

Introduction to The ASAM Criteria® Intake Assessment Interview Guide

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Speaker: Anne B. Lee, LCSW

MAT ECHO™ Staff: Gloria Miele, PhD, Beth Rutkowski, MPH, Thomas E. Freese, PhD, and Cheryl Ho, MD



Indigenous Land Acknowledgement

- We respectfully acknowledge that we live and work in territories where Indigenous nations and Tribal groups are traditional stewards of the land.
- Please join us in supporting efforts to affirm Tribal sovereignty across what is now known as California and in displaying respect, honor and gratitude for all Indigenous people.


Whose land are you on?

Option 1: Text your zip code to 1-855-917-5263

Option 2: Enter your location at <https://native-land.ca>

Option 3: Access Native Land website via QR Code:





**What we say and how we say it inspires the hope
and belief that recovery is possible for everyone.**

**Affirming, respectful, and culturally-informed
language promotes evidence-based care.**

PEOPLE FIRST

Language Matters

*in treatment, in conversation, in
connection.*



Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

September 2023



**NATIONAL
RECOVERY
MONTH**

HOPE IS REAL. RECOVERY IS REAL.



SAMHSA
Substance Abuse and Mental Health
Services Administration



988
SUICIDE
& CRISIS
LIFELINE

SEPTEMBER IS
**SUICIDE
PREVENTION
AWARENESS
MONTH**



University of California Los Angeles
Integrated Substance Abuse Programs

JUNTOS BRILLAMOS

SEPTEMBER 15 – OCTOBER 15

National Hispanic, Latino & Latinx Heritage Month

JUNTOS BRILLAMOS: DRIVING PROSPERITY, POWER AND PROGRESS IN AMERICA



Scan the QR Code to join us for a month of celebrations
presented by

UCLA Health



University of California Los Angeles
Integrated Substance Abuse Programs

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<i>Cheryl Ho, MD</i>	<i>Stock or Stock options; Johnson & Johnson Pfizer, Roche, Eli Lilly</i>
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All other relevant financial relationships have been mitigated by conducting a peer review of the content used for this session.

Introduction to The ASAM Criteria®

Intake Assessment Interview

Guide:

Development Team

- ▶ Anne B. Lee, LCSW *UCLA*
- ▶ R. Corey Waller, MD, MS *HMA Institute on Addiction*
- ▶ Thomas E. Freese, PhD *UCLA*
- ▶ David Mee-Lee, MD *DML Training and Consulting*
- ▶ David R. Gastfriend, MD *ASAM*
- ▶ Anna Pagano, PhD *ASAM*
- ▶ Darren Urada, PhD *UCLA*
- ▶ Larissa J. Mooney, MD *UCLA*



Learning objectives



Identify 2 factors that contributed to the development of the ASAM Criteria Intake Assessment Guide (the Guide)



Use the Guide to find distinguishing differences between the ASAM Levels of Care as they relate to a patient's presentation



Know to how access the Guide and where to find implementation resources

Changes to The ASAM Criteria and The Guide

- ▶ *The ASAM Criteria* is the result of a collaboration that began in the 1980s
 - ▶ to define one national set of criteria for providing
 - ▶ outcome-oriented and results-based care for addiction
- ▶ The Guide is based on the 3rd Edition of The ASAM Criteria book
- ▶ This is the most up-to-date free, ASAM-endorsed interview guide
- ▶ UCLA and ASAM are collaborating on a new interview Guide- based on the 4th edition of The ASAM Criteria book
- ▶ We project that there will be significant similarities in the next edition of the Interview Guide
- ▶ The next Guide will also have significantly more LOC decision support

Overview



Background and Development of the Guide



The ASAM Criteria: What? Why?



Overview of the Guide's Special Features



Appendix to the Guide: Treatment Placement & LOC Guidance

Background

- ▶ California requires (DMC-ODS Waiver) SUD treatment providers to use American Society of Addiction Medicine (ASAM) Criteria-based assessments
- ▶ Previously, no free ASAM-endorsed interview guides available for public use
- ▶ In response, providers/counties created their own versions of an **ASAM Criteria-based level of Care decision tool** to adhere to CA requirements
 - ▶ Variable, not standardized, not ASAM endorsed



Background

- ▶ Inspired by feedback from California County Administrators looking for a **low-cost, standardized ASAM Criteria-based, SUD assessment tool**
- ▶ The Guide was developed by a multidisciplinary team of experts from UCLA & ASAM with the **support of the California Department of Healthcare Services**



What are The ASAM Criteria?

