

ASAM Technical Assistance Series

Guiding Principles of The ASAM Criteria

Reminders

- Questions should be submitted 7 days in advance of the call to RA-DAASAM@pa.gov. Please feel free to submit questions in the chat.
- This call is being recorded. Please exit now if you do not want to be recorded. You will be able to review the video in its entirety on the DDAP webpage following this event.
- Suggestions for future call topics should be submitted to RA-DAASAM@pa.gov.

Disclaimers

Alignment with The ASAM Criteria is required of drug and alcohol treatment providers that receive funding for providing treatment services under agreements with Single County Authorities and/or Managed Care Organizations.

DDAP stresses the importance of reviewing the ASAM Criteria text in its entirety, attending the ASAM two-day training, and reviewing the resources available through DDAP including trainings and documents.

Today's Presenters

Brandi Simone, D&A Program Representative at DDAP

Amanda Madison, D&A Program Representative at DDAP

Gloria Gallagher, D&A Program Representative at DDAP

Learning Objectives

- Identify and examine the Guiding Principles of the ASAM Criteria
- Consider how to implement the Guiding Principles into practice
- Identify the paradigmatic shifts in SUD treatment
- Improve the treatment approach to individuals served

The Guiding Principles of the ASAM Criteria

- Foundation of the ASAM Criteria
- Used to Implement and Apply services
- Promote good stewardship of resources
- Increase access to care
- Successful recovery

Moving from One-dimensional to Multidimensional Assessment

- Holistic
- Six Dimensions - Biopsychosocial
- Used for All Service Planning
- Recovery-oriented

Moving from One-dimensional to Multidimensional Assessment

Six Dimensions of Multidimensional Assessment

- 1. Acute Intoxication and/or Withdrawal Potential
- 2. Biomedical Conditions and Complications
- 3. Emotional, Behavioral, or Cognitive Conditions and Complications
- 4. Readiness to Change
- 5. Relapse, Continued Use, or Continued Problems Potential
- 6. Recovery and Living Environment

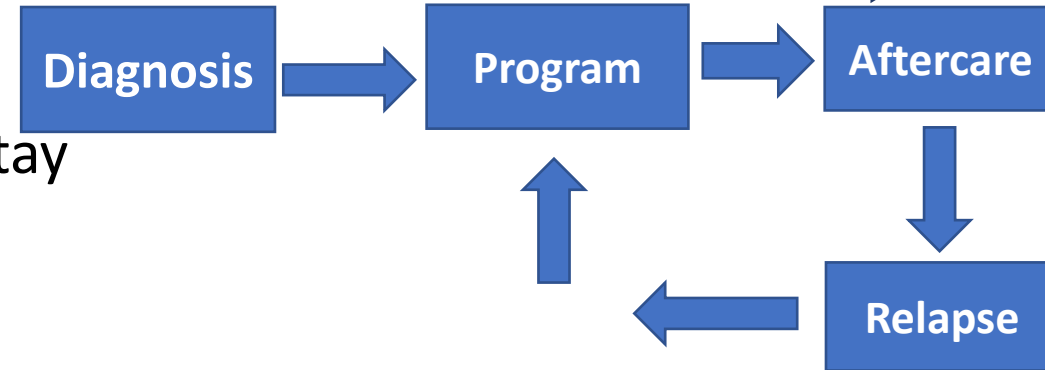
ASAM (2013), starting
on page 43




Moving from program-driven to clinically driven and outcomes-driven treatment

Program-driven:

- Diagnosis alone drives:
Treatment plan, level of care, and length of stay



Individualized, assessment-driven treatment:

- Priorities  patient's severity of illness and level of function
- Match treatment services to the needs over a continuum of care

Outcomes-driven treatment:

- Focus on “during treatment” feedback on outcomes, patient engagement, and therapeutic alliance

