What is Multidimensional Assessment: Matching Services to Needs and Strengths

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“Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry August 15, 2011

Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations.

Pathologically pursuing reward and/or relief by substance use and other behaviors.”

ASAM’s Revamped Definition of Addiction

http://www.asam.org/quality-practice/definition-of-addiction
Addiction is a *Brain* Disease

- Prolonged Use Changes the Brain in Fundamental and Lasting Ways

- Addiction is about brains – not just about behaviors.
It isn’t just a Brain Disease - Getting back to Biopsychosocial

George Engel

Biopsychosocial Model
Biopsychosocial

- Etiology – Causes
- Clinical Presentation
- Treatment
Individualized, Clinically-driven Treatment

ASAM Criteria Biopsychosocial Severity and Level of Function

1. Acute Intoxication and/or Withdrawal Potential
2. Biomedical conditions and complications
3. Emotional/Behavioral/Cognitive conditions and complications
4. Readiness to Change
5. Relapse/Continued Use/Continued Problem potential
6. Recovery Environment

The ASAM Criteria (2013) Pages 43-53
Service Planning

• **Motivate** - Dimension 4
• **Manage** – All Six Dimensions
• **Medication** – Dimensions 1, 2, 3, 5 - MAT
• **Meetings** – Dimensions 2, 3, 4, 5, 6
• **Monitor** - All Six Dimensions
Medication-Assisted Treatment (MAT)

• MAT represents scientifically supported treatment shown to reduce drug use and foster meaningful recovery. For individuals on probation and parole, increases treatment entry and retention.
• MAT can help participants feel normal, and prepares them for working on their recovery.
• MAT reduces cravings and helps the participant focus on the changes they need to make in their own behavior that will enable recovery.
• MAT is not substituting one addictive drug for another. MAT has specific actions on neurotransmitter receptor sites to decrease cravings to use, shorten the length of any relapses and improve overall addiction and recovery outcomes. MAT saves lives.
• Combining MAT with addiction counseling gives most people the best hope for recovery and is always best for high risk, high need drug court participants; however medication management alone can be lifesaving.
• MAT is not a philosophy. Think of MAT as being “medication IN addiction treatment” just like medications in diabetes or depression treatment where medication is one tool in the clinical toolkit. Some people need medication for good outcomes, some don’t. Some need medication for a short time and some need medication for a lifetime.
The ASAM Criteria Levels of Care

0.5  Early Intervention

1  Outpatient Treatment

2  Intensive Outpatient and Partial Hospitalization

3  Residential/Inpatient Treatment

4  Medically-Managed Intensive Inpatient Treatment

*The ASAM Criteria* pp. 112 -117

- Individualized treatment - For the typical drug court participant with high criminogenic needs and related risk factors, treatment designed to enhance intrinsic motivation, improve insight, and develop new skills is also likely to be needed.

- Level of care based on assessment and is least intensive but safe level to engage participant

- Variable length of stay

- Flexible continuum of care and progress through levels of care

- Interdisciplinary, team approach to care

- Focus on treatment outcomes and functional change

*The ASAM Criteria, 2013, p.3*
“NIDA Principles of Drug Abuse Treatment for Criminal Justice Populations: A Research-Based Guide"

13 principles including:

Principle #2 “Recovery from drug addiction requires effective treatment, followed by management of the problem over time.”

Principle # 5 Indicates the need to tailor services to fit the needs of the individual as an important part of effective addiction treatment for criminal justice populations.

Principle # 12 identifies that medications are an important part of treatment for many people in the criminal justice system suffering from addiction.


