

The ASAM Criteria®

Treatment Criteria for Addictive,
Substance-related and
Co-occurring Conditions

David Mee-Lee, MD

Chief Editor of *The ASAM Criteria*

Board-certified psychiatrist

ABAM certified

The Six Dimensions of Multidimensional Assessment

The ASAM Criteria structures multidimensional assessment around these six dimensions to provide a common language of holistic, biopsychosocial assessment and treatment across addiction treatment, physical health and mental health services, as well as the spiritual issues relevant in recovery.

Implementing *The ASAM Criteria* can help you assist patients from assessment through placement and recovery, treat them confidently using expert content supported by feedback from the field and streamline care with the newest addiction science, compatible with *DSM-5*.

AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

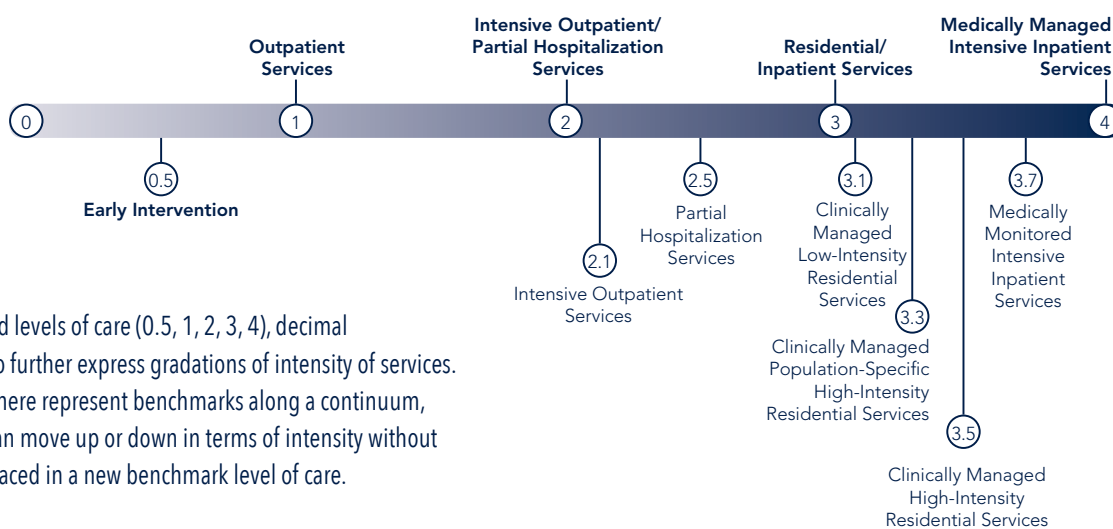
1	DIMENSION 1	Acute Intoxication and/or Withdrawal Potential Exploring an individual's past and current experiences of substance use and withdrawal
2	DIMENSION 2	Biomedical Conditions and Complications Exploring an individual's health history and current physical condition
3	DIMENSION 3	Emotional, Behavioral or Cognitive Conditions and Complications Exploring an individual's thoughts, emotions and mental health issues
4	DIMENSION 4	Readiness to Change Exploring an individual's readiness and interest in changing
5	DIMENSION 5	Relapse, Continued Use or Continued Problem Potential Exploring an individual's unique relationship with relapse or continued use or problems
6	DIMENSION 6	Recovery/Living Environment Exploring an individual's recovery or living situation and the surrounding people, places, and things

Beginning with the first edition of the American Society of Addiction Medicine's (ASAM's) Criteria, certain foundational concepts serve as the basis for all content within *The ASAM Criteria*:

- Upholding the importance of multidimensional assessments
- Recognizing the need for clinically driven and outcome-driven treatment
- Encouraging variable length of service and a broad and flexible continuum of care
- Identifying adolescent-specific needs, *The ASAM Criteria* further clarifies the goals of treatment and does not use previous "treatment failure" as an admission prerequisite
- Striving for an interdisciplinary, team approach to care
- Focusing on treatment outcomes
- Engaging with "Informed Consent"
- Clarifying the role of the physician and the term "Medical Necessity"
- Incorporating ASAM's definition of addiction

Through a strength-based multidimensional assessment, the ASAM Criteria addresses the patient's needs, obstacles and liabilities, as well as the patient's strengths, assets, resources and support structure to determine the appropriate level of treatment along the continuum of care.