Moving from fixed length of stay to variable length of service

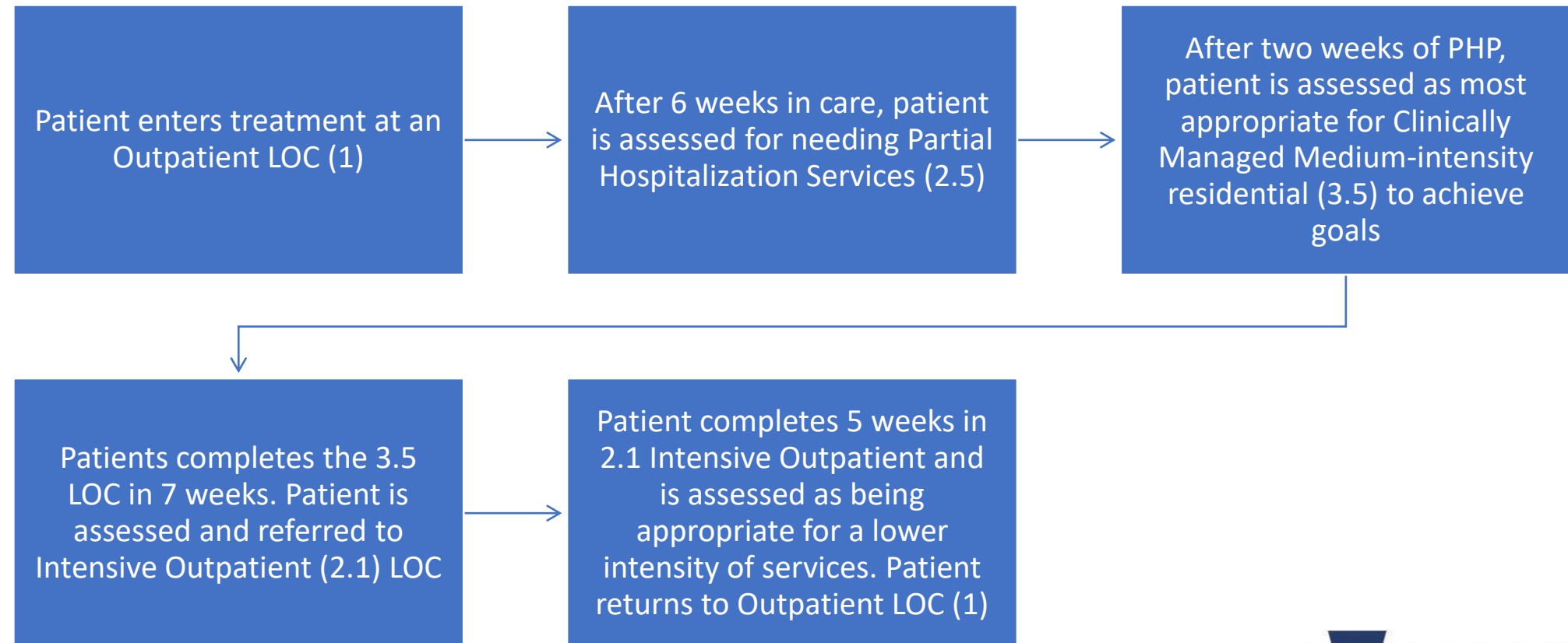
- Length of service **MUST** be **INDIVIDUALIZED**
- Patient's progress in all six dimensions should be **continually** assessed