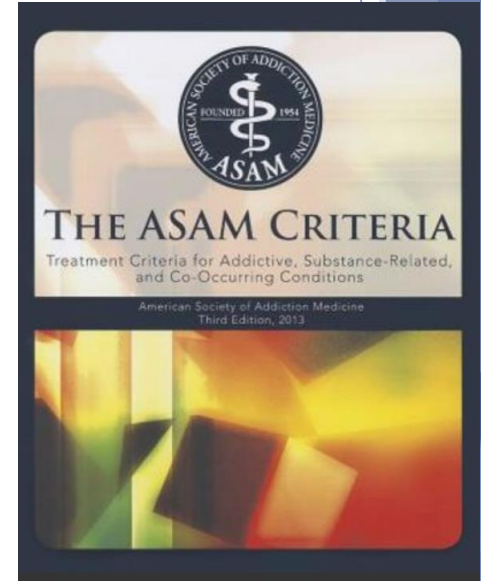
The American Society of Addiction Medicine standards for addiction treatment

Provider standards

- ▶ for services within each ASAM Level of Care

Patient care standards

- ▶ for patient assessment and placement to facilitate:
- ▶ patient-centered service plans
- ▶ objective decision-making about patient admission/ transfer/ discharge based on 6 bio-psycho-social dimensions



The ASAM Criteria: standard of care in CA

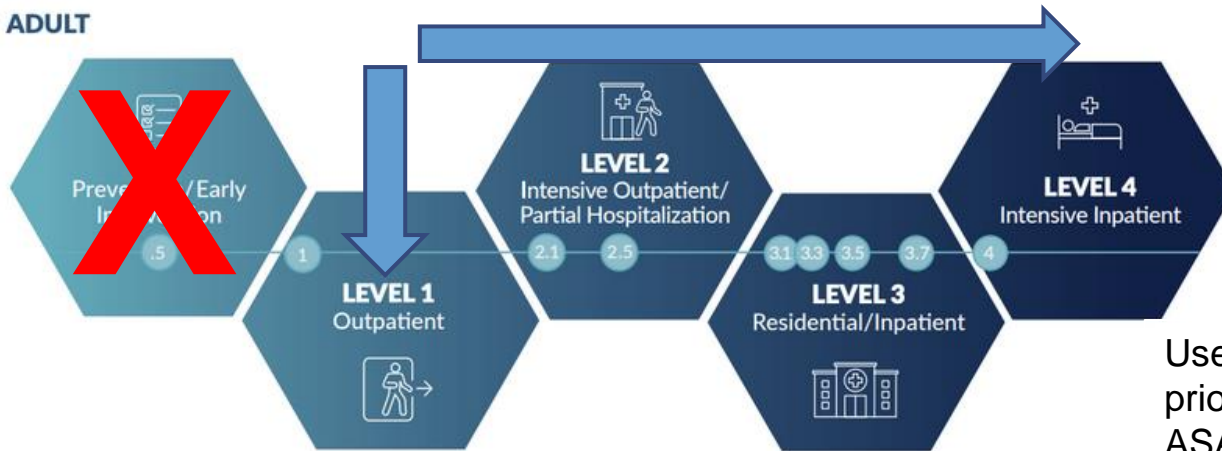
- ▶ *Under the Drug Medi-Cal Waiver, It is required to use The ASAM Criteria to determine patient placement in SUD care*
- b. **Use of Evidence-based SUD-specific Patient Placement Criteria.** DMC-ODS counties are required to ensure the ASAM Criteria is used for all beneficiaries to determine placement into the appropriate level of care.
- ▶ *However, providers don't have to use this interview guide. They can still use existing interview tools, as long as they are based on The ASAM Criteria.*



The ASAM Criteria® Assessment Interview Guide is for use with:

ASAM CONTINUUM OF CARE

► ADULT



- 0.5 Early Intervention
- 1 Outpatient Services
- 2.1 Intensive Outpatient Services
- 2.5 Partial Hospitalization Services
- 3.1 Clinically Managed Low-Intensity Residential Services

- 3.3 Clinically Managed Population-Specific High-Intensity Residential Services
- 3.5 Clinically Managed High-Intensity Residential Services
- 3.7 Medically Monitored Intensive Inpatient Services
- 4 Medically Managed Intensive Inpatient Services

Use a diagnostic tool prior to completing a full ASAM assessment.