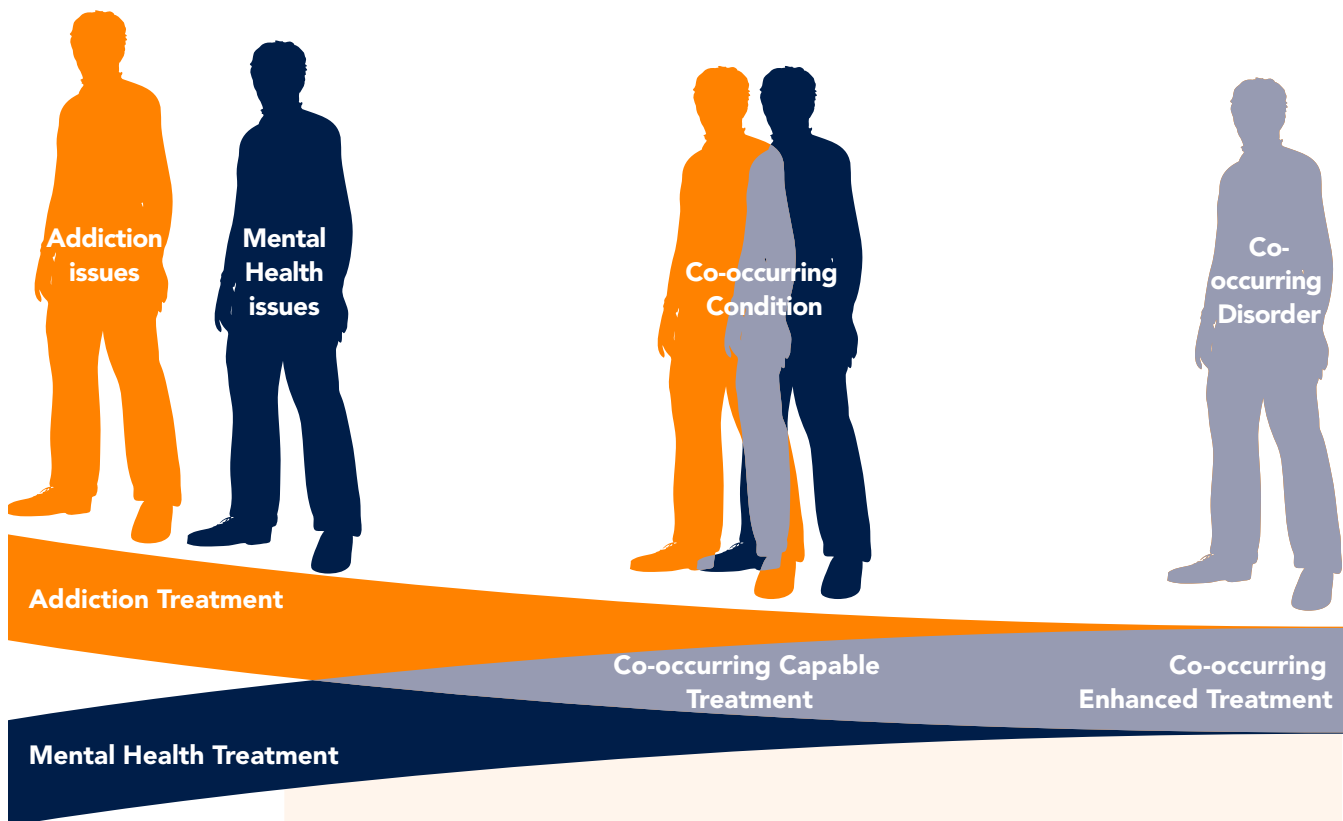
REFLECTING A CONTINUUM OF CARE



Note:

Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.