(The ASAM Criteria, 2013, p.3)
Unhealthy Use

- Unhealthy Use  
  (Glossary, *The ASAM Criteria*, 2013, p433)

Unhealthy alcohol and other drug (substance) use is **any** use that increases the risk or likelihood for health consequences (Hazardous use), or has already led to health consequences (Harmful use).
Level 0.5: Early Intervention Services - Individuals with problems or risk factors related to substance use, but for whom an immediate Substance-Related Disorder cannot be confirmed

(The ASAM Criteria, 2013, pp.179)
Opioid Treatment Services (OTS)

Criteria for Level 1 Opioid Treatment Program (OTP) with methadone; antagonist meds (naltrexone) and Office-Based Opioid Treatment (OBOT) - buprenorphine

(The ASAM Criteria, 2013, p.290)
Withdrawal Management Services for Dimension 1

1-WM - Ambulatory Withdrawal Management without Extended On-site Monitoring

2-WM - Ambulatory Withdrawal Management with Extended On-Site Monitoring

(The ASAM Criteria, 2013, pp.132-134)
Withdrawal Management Services for Dimension 1 (continued)

3.2- WM- Clinically-Managed Residential Withdrawal Management
3.7- WM - Medically-Monitored Inpatient Withdrawal Management
4-WM - Medically-Managed Inpatient Withdrawal Management

(The ASAM Criteria, 2013, pp.133-141)
Level 1 and 2 Services

Level 1       Outpatient Treatment

Level 2.1    Intensive Outpatient Treatment

Level 2.5    Partial Hospitalization

(The ASAM Criteria, 2013, pp.184-208)
Level 3 Residential/Inpatient

Level 3.1- Clinically-Managed, Low Intensity Residential Treatment

Level 3.3- Clinically Managed *Population-Specific High Intensity* Residential Treatment

(Adult Level only)

*(The ASAM Criteria, 2013, pp.222-234)*
Level 3 Residential/Inpatient (cont.)

Level 3.5- Clinically-Managed, Medium/High Intensity Residential Treatment

Level 3.7- Medically-Monitored Intensive Inpatient Treatment

(The ASAM Criteria, 2013, pp.224-265)
Level 4 Services

Level 4 Medically-Managed Intensive Inpatient

(The ASAM Criteria, 2013, pp.280)
Focus Assessment and Treatment

What Does the Client Want?

Does client have immediate needs due to imminent risk in any of six dimensions?

Conduct multidimensional assessment

The ASAM Criteria p 124
Focus Assessment and Treatment (cont.)

DSM/ICD diagnoses?

Multidimensional Severity/LOF Profile

Which assessment dimensions are most important to determine Tx priorities

The ASAM Criteria p 124
Focus Assessment and Treatment (cont.)

- Specific focus/target for each priority dimension
- What specific services needed for each dimension
- What “dose” or intensity of these services needed

(The ASAM Criteria, 2013, p124)
Focus Assessment and Treatment (cont.)

Where can these services be provided in least intensive, but “safe” level of care?

What is progress of treatment plan and placement decision; outcomes measurement?

The ASAM Criteria p 124
DSM/ICD diagnoses?

Multidimensional Severity/LOF Profile

Which assessment dimensions are most important to determine Tx priorities

Specific focus/target for each priority dimension

What specific services needed for each dimension

What “dose” or intensity of these services needed

Where can these services be provided in least intensive, but “safe” level of care?

What is progress of treatment plan and placement decision; outcomes measurement?

The ASAM Criteria p 124
Severity/LOF Assessment
The 3 H’s

- HISTORY
- HERE AND NOW
- HOW WORRIED NOW

(The ASAM Criteria, 2013, p. 56)
# Rating Risk

<table>
<thead>
<tr>
<th>RISK RATING</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>4</strong></td>
<td>This rating would indicate issues of <strong>utmost severity</strong>. The patient would present with critical impairments in coping and functioning, with signs and symptoms, indicating an “<strong>imminent danger</strong>” concern.</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>This rating would indicate a <strong>serious issue</strong> or difficulty coping within a given dimension. A patient presenting at this level of risk may be considered in or near “imminent danger.”</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>This rating would indicate <strong>moderate difficulty</strong> in functioning. However, even with moderate impairment, or somewhat persistent chronic issues, relevant skills or support systems may be present.</td>
</tr>
<tr>
<td><strong>1</strong></td>
<td>This rating would indicate a <strong>mildly difficult issue</strong>, or present minor signs and symptoms. Any existing chronic issues or problems would be able to be resolved in a short period of time.</td>
</tr>
<tr>
<td><strong>0</strong></td>
<td>This rating would indicate a <strong>non-issue or very low-risk issue</strong>. The patient would present no current risk and any chronic issues would be mostly or entirely stabilized.</td>
</tr>
</tbody>
</table>

ASAM Criteria Book pg. 74-89
Imminent Danger
(The ASAM Criteria, 2013, pp. 65-58)

3 components:
1. Strong probability that certain behaviors (e.g., cont. alcohol or other drug use or addictive behavior relapse) will occur.