**** Matrix for Matching Severity and Level of Function with Type and Intensity of Services**
(p.69 3rd edition)

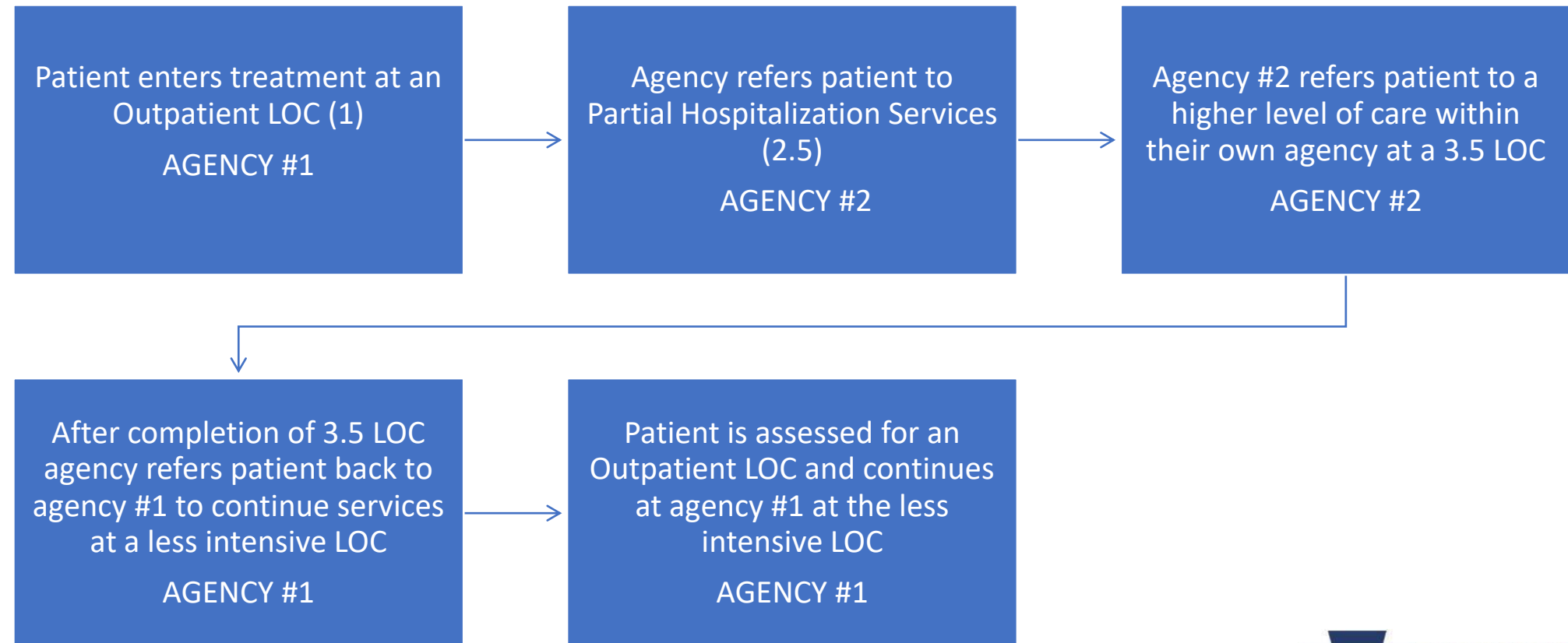
Moving from a limited number of discrete levels of care to a broad and flexible continuum of care

- The level of care provided should be the *least intensive* that can still meet *all treatment objectives*
- Each level of care represent *points* along a *continuum* of treatment services
- Moving towards access to all levels of care for the population

Moving from a limited number of discrete levels of care to a broad and flexible continuum of care



Moving from a limited number of discrete levels of care to a broad and flexible continuum of care



Identifying Adolescent-Specific Needs

- The expression and treatment of adolescents *vary significantly* from adults when treating substance use disorder
- Engaging with adolescents requires awareness into the specific needs of the population and how to focus treatment on those needs to promote long term abstinence
- Modifications in treatment as needed

Identifying Adolescent-Specific Needs

→ Stages of Development

→ Risk Factors

→ Considerations

Identifying Adolescent-Specific Needs

- Considerations with adolescent patients should include:
- Impact on self-identity
- Not responsive to long term consequences
- Require more external assistance

Clarifying the Goals of Treatment

- *Tailored* to the needs of the individual
- *Guided* by the individual treatment plan
- *Developed* in consultation with the patient
- *Helpful* in establishing a therapeutic alliance and therefore contributing significantly to treatment outcomes

