

**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

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# Module 3

- ASAM PPC -2R Adolescent Criteria

  - Level 0.5 - Early Intervention

  - Level I – Outpatient Treatment

  - Level II – Intensive Outpatient/Partial Hospitalization

  - Level III – Residential/Inpatient Treatment

  - Level IV – Medically Managed Intensive Inpatient Treatment

- Co-Occurring Disorders

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## *ASAM PPC-2R* *ADOLESCENT CRITERIA*

LEVEL 0.5 EARLY INTERVENTION

LEVEL I OUTPATIENT TREATMENT

LEVEL II INTENSIVE OUTPATIENT/PARTIAL HOSPITALIZATION LEVELS:

II.1 INTENSIVE OUTPATIENT TREATMENT

II.5 PARTIAL HOSPITALIZATION

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## **ADOLESCENT CRITERIA CONT.**

- LEVEL III** RESIDENTIAL/INTENSIVE INPATIENT  
TREATMENT LEVELS:
- III.1** CLINICALLY MANAGED LOW INTENSITY  
RESIDENTIAL
  - III.5** CLINICALLY MANAGED MEDIUM INTENSITY  
RESIDENTIAL/INPATIENT
  - III.7** MEDICALLY MONITORED HIGH INTENSITY  
RESIDENTIAL/INPATIENT
- LEVEL IV** MEDICALLY MANAGED INTENSIVE INPATIENT

\*\*\* (THERE IS NO LEVEL III.3)

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## **LEVEL 0.5** **ADOLESCENT EARLY INTERVENTION**

### **PURPOSE:**

**TO EXPLORE AND ADDRESS PROBLEMS AND/OR  
RISK FACTORS RELATING TO SUBSTANCE USE  
AND TO ASSIST THE ADOLESCENT IN  
RECOGNIZING THE HARMFUL CONSEQUENCES OF  
CONTINUED USE**

**LEVEL 0.5 IS INTENDED TO BE A COMBINATION  
OF PREVENTION AND TREATMENT FOR AT-RISK  
YOUTH (CHILDREN OF SUBSTANCE ABUSING  
PARENTS)**

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**LEVEL 0.5**  
**ADOLESCENT EARLY INTERVENTION**

LENGTH OF SERVICE VARIES ACCORDING TO THE ADOLESCENT'S ABILITY TO COMPREHEND THE INFORMATION, AND TO USE THE INFORMATION TO MAKE BEHAVIOR CHANGES THAT WILL AVOID FUTURE PROBLEMS RELATED TO SUBSTANCE USE

IF THE NEW PROBLEMS DEVELOP AT THIS LEVEL OF CARE, TREATMENT AT A HIGHER LEVEL OF CARE MAY BE RECOMMENDED

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**LEVEL I**  
**ADOLESCENT OUTPATIENT**  
**TREATMENT CHARACTERISTICS**

**LEVEL I:**

- IS DELIVERED IN A WIDE VARIETY OF SETTINGS
- IS 6 HOURS A WEEK OR LESS
- REQUIRES ADOLESCENT'S HAVE A DSM DIAGNOSIS
- CAN BE THE INITIAL PHASE OF TREATMENT OR A STEP DOWN PHASE
- CAN BE THE ENGAGEMENT PHASE IF THE ADOLESCENT IS IN THE EARLY STAGES OF READINESS TO CHANGE
- CAN SERVE AS AN INTRODUCTION TO A HIGHER LEVEL OF CARE

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**LEVEL I**  
**ADOLESCENT OUTPATIENT**  
**TREATMENT CHARACTERISTICS**

**LENGTH OF SERVICE**

IN THIS LEVEL OF CARE THE SEVERITY OF THE ADOLSCENT'S ILLNESS AND THEIR RESPONSE TO TREATMENT DETERMINE'S THE LENGTH OF STAY

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**LEVEL II.1**  
**ADOLESCENT INTENSIVE OUTPATIENT**

- A **MINIMUM** OF **6** HOURS OF TREATMENT PER WEEK
- THE TREATMENT PROVIDER HAS THE ABILITY TO PROVIDE LINKAGES TO OTHER PROVIDERS AS WARRANTED
- PROGRAM'S HAVE THE CAPACITY TO MEET BEFORE, DURING OR AFTER SCHOOL, AND/OR ON WEEKENDS

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## **LEVEL II.1**

### **ADOLESCENT INTENSIVE OUTPATIENT**

#### **LENGTH OF SERVICE**

IN THIS LEVEL OF CARE THE SEVERITY OF THE ADOLSCENT'S ILLNESS AND THEIR RESPONSE TO TREATMENT DETERMINE'S THE LENGTH OF STAY

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## **LEVEL II.5**

### **ADOLESCENT PARTIAL HOSPITALIZATION PROGRAMS**

- **LEVEL II.5 MEETS 20 OR MORE HOURS PER WEEK AND INCLUDES:**
- **DAILY OR NEAR DAILY CONTACT**
- **DIRECT ACCESS TO REFERRAL SOURCES**
- **ACCESS TO EDUCATIONAL SERVICES**
- **PROVIDING TREATMENT DURING SCHOOL**

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**LEVEL II.5**  
**ADOLESCENT PARTIAL HOSPITALIZATION**  
**PROGRAMS**

**LENGTH OF SERVICE**

IN THIS LEVEL OF CARE THE SEVERITY OF THE ADOLSCENT'S ILLNESS AND THEIR RESPONSE TO TREATMENT DETERMINE'S THE LENGTH OF STAY

