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 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

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
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)

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)
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.

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
LEVEL I
ADOLESCENT OUTPATIENT
TREATMENT CHARACTERISTICS

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

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
- PROGRAMS HAVE THE CAPACITY TO MEET BEFORE, DURING OR AFTER SCHOOL, AND/ OR ON WEEKENDS
LEVEL II.1
ADOLESCENT INTENSIVE OUTPATIENT

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

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 REFERAL SOURCES
  - ACCESS TO EDUCATIONAL SERVICES
  - PROVIDING TREATMENT DURING SCHOOL
LEVEL II.5
ADOLESCENT PARTIAL HOSPITALIZATION
PROGRAMS

LENGTH OF SERVICE

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

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-MEDICAL ADDICTION SPECIALISTS RATHER THAN MEDICAL OR PSYCHIATRIC PERSONNEL

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

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***
**LEVEL IV**

**ADOLESCENT MEDI CALLY 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.

**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 SPECIALTY HOSPITALS WITH ACUTE CARE MEDICAL AND NURSING STAFF
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

Handout 6

Adolescent ASAM Criteria 2001 Cliff Notes
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

DUAL (CO-OCCURRING) DIAGNOSIS CAPABLE (DDC)

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