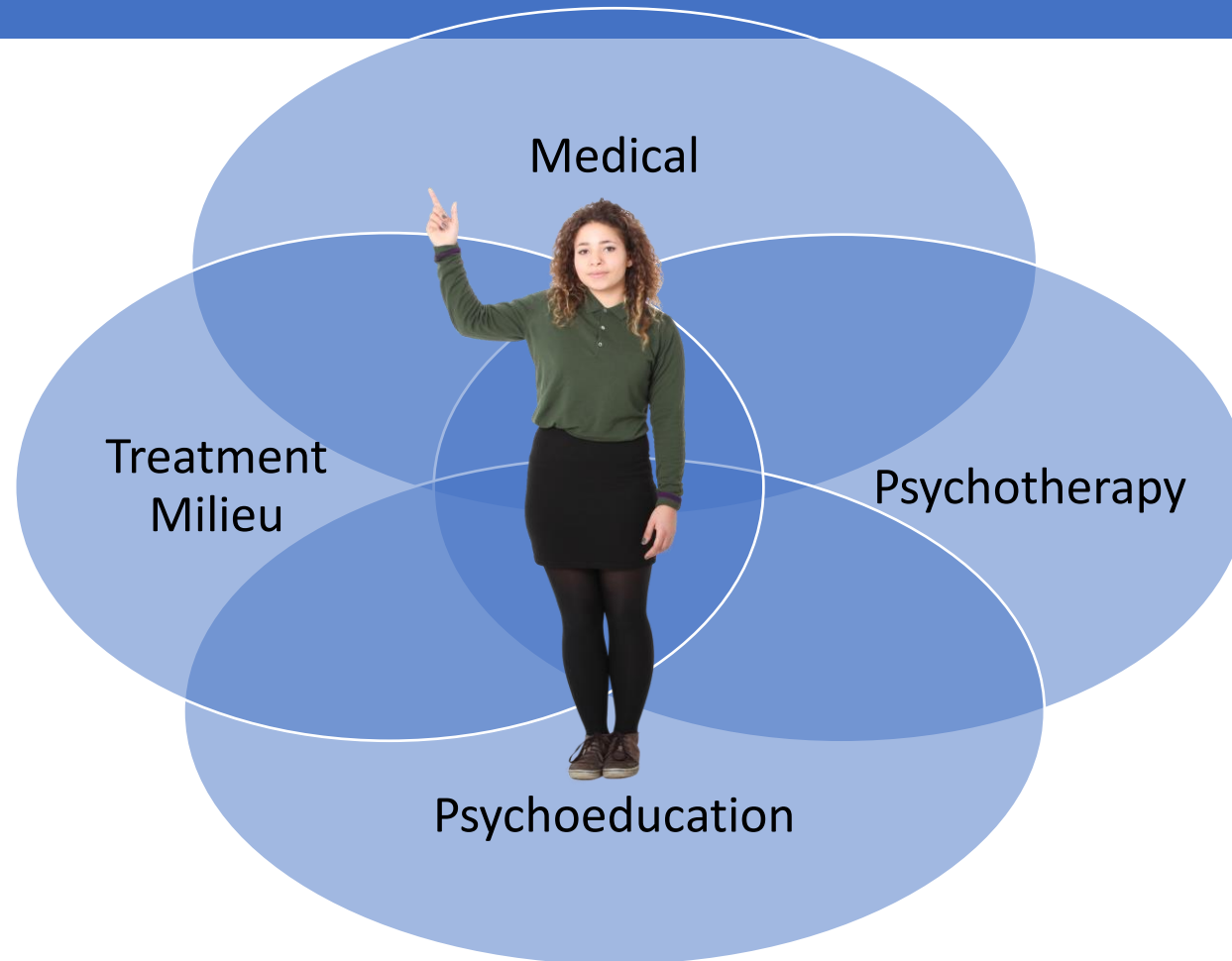
Moving away from using previous “treatment failure” as an admission prerequisite

- Moving away from “Treatment failure”
- Having to “fail first” puts the patient at risk
- When the addictive disorder PROGRESSES → DEATH
- Two assumptions being made when using “treatment failure”
 - 1) The disorder is acute rather than chronic
 - 2) “The patient was not ready”