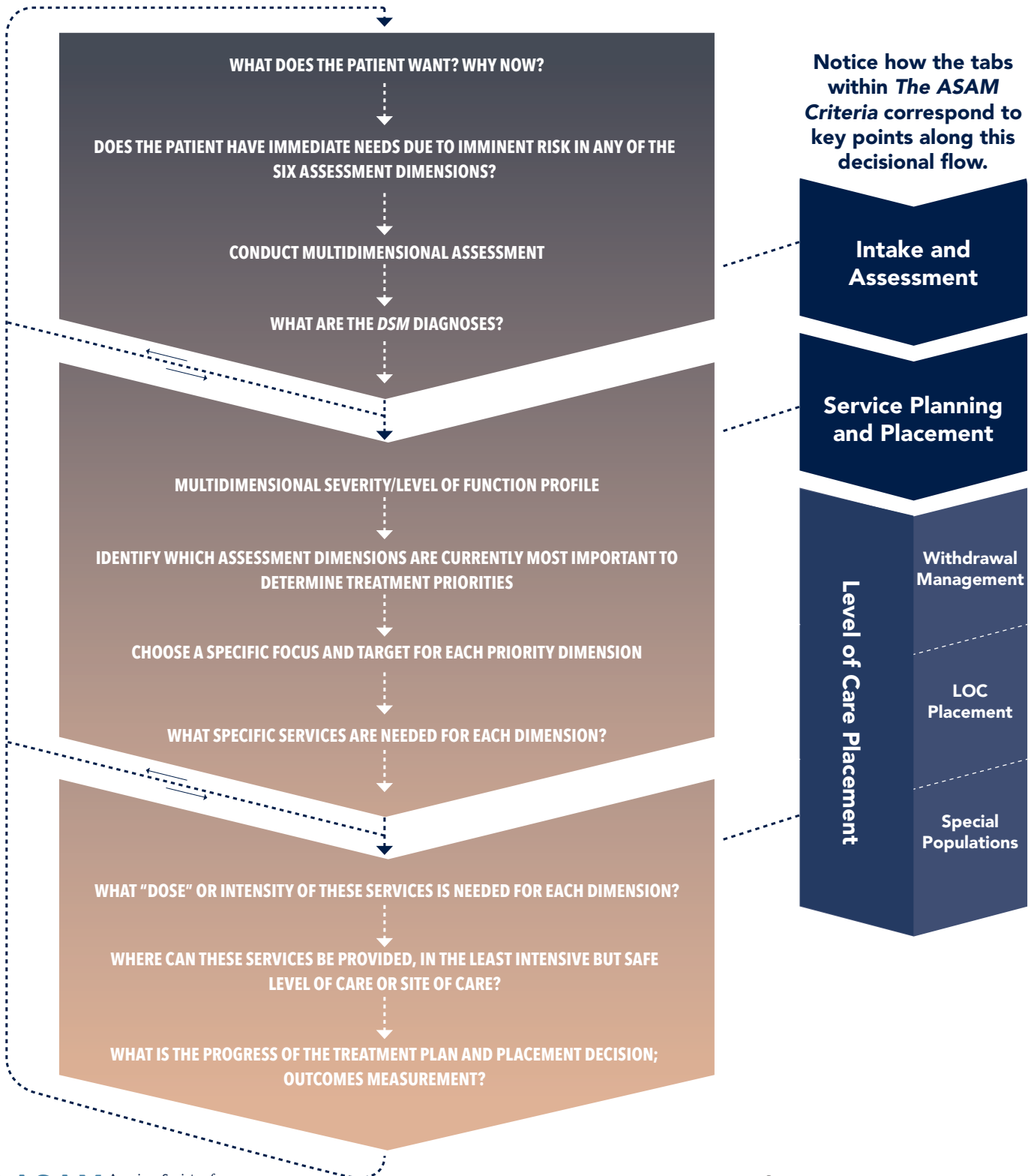
Co-occurring mental health conditions and substance use disorders are the rule and not the exception. In both adolescents and adults, the line between addiction treatment and mental health treatment is often blurry, and the need for co-occurring enhanced or combined behavioral health programming is great. The ASAM Criteria define the service characteristics needed for co-occurring capable and co-occurring enhanced programs to meet the needs of individuals who present for treatment with co-occurring conditions. The evidence base for co-occurring treatment is more limited for adolescents compared to that for adults, but it is growing. For example, there is mounting evidence that identifying and treating depression in substance-involved youth improves substance use outcomes and vice versa.