2. Likelihood that such behaviors will present significant risk of serious adverse consequences to individual and/or others (e.g., reckless driving while intoxicated, or neglect of a child).

3. Likelihood that such adverse events will occur in very near future, (hours and days, rather than weeks or months)
Continued Service Criteria
(ASAM Criteria)

Retain at the present level of care if:

1. Making progress, but not yet achieved goals articulated in individualized treatment plan. Continued treatment at present level of care necessary to permit patient to continue to work toward his or her treatment goals;

or

(The ASAM Criteria, 2013, p.300)
Continued Service Criteria  
(ASAM Criteria) (cont.)

2. Not yet making progress but has capacity to resolve his or her problems. Actively working on goals articulated in individualized treatment plan. Continued treatment at present level of care necessary to permit patient to continue to work toward his or her treatment goals; and/or

(The ASAM Criteria, 2013, p.300)
Continued Service Criteria
(ASAM Criteria) (cont.)

3. New problems identified that appropriately treated at present level of care. This level is least intensive at which patient’s new problems can be addressed effectively.

(The ASAM Criteria, 2013, p.300)
Discharge/Transfer Service Criteria
(ASAM Criteria)

Transfer or discharge from present level of care if he or she meets the following criteria:

1. Has achieved goals articulated in his or her individualized treatment plan, thus resolving problem(s) that justified admission to current level of care;

   or

(The ASAM Criteria, 2013, p.303)
2. Has been unable to resolve problem(s) that justified admission to present level of care, despite amendments to treatment plan. Treatment at another level of care or type of service therefore is indicated; or

(The ASAM Criteria, 2013, p.303)
3. Has demonstrated lack of capacity to resolve his or her problem(s). Treatment at another level of care or type of service therefore is indicated; or

(The ASAM Criteria, 2013, p.303)
4. Has experienced intensification of his or her problem(s), or has developed new problem(s), and can be treated effectively only at a more intensive level of care

(The ASAM Criteria, 2013, p.303)
Resources

“A Technical Assistance Guide For Drug Court Judges on Drug Court Treatment Services” - Bureau of Justice Assistance Drug Court Technical Assistance Project. American University, School of Public Affairs, Justice Programs Office. Lead Authors: Jeffrey N. Kushner, MHRA, State Drug Court Coordinator, Montana Supreme Court; Roger H. Peters, Ph.D., University of South Florida; Caroline S. Cooper BJA Drug Court Technical Assistance Project. School of Public Affairs, American University. May 1, 2014.

Bureau of Justice Assistance (BJA) training video on The ASAM Criteria that can be viewed by creating an account and going to the Adult Drug Court Lessons. The system can be found at www.treatmentcourts.org and this video was initiated by Dennis Reilly at the Center for Court innovation.

https://www.youtube.com/watch?v=AuUEP52z1Xk

Resources (cont.)


Resources (cont.)

RESOURCE FOR ASAM E-LEARNING AND INTERACTIVE JOURNALS
E-learning module on “ASAM Multidimensional Assessment” and “From Assessment to Service Planning and Level of Care” – 5 CE credits for each module. “Introduction to The ASAM Criteria” (2 CEU hours)
“Understanding the Dimensions of Change” – Creating an effective service plan” – Interactive Journaling
“Moving Forward” – Guiding individualized service planning” – Interactive Journaling
To order: The Change Companies at 888-889-8866; changecompanies.net

CLIENT WORKBOOKS AND INTERACTIVE JOURNALS
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The ASAM Criteria Software Decision Engine - CONTINUUM™
The ASAM Criteria book and The ASAM Criteria Software now branded as Continuum™ are companion text and application. The text delineates the dimensions, levels of care, and decision rules that comprise The ASAM Criteria. The software provides an approved structured interview to guide adult assessment and calculate the complex decision tree to yield suggested levels of care, which are verified through the text.

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THANK-YOU

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