

The ASAM Criteria 4th Edition:

A brief introduction

Major changes in the 4th Edition:

Updating the continuum of care to reflect the evolving treatment system

- Updating Level 3.7 to reflect care in residential settings vs. inpatient
- No Level 0.5: Reframing early intervention and prevention as a comprehensive response to addiction, not part of specialty addiction treatment
- Integration of biomedical and withdrawal management services into the continuum of care (.7)

Reflecting harm reduction as a component of individualized care

- Practical strategies aimed at reducing negative consequences associated with substance use, meeting people who use substances “where they are” and addressing conditions of use along with use itself

Updating the continuum of care to better support comprehensive care

- Expectation: Co-occurring capability across the care continuum. Provides detailed standards for COC and COE
- Incorporating treatment of individuals with cognitive impairments across the continuum
- Supporting access to recovery support systems (recovery residence)

Updating the assessments and treatment planning standards

- **Differentiating the intake assessment from the treatment planning assessment**
- Level of care assessments focus on only a subset of the subdimensions to determine the **Dimensional Drivers (highest severity problem(s))** that support the level of care decision
- Treatment Planning Assessments focus on all of the subdimensions

Level of care updates

- **Level 1 services: Expanded**
 - » **Level 1.0:** Long term remission monitoring
 - » Recovery management plan, remission maintenance plan, recovery management checkups
 - » Formal reassessment of the remission and recovery management plan should occur at least quarterly
 - » ASAM Criteria recommends no limits on the length of stay
- **Level 1 services and treatment plan assessment and development**
 - » **Level 1.5:** Outpatient therapy
 - » **Level 1.7:** Medically managed outpatient – preliminary treatment plan developed within 24 hours of admission
- **Level 2 services and treatment plan assessment and development**
 - » **Level 2.1:** Intensive outpatient – Treatment plan developed within 7 days of admission
 - » **Level 2.5:** High intensity outpatient – Treatment plan developed within 5 treatment days of admission
 - » **Level 2.7:** Medically managed intensive outpatient – Preliminary treatment plan developed within 24 hours of admission

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- **Level 3 services and treatment plan assessment and development**
 - » **Level 3.1:** Clinically-managed low intensity residential 9-19 hours of clinical services. Initial treatment plan within 72 hours of admission, formal reassessment at least monthly
 - » **Level 3.5:** Clinically managed high-intensity residential treatment plan developed within 72 hours of admission – 20 hours per week, available 7 days a week clinical services
 - » **Level 3.7:** Medically managed residential
 - » **Level 3.7 BIO:** Capacity to provide management of IV medications
 - » **Preliminary treatment plan** developed within 24 hours of admission
- **Level 4 services**
 - » **Medically Managed Inpatient:** Typically delivered in a general hospital, or inpatient specialty addiction treatment program

Dimensional overview

All levels of care support broad access to addiction medicines

- **Dimension 1: Intoxication withdrawal and addiction medicines**
 - » Expanded to include a subdimension that assesses a patient's need for addiction medications
 - » **Subdimensions:**
 - Intoxication and associated risks
 - Withdrawal and associated needs
 - Addiction medication needs
 - » All of the above subdimensions are part of the LOC assessment
- **Dimension 2: Biomedical conditions**
 - » **Subdimensions:**
 - Physical health concerns
 - Pregnancy-related concerns
 - Sleep problems
 - » Subdimensions in bold are the focus of level of care assessment

- **Dimension 3: Psychiatric and cognitive history**
 - » **Subdimensions:**
 - Active psychiatric symptoms
 - Persistent disability
 - Cognitive functioning
 - Trauma-related needs
 - Psychiatric and cognitive history
 - » Subdimensions in bold are the focus of level of care assessment
- **Dimension 4: Substance use-related risks**
 - » **Subdimensions:**
 - Likelihood of engaging in risky substance use
 - Likelihood of engaging in risky SUD-related behaviors
 - » Both subdimensions are part of the LOC assessment
- **Dimension 5: Recovery environment interactions**
 - » **Subdimensions:**
 - Ability to function effectively in current environment
 - Safety in current environment
 - Support in current environment
 - Cultural perceptions of substance use and addiction
 - » Subdimensions in bold are the focus of the LOC assessment
- **Dimension 6: Person-centered considerations**
 - » **Subdimensions:**
 - Barriers to care
 - Patient preferences
 - Need for motivational enhancement
 - » The subdimensions above are used as the final piece of the LOC assessment to determine the LOC the person served is willing and able to engage in.