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**LEVEL III**  
**ADOLESCENT RESIDENTIAL/INPATIENT TREATMENT**

**LEVEL III.1** – CLINICALLY MANAGED LOW-INTENSITY

**LEVEL III.5** – CLINICALLY MANAGED MEDIUM-INTENSITY  
\*THE ABOVE PROGRAMS ARE STAFFED BY NON-PHYSICIAN ADDICTION SPECIALITS RATHER THAN MEDICAL OR PSYCHIATRIC PERSONNEL

**LEVEL III.7** – MEDICALLY MONITORED HIGH-INTENSITY  
\*THESE PROGRAMS ARE MONITORED UNDER THE DIRECTION OF A PHYSICIANS WHO IS AN ADDICTION MEDICINE SPECIALIST

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**LEVEL III**  
**ADOLESCENT RESIDENTIAL/INPATIENT TREATMENT**

ALL **LEVEL III** PROGRAMS SERVE ADOLESCENTS WITH **FUNCTIONAL DEFICITS**

THESE PROGRAMS PROVIDE SAFE STABLE LIVING ENVIRONMENTS, AND HAVE TREATMENT SERVICES ON SITE OR ARE ASSOCIATED WITH AN OFF SITE TREATMENT PROVIDER WHO WORKS CLOSELY WITH THE **LEVEL III** STAFF

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**LEVEL III**  
**ADOLESCENT RESIDENTIAL/INPATIENT TREATMENT**

**LENGTH OF SERVICE**

THE DURATION OF TREATMENT SHOULD ALWAYS BE DETERMINED BY THE PROGRESS OF EACH ADOLESCENT

**\*\*\* JUST AS TREATMENT PLANS SHOULD BE INDIVIDUALIZED SO SHOULD LENGTHS OF STAY BE FLEXIBLE**

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**LEVEL IV**  
**ADOLESCENT MEDICALLY MANAGED INTENSIVE**  
**INPATIENT TREATMENT**

ADOLESCENT **LEVEL IV** TREATMENT IS AN ORGANIZED SERVICE DELIVERED IN AN ACUTE CARE INPATIENT SETTING. IT IS APPROPRIATE FOR ADOLESCENTS WHOSE ACUTE BIOMEDICAL, EMOTIONAL, BEHAVIORAL AND COGNITIVE PROBLEMS ARE SO SEVERE THAT THEY REQUIRE PRIMARY MEDICAL AND NURSING CARE

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**LEVEL IV**  
**ADOLESCENT MEDICALLY MANAGED INTENSIVE**  
**INPATIENT TREATMENT**

**LEVEL IV ADOLESCENT TREATMENT SETTINGS:**

- 1. ACUTE CARE GENERAL HOSPITAL**
- 2. ACUTE PSYCHIATRIC HOSPITAL OR PSYCHIATRIC UNIT WITHIN AN ACUTE CARE GENERAL HOSPITAL**
- 3. APPROPRIATELY LICENSED SUBSTANCE ABUSE SPECIALITY HOSPITALS WITH ACUTE CARE MEDICAL AND NURSING STAFF**

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**LEVEL IV**  
**ADOLESCENT MEDICALLY MANAGED INTENSIVE**  
**INPATIENT TREATMENT**

**LENGTH OF SERVICE**

IN THIS LEVEL OF CARE THE SEVERITY OF THE ADOLESCENT'S ILLNESS AND THEIR RESPONSE TO TREATMENT DETERMINE'S THE LENGTH OF STAY

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## **Handout 6**

**Adolescent ASAM Criteria 2001 Cliff  
Notes**

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**ASAM PPC 2R AND  
CO-OCCURRING DISORDERS**

**CO-OCCURRING DISORDERS –  
MENTAL HEALTH AND SUBSTANCE-RELATED  
DISORDERS**

**OLD TERMINOLOGY**

**MICA; CAMI; MISA; SAMI; MICD; ICOPSS; DUAL  
DISORDERS; DUAL DIAGNOSIS; COEXISTING; CO-  
MORBID; MULTIPLE VULERNABILITIES**

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**ASAM PPC 2R AND  
CO-OCCURRING DISORDERS**

**DUAL (CO-OCCURRING) DIAGNOSIS CAPABLE (DDC)**

**THE PRIMARY FOCUS OF TREATMENT IS  
SUBSTANCE RELATED DISORDERS, BUT THE  
PROGRAM IS CAPABLE OF TREATING  
INDIVIDUAL'S WHO HAVE A RELATIVELY STABLE  
DIAGNOSTIC CO-OCCURRING MENTAL HEALTH  
PROBLEM RELATED TO AN EMOTIONAL,  
BEHAVIORAL OR COGNITIVE DISORDER**

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**ASAM PPC 2R AND  
CO-OCCURRING DISORDERS**

**DUAL (CO-OCCURRING) DIAGNOSIS ENHANCED (DDE)**

THESE PROGRAMS HAVE A PRIMARY FOCUS OF TREATING INDIVIDUAL'S WHO HAVE A MORE UNSTABLE OR DISABLING CO-OCCURRING MENTAL HEALTH DISORDER IN ADDITION TO THEIR SUBSTANCE-RELATED DISORDER

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**ASAM PPC 2R AND  
CO-OCCURRING DISORDERS**

**ADDICTION-ONLY SERVICES (AOS)**

THESE PROGRAMS, EITHER BY CHOICE OR FOR LACK OF RESOURCES, CANNOT ACCOMMODATE INDIVIDUAL'S WHO HAVE PSYCHIATRIC ILLNESS REQUIRING ONGOING TREATMENT, REGARDLESS OF THE STABILITY OF THE INDIVIDUAL

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# **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

## **ADDICTION TREATMENT MATCHING:**

Research Foundations of the American Society of Addiction  
Medicine (ASAM) Criteria  
David R. Gastfriend, MD, Editor