"Co-occurring Conditions" and "Co-occurring Disorders" refer to individuals.
"Co-occurring Capable" and "Co-occurring Enhanced" refer to types of programs.

Decisional Flow to Match Assessment and Treatment/Placement Assignment

To guide clinical evaluation and discussion, sequentially move through the following decisional flow to match assessment and treatment/placement assignment. If disagreement occurs with another member of the treatment team, a care manager or a utilization reviewer, work through this flow to identify which steps there is clinical agreement on and which steps are in question.



Similar to earlier editions, *The ASAM Criteria* describes treatment as a continuum marked by four broad levels of service and an early intervention level. These levels of care provide the field with a nomenclature for describing the continuum of recovery-oriented addiction services.



LEVEL OF WITHDRAWAL MANAGEMENT FOR ADULTS	LEVEL	DESCRIPTION
Ambulatory Withdrawal Management without Extended On-site Monitoring	1-WM	Mild withdrawal with daily or less-than-daily outpatient supervision; likely to complete withdrawal management and continue treatment or recovery
Ambulatory Withdrawal Management with Extended On-site Monitoring	2-WM	Moderate withdrawal with all-day withdrawal management support and supervision; at night, has supportive family or living situation; likely to complete withdrawal management
Clinically Managed Residential Withdrawal Management	3.2-WM	Moderate withdrawal, but needs 24-hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery
Medically Monitored Inpatient Withdrawal Management	3.7-WM	Severe withdrawal and needs 24-hour nursing care and physician visits as necessary; unlikely to complete withdrawal management without medical, nursing monitoring
Medically Managed Intensive Inpatient Withdrawal Management	4-WM	Severe, unstable withdrawal and needs 24-hour nursing care and daily physician visits to modify withdrawal management regimen and manage medical instability

NOTE: There are no unbundled withdrawal management services for adolescents.