Updated dimensions in the 4th Edition

Dimension 1: Intoxication withdrawal and addiction medicines
Dimension 2: Biomedical conditions
Dimension 3: Psychiatric and cognitive history
Dimension 4: Substance use-related risks
Dimension 5: Recovery environment interactions
Dimension 6: Person-centered considerations

Measurement based care

“Measurement-based care involves the systemic administration of symptom rating scales and use of the results to drive clinical decision making at the level of the individual patient.”

*-Fortney et al., “A Tipping Point for Measurement-based Care,”
Psychiatric Services*

- **For the person served:**
 - » Engagement
 - » Empowerment
 - » Evidence
- **Applications:**
 - » Assessment
 - » Reassessment/Treatment plan review
 - » Transition
- **Examples:**
 - » CIWA-Ar: Clinical Withdrawal Assessment-Alcohol Revised
 - » COWS: Clinical Opiate Withdrawal Scale
 - » SF-12: Short Form Health Survey
 - » PHQ-9 Personal Health Questionnaire
 - » GAD-7: General Anxiety Disorder
 - » MoCa: Montreal Cognitive Assessment
 - » BAM: Brief Addiction Monitor
 - » SOCRATES: Stages of Change Readiness and Treatment Eagerness Scale



Risk ratings revised

- Integrating risk ratings and the dimensional admission criteria
- Risk ratings include “none” and “any”
- Risk ratings are more of a marker for a dimensional need to a LOC than a severity measure

Admission, continued stay and transition

- Dimensional drivers = problems/priorities that support admission
- A written algorithm for level of care decisions
- The same drivers are the focus of the plan of care
- Continued stay and transition criteria are based on resolution of the dimensional drivers

Specific service characteristics and dimensional considerations specific to:

- » Trauma sensitive practices
- » Cultural humility
- » Social determinants of health

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Additional terminology

- **Cultural humility:** The process of entering a relationship with another person with the intention of honoring their beliefs, customs, and values. It entails an ongoing self-exploration and self-critique combined with a willingness to learn from others. Cultural humility is a component of trauma-sensitive practices.
- **Dimensional drivers:** The dimensional factors that underlie a recommendation for a level of care.
- **High intensity outpatient:** Previously described as partial hospitalization or day treatment.
- **Level of care assessment:** A concise initial assessment to determine which level of care would best serve the patient's needs.
- **Measurement based care (MBC):** The systemic administration of rating scales and use of the results to drive clinical decision making at the level of the individual patient. (Fortney et al.)
- **Patient reported outcome measures (PROMS):** Patient reported data in measurement based care.
- **Person-centered considerations:** Dimension 6 of The ASAM Criteria 4th edition, with subdomains barriers to care, patient preferences, and need for motivational enhancement.
- **Recovery Management Plan, Remission Maintenance Plan, Recovery Management Checkups:** Terminology relevant to Level 1.0 services
- **Recovery support Services (RSS):** The collection of services that provide emotional and practical support for continuing recovery, as well as daily structure and rewarding alternatives to substance use.
- **Recurrence:** A return of substance use disorder symptoms, including substance use after a period of remission from SUD.
- **Social determinants of health (SDOH):** The conditions in the environments where people are born, live, learn work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes.
- **Subdimensions:** A clinical category within each core dimension.
- **Treatment Planning Assessment:** A comprehensive biopsychosocial assessment that includes a full patient history.

Relevant acronyms

- **MBC:** Measurement based care
- **PROMS:** Patient reported outcome measures
- **RSS:** Recovery support services
- **SDOH:** Social determinants of health
- **TIC:** Trauma informed care
- **TRC:** Trauma responsive care
- **TSC:** Trauma specific care
- **TSP:** Trauma sensitive practices

Additional considerations

- The terms **should**, **should consider** and **may** are used to reflect the strength of the recommendations in the 4th edition
- Guidance on the role of recovery residences in the continuum of care

Note: Information provided in this webinar aligns with public information provided by ASAM at newasamcriteria.org. Provision of this information by The Change Companies and Train for Change does not constitute endorsement of this webinar by ASAM.