Adult patients who have confirmed SUD

<https://www.asam.org/asam-criteria/about-the-asam-criteria>

Why use The ASAM Criteria Intake Assessment Interview Guide?

The Guide

- ✓ compliant with California requirements
- ✓ ASAM-endorsed
- ✓ Standardized
- ✓ Multi-dimensional
- ✓ Includes interviewer instructions, prompts, references to The ASAM Criteria book
- ✓ Risk rating tips
- ✓ Level of Care guidance
- ✓ The Guide is free, in paper or fillable PDF forms



Access the guide here:



Many California-based ASAM Criteria trainings will reference this form

Special Features of the Guide

- ▶ Designed for use by all types of SUD providers, the staff who:
 - ✓ are trained in The ASAM Criteria
 - ✓ currently do intake assessments
 - ✓ whose supervisors approve of their use of the Guide
 - ✓ *In CA, SUD Counselors* and LPHA's*

**The LPHA shall review each beneficiary's personal, medical and substance use history if completed by a counselor.*



Flexible Interview Guide

 No, you don't need to ask every question

 Yes, you can use the patient's own words

Distinctive Features of the Guide

► Questions about recent patient history relevant to LOC determination

Before we get started, can you tell me about why you have come to meet with me today?

Probe: How can I be of help? What are you seeking treatment for?

DIMENSION 1 - ACUTE INTOXICATION OR WITHDRAWAL POTENTIAL

1. I am going to read you a list of substances. Could you tell me which ones you have used, how long, how recently, and how you used them?	NEVER USED	DURATION of continuous use		FREQUENCY in last 30 days				ROUTE Select all that apply				
		Estimate Years and/ or Months of use	4-7 days/week	1-3 days/week	3 or less days/ month	Not used	Oral	Nasal/snort	Smoke	Inject	Other (rectal, patches, etc.)	
ALCOHOL Date of last use: _____ Avg. drinks per drinking day: _____ In the last 30 days, how often have you had: [For females] 4 or more drinks on one occasion? _____ [For males] 5 or more drinks on one occasion? _____	<input type="radio"/>	_____ YEARS MONTHS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Distinctive Features

Substance Use History

I am going to ask you a few more questions about your substance use, and any withdrawal risks you may have. The response options are either "Yes/No" or "Not at all," "A Little," "Somewhat," "Very," or "Extremely."

2. How much are you bothered by any physical or emotional symptoms when you stop or reduce using alcohol or other drugs? *(For example, body aches, nausea or anxiety that interfere with your everyday life when you stop or reduce your use.)*
Please describe:

3. Are you currently experiencing withdrawal symptoms, such as tremors, excessive sweating, rapid heart rate, anxiety, vomiting, etc.? *(Please describe specific symptoms and consider immediate referral for medical evaluation):*

Use motivational interviewing skills to develop discrepancy between any problems mentioned and the patient's assessment of whether addiction is a problem.

Not at all	A Little	Somewhat	Very	Extremely
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>				

▶ Patient self-report scales to promote clarity with risk ratings and patient perception of the problem(s)



Distinctive Features

► Resources, prompts, and instructions to support interviewers

► Interviewer notes:

- Binge drinking (5+ for males, 4+ for females) is associated with increased risk for acute withdrawal symptoms.
- Misuse includes medications that you need to refill more frequently than the doctor orders; that you end up using in amounts or for purposes other than prescribed, etc. Consider checking state prescription drug monitoring program (PDMP)
- Common prescription opioids include oxycodone, Vicodin®, Percocet®, morphine, codeine, and prescription fentanyl. The withdrawal spectrum may require closer observation when illicitly manufactured fentanyl analogues are used.¹ 7-10 days of continuous opioid use for withdrawal.

Interviewer Instructions:

- D For guidance assessing Dimension 4, see *The ASAM Criteria*, 3rd Ed. The “Assessment Considerations” text box at the top of p. 50.
- C lisaexamfetamine (Vyvanse), dextroamphetamine (ProCentra), lisdexamfetamine (Suprenza)

¹ <https://reference.medscape.com/drugs/opioid-analgesics>

- **Notes:** Include **interviewer observations**. Does patient have **curiosity, interest, or insight**? Does the patient show curiosity and interest in learning about the impact of substance use on themselves and to them? Do they show insight into problems, for example, the consequences of their use (such as sexually transmitted infections, etc.?)