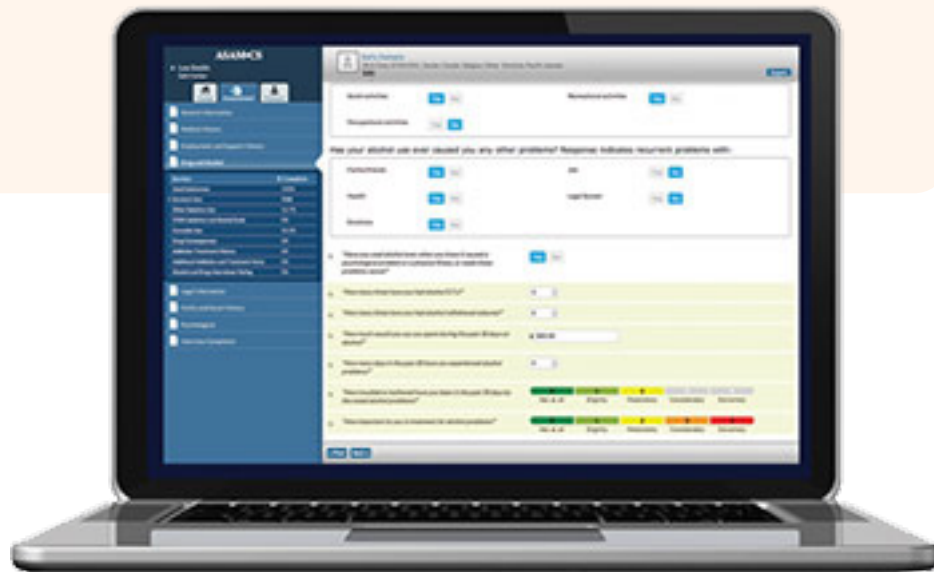
LEVEL OF CARE	ADOLESCENT TITLE	ADULT TITLE	DESCRIPTION
0.5	Early Intervention	Early Intervention	Assessment and education for at-risk individuals who do not meet diagnostic criteria for substance use disorder
1	Outpatient Services	Outpatient Services	Less than 9 hours of service/week (adults); less than 6 hours/week (adolescents) for recovery or motivational enhancement therapies/strategies
2.1	Intensive Outpatient	Intensive Outpatient	9 or more hours of service/week (adults); 6 or more hours/week (adolescents) to treat multidimensional instability
2.5	Partial Hospitalization	Partial Hospitalization	20 or more hours of service/week for multidimensional instability not requiring 24-hour care
3.1	Clinically Managed Low-intensity Residential	Clinically Managed Low-intensity Residential	24-hour structure with available trained personnel; at least 5 hours of clinical service/week
3.3	<i>*This Level of Care not designated for adolescent populations</i>	Clinically Managed Population-specific High-intensity Residential	24-hour care with trained counselors to stabilize multidimensional imminent danger; less intense milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community
3.5	Clinically Managed Medium-intensity Residential	Clinically Managed High-intensity Residential	24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment; able to tolerate and use full active milieu or therapeutic community
3.7	Medically Monitored High-intensity Inpatient	Medically Monitored Intensive Inpatient	24-hour nursing care with physician availability for significant problems in Dimensions 1, 2 or 3; sixteen hour/day counselor ability
4	Medically Managed Intensive Inpatient	Medically Managed Intensive Inpatient	24-hour nursing care and daily physician care for severe, unstable problems in Dimensions 1, 2 or 3; counseling available to engage patient in treatment
OTP (LEVEL 1)	<i>*OTPs not specified here for adolescent populations, though information may be found in discussion of adult services</i>	Opioid Treatment Program (Level 1)	Daily or several times weekly opioid agonist medication and counseling available to maintain multidimensional stability for those with severe opioid use disorder

ASAM CONTINUUM™: The ASAM Criteria Decision Engine

ASAM CONTINUUM™ provides a computer guided, structured interview for assessing patients with addictive, substance-related and co-occurring conditions, based on *The ASAM Criteria*. ASAM CONTINUUM™ and *The ASAM Criteria* should be used in tandem—the text provides background and guidance for proper use of the software, and the software enables comprehensive, standardized evaluation.

With ASAM CONTINUUM™, clinicians can easily conduct a comprehensive biopsychosocial patient risk and needs assessment along all six ASAM Criteria Dimensions while determining the ASAM Criteria Level of Care recommendation.

ASAM CONTINUUM™ is part of a family of assessment products.



For more information, please visit
www.ASAMcontinuum.org.

ASAM Level of Care Certification Coming Summer 2019

ASAM has partnered with CARF International (CARF) to launch a national certification program for addiction treatment programs that demonstrate the ability to deliver services consistent with *The ASAM Criteria* levels of care.

The ASAM level of care certification will initially offer certification standards based on Level 3 of *The ASAM Criteria*, specifically levels 3.1, 3.5 and 3.7, covering residential treatment programs. Certifications for other levels of care may be developed at a later date.

ASAM and CARF collaborated on the development of proprietary ratable certification elements and scoring methodology, which include certain pass/fail elements that ASAM has determined are essential to an applicant's certification.

CARF will evaluate programs for certification. To obtain certification, programs will need to demonstrate that they have the capacity to deliver services at the level of care defined by *The ASAM Criteria*, as represented by satisfaction of the applicable ratable elements in accordance with the scoring methodology. Programs will submit applications to CARF directly, and CARF will independently perform the certification process, including reviewing individual provider applications and conducting site visits. Each certification will be valid for up to three years, at which time the program may reapply.



For more information, please visit
www.asamcertification.org.