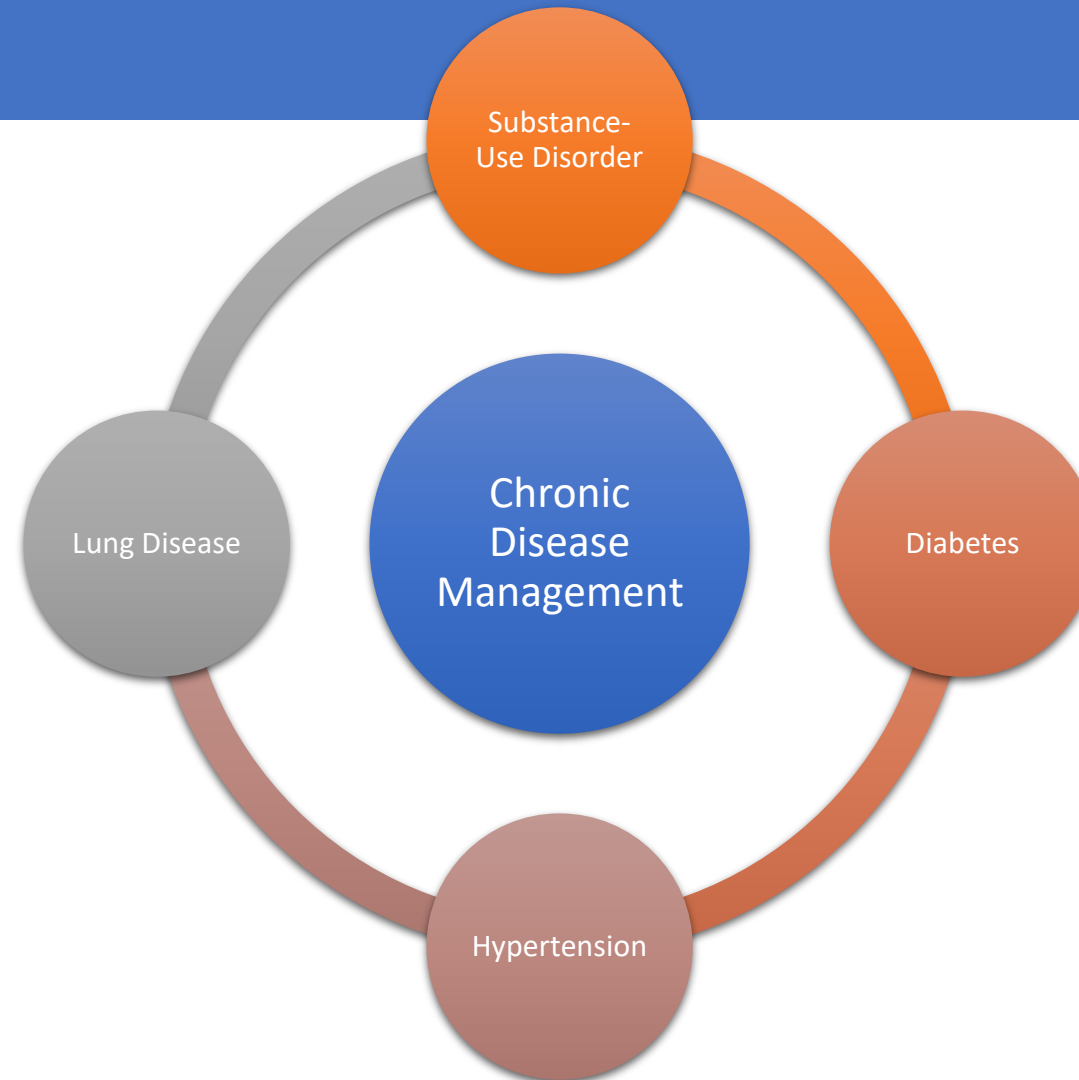
Moving Toward an Interdisciplinary, Team Approach to Care

- Healthcare Reform
- Patient-centered Healthcare
- Includes General Medical Care Professionals
- Co-occurring
- Inclusion of Peers and Peer Supports

Moving Toward an Interdisciplinary, Team Approach to Care



Clarifying the Role of the Physician



Clarifying the Role of the Physician

- Role at All Levels of Care
- General Medical and Psychiatric Triage
- Psychiatrists and Addiction Psychiatrists
- Team Approach is Necessary

Focusing on Treatment Outcomes

Considerations for increased focus on OUTCOMES

- Reimbursements
- Continued stay reviews/funding approach
- Patient engagement, outcome driven services
- The GOLDEN THREAD
- Moving towards *trends in disease and illness management*

Engaging with "Informed Consent"

- Patient Collaboration
- Shared decision making
- Clear information to patients
- Provides awareness

Clarifying “Medical Necessity”

- Biopsychosocial to determine Severity
- Encompasses all Six Dimensions
- Third-party payors and Managed Care Organizations
- Necessity of Care, Clinical Necessity, or Clinical Appropriateness

Incorporating ASAM's definition of addiction

- History- Evolution of the Definition
- Short Version (3rd Edition ASAM Text)
 - Addiction is characterized by :
 - a. Inability to consistently **A**bstain;
 - b. Impairment in **B**ehavioral control;
 - c. **C**raving; or increased “hunger” for drugs or rewarding experiences;
 - d. **D**iminished recognition of significant problems with one’s behaviors and interpersonal relationships; and
 - e. A dysfunctional **E**motional response

In Closing

- Moving from one-dimensional to **multidimensional assessment**
- Moving from program-driven to **clinically driven and outcomes-driven treatment**
- Moving from fixed length of stay to **variable length of service**
- Moving from a limited number of discrete levels of care to a **broad and flexible continuum of care**
- Identifying **adolescent-specific needs**
- Clarifying the goals of treatment**
- Moving away from using previous “treatment failure”** as an admission prerequisite
- Moving toward an **interdisciplinary, team approach to care**
- Clarifying the role of the physician**
- Focusing on treatment outcomes**
- Engaging with **“Informed Consent”**
- Clarifying **“Medical Necessity”**
- Incorporating ASAM’s definition of addiction**

Reminder

Next TA Call = March 6, 2023

Topic = TBA

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