Distinctive Features

► Guidance for establishing risk rating in each dimension

Please circle the intensity and urgency of the patient's CURRENT needs for services based on the information collected in Dimension 4:

Severity Rating - Dimension 4 (Readiness to Change)

0 None	1 Mild	2 Moderate	3 Severe	4 Very Severe
<ul style="list-style-type: none"> Proactive responsible participant in treatment Committed to changing alcohol or 	<ul style="list-style-type: none"> Willing to enter treatment Ambivalent to the need to change 	<ul style="list-style-type: none"> Reluctant to agree to treatment Low commitment to change AOD use Variable adherence to 	<ul style="list-style-type: none"> Unaware of and not interested in the need to change Unwilling/only partially able to follow through with treatment 	<ul style="list-style-type: none"> Rejecting need to change Engaging in potentially dangerous behavior Unwilling/unable to follow through with treatment
<p>In this row, hallmarks that are typical of each risk rating</p>				
	Requires low intensity services for motivational	Requires moderate intensity services for mo-	Requires high intensity engagement and/or	Secure placement for acute or imminently dangerous

In this row, general description of service needs for the dimension

Placement: LOC Guidance

► **Interviewer Instruction:** Start at the top (Level 4) of the table above to find the least intensive, most effective Level of Care. to get to least intensive, most effective Level of Care. (See The ASAM Criteria, 3rd Ed. p. 124)

- Decide the **realistic/acceptable** Level of Care, factoring in motivation/acceptability, and patient preference (e.g., sole breadwinner, sole childcare/eldercare provider, employment constraints, and patient goals).

Appendix

Distinguishing Differences Between The ASAM Levels of Care

Start at the top. If the description in the row does not match current needs of the patient, then proceed to the next row to reach appropriate LOC.	ASAM LOC	Additional services available at these ASAM Levels of Care			Notes
		Medication for OUD*	Bio-medical enhanced	Co-Occurring Enhanced (COE)	
Any D1, D2, or D3 are rated Very Severe, and/or need to address acute problems requiring primary medical and nursing care managed by a physician in a hospital or psychiatric hospital	4	On-site	On-site	On-site	
Patient needs 24-hour nursing care with medical monitoring: <ul style="list-style-type: none"> Severe problems in D1 or D2 or D3 Moderate severity in at least 2 of the 6 dimensions, at least one of which is D1, D2, or D3 	3.7	On-site or OTS	On-site	On-site	

Placement: LOC Guidance

<p>Start at the top. If the description in the row does not match current needs of the patient, then proceed to the next row to reach appropriate LOC.</p>	ASAM LOC	Additional services available at these ASAM Levels of Care		
		Medication for OUD*	Bio-medical enhanced	Co-Occurring Enhanced (COE)
<p>Patient needs 24-hour supportive addiction treatment</p> <ul style="list-style-type: none"> • Patient environment is provocative to relapse • There is considerable likelihood of continued use or relapse with imminent serious/dangerous consequences • No need for 24-hour medical monitoring • No significant cognitive impairments • Needs 24-hour SUD addiction specialty, addiction supports to prevent acute emergency • Cannot go unsupervised, not appropriate for waiting list 	3.5	On-site or OTS	On-site, Primary, or Specialty care	On-site
<p>Patient's temporary or permanent limitations, e.g., due to cognitive impairment, make outpatient treatment strategies not feasible or not effective</p> <ul style="list-style-type: none"> • Needs 24-hour structure with addiction specialty support • Needs individualized plan to address the identified cognitive/behavioral issues (e.g., slower pace, more concrete and more repetitive treatment, behavioral 	3.3	On-site or OTS	Primary, or Specialty care	On-site or link to specialty care

Implementation Resources



▶ Addiction Technology
Transfer Centers:
<https://attnetwork.org/centers/selection>



Implementation Resources

UCLA Integrated Substance Abuse Programs



► UCLA ISAP Assessment page
<https://www.uclaisap.org/SAMCriteriaAssessmentInterviewGuide/>

Implementation Resources

- ▶ **Implementing ASAM Criteria: Speaking the Same Language, A Toolkit for Strengthening Patient-Centered Addiction Care in the United States**

<https://www.asam.org/asam-criteria/toolkit>

- ▶ **Local ASAM trainings**

<https://www.asam.org/asam-criteria/training-consulting>



Thank you

▶ Please feel free to contact UCLA:
Abellowslee@mednet.ucla.edu

or submit feedback by scanning the QR code

▶ Or provide feedback directly to
ASAM on the Guide
at asamcriteria@asam.org



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