago. She is attending self-help meetings and has a sponsor. She wants to make sure that she does not relapse, and is exploring ways to maintain long-term sobriety.

- **ANSWER**: Maintenance

Motivational Interviewing Vignettes

- **TAWANA**: Tawana says she’s been thinking a lot about her crack cocaine use lately. She has never felt anything as great, not even sex, but she feels like things have gotten somewhat out of control. She has been trying to quit for the past two months, but she has given up due to repeated failures. She has come to you “in a last ditch effort’ to quit. She doesn’t know what to do, every time she quits she feels great for about a week, but then feels too overwhelmed or depressed and goes out to get high again.

- **ANSWER**: Contemplation
Motivational Interviewing Vignettes

**SHARON:** Sharon has been concerned about her alcohol and drug use for the past eight months. She called a counseling center in her community, and made an appointment to talk to a counselor about her options. She also called AA and NA and requested information about self-help meetings.

**ANSWER:** Preparation

Motivational Interviewing Vignettes

**JOHN:** John has been in treatment before and was able to stay sober for about six months; he recently relapsed for about five days. He called his sponsor and immediately attended self-help. He also called his old counselor for an appointment so he can get back in the substance abuse program that he attended in the past.

**ANSWER:** Action
**DIMENSION 5: RELAPSE, CONTINUED USE OR CONTINUED PROBLEM POTENTIAL**

**ASSESSMENT/ TREATMENT PLACEMENT CONSIDERATIONS:**

- Is there an immediate danger of continued severe mental health distress and/or alcohol/drug use?
- Does the client understand or possess the skills necessary to cope with the addictive/mental health disorder in order to prevent relapse?
- What level of awareness does the client have of relapse triggers (substance use/mental health issues)?
- What skills does the client possess to cope with/ or control using -- or what skills does the client possess to control the impulse to harm self or others?

**DIMENSION 6: RECOVERY/ LIVING ENVIRONMENT (AXIS IV)**

**AREAS TO BE ADDRESSED IN THIS DIMENSION:**

- Problems with the primary support group
- Problems within the social environment
- Educational problems
- Occupational problems
- Housing problems
- Economic problems
- Legal problems
- Transportation issues
- Childcare issues
REFERENCES

**ASAM PPC-2R**
ASAM Placement Criteria for the Treatment of Substance-Related Disorders
Second Edition-Revised
David Mee-Lee, M.D. Editor

Applying ASAM Placement Criteria (video)
David Mee-Lee, M.D.
The Clinical Innovators Series

**ADDITION TREATMENT MATCHING:**
Research Foundations of the American Society of Addiction Medicine (ASAM) Criteria
David R. Gastfriend, MD, Editor