

**UNDERSTANDING
THE BASIC CONCEPT
AND
THEORY OF ASAM**

1

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■ Sponsored by:

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Substance Abuse Services Division

Southern Coast ATTC

2

Module 1

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

3

WHAT IS ASAM?

**THE AMERICAN SOCIETY OF
ADDICTION MEDICINE**

**A PROFESSIONAL ORGANIZATION
MADE UP OF PHYSICIANS WHO
SPECIALIZE IN THE TREATMENT OF
ADDICTION**

4

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 SPECIALITY

5

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

FIRST PUBLICATION 1991, SECOND PUBLICATION 1996,
REVISED EDITION 2001

6

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

7

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

8

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

9

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 PERFECT THEIR ASSESSMENT SKILLS, BROADEN THEIR KNOWLEDGE BASE REGARDING PLACEMENT CRITERIA AND TREATMENT MODALITIES

10

**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

11

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

12

**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

13

Handout 1

**American Society of Addiction
Medicine**

**Patient Placement Criteria – 2R
Assessment Dimensions**

14

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**

15

DIMENSION 1:
ACUTE INTOXICATION AND/OR WITHDRAWAL
(DSM –IV-TR AXIS 1)

- **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**

16

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)

17

Handout 2

ASAM PPC-2R Treatment Levels for Detox

18

DIMENSION 2:
BIOMEDICAL CONDITIONS AND COMPLICATIONS
(DSM-IV-TR AXIS III)

**SOME CONSIDERATIONS FOR TREATMENT
PLACEMENT:**

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

19

DIMENSION 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**

20

DIMENSION 4:
READINESS TO CHANGE
Prochaska and DiClemente

- **PRE-CONTEMPLATION** * *
- **CONTEMPLATION**
- **PREPARATION**
- **ACTION**
- **MAINTAINANCE**
- **RELAPSE**

21

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
CHANGE**

22

STAGES OF CHANGE CONT.

Prochaska and DiClemente

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**

23

STAGES OF CHANGE CONT.

Prochaska and DiClemente

PREPARATION --

**THE PERSON HAS DECIDED TO
MAKE A CHANGE AND IS
BEGINNING TO EXPLORE WAYS TO
IMPLEMENT THE CHANGE**

24

STAGES OF CHANGE CONT.

Prochaska and DiClemente

ACTION --

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

25

STAGES OF CHANGE CONT.

Prochaska and DiClemente

MAINTENANCE --

**THE PERSON IS REGULARLY
ENGAGED IN NEW BEHAVIORS, AND
IS ACTIVELY PRACTICING THEM**

26

STAGES OF CHANGE CONT.

Prochaska and DiClemente

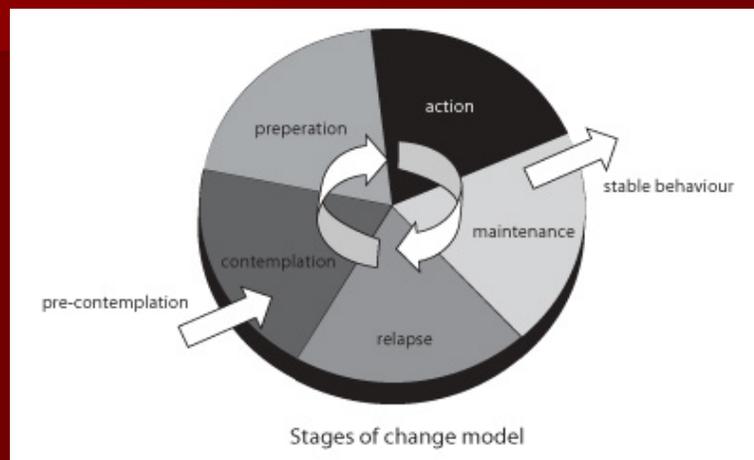
RELAPSE/RECYCLE --

**THE PERSON STOPS PRACTICING
THE NEW BEHAVIORS AND RETURNS
TO THE OLD BEHAVIORS**

27

STAGES OF CHANGE CONT.

Prochaska and DiClemente



28

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

29

Handout 3

Motivational Interviewing Vignettes

30

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

31

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

32

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

33

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

34

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

35

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

36

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

37

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

38

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?

39

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
- TRANSPORTATIONS ISSUES
- CHILDCARE ISSUES

40

REFERENCES

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ADDICTION TREATMENT MATCHING:

Research Foundations of the American Society of Addiction
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David R. Gastfriend, MD, Editor