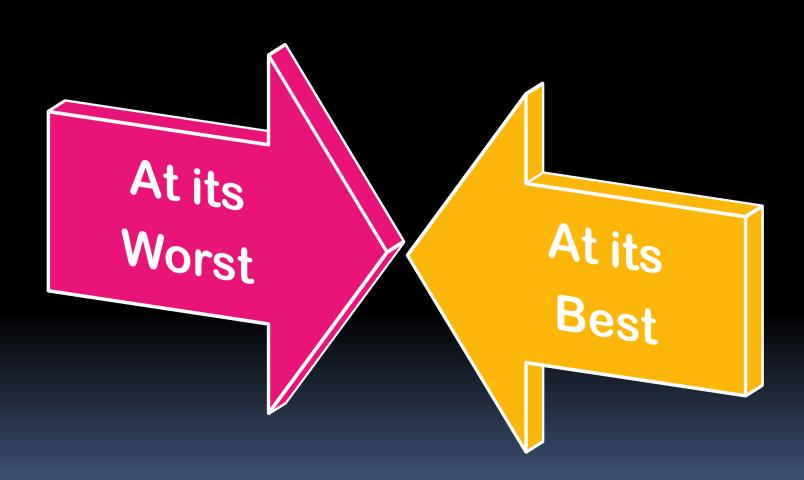
# Translating the ASAM Placement Criteria to the Treatment Plan:

Making it Real, Making it Work

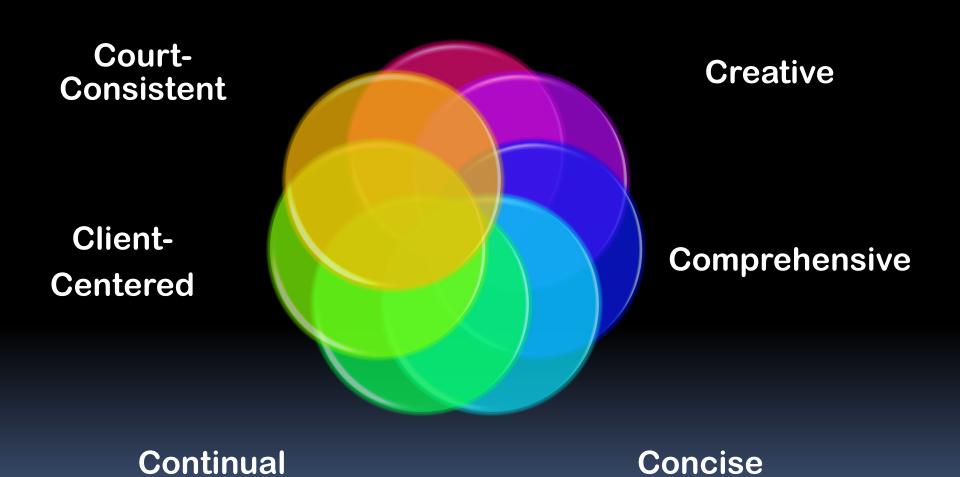
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#### **Assessment and Treatment Planning**



#### Collaborative



#### **Assessment and Treatment Planning is:**

- More than just a means to an end.
- More than just a way to get to the intervention.
- An intervention.

# About

### **About The ASAM Criteria**

- American Society of Addiction Medicine: The ASAM Criteria ~ Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions (Third Edition, 2013)
- 10 Levels of Service / 8 for Adolescents
- 5 Levels of Detoxification for Adults
- 4 Levels of Detoxification for Adolescents (bundles with level of care description)
- 6 Assessment Dimensions
- Risk Ratings: 0 to 4

# About Change

# CONFLICT COMPLIANCE COMMITMENT

# Treatment can be court ordered, recovery can not.

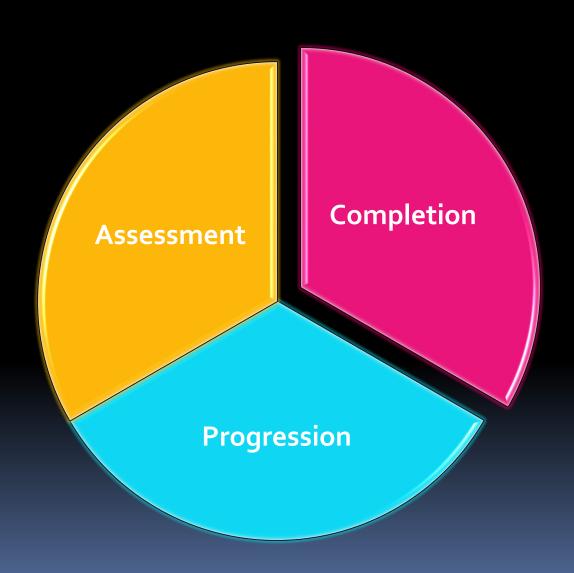
## Why people change

- Willing
- Able
- Ready

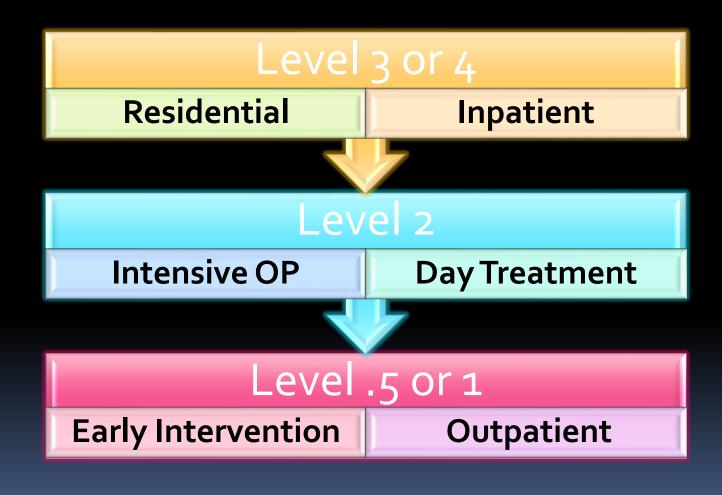
## **Special CJ Considerations**

- Unrealistic expectations of progress
- 2. Resource-based decisions (not need-based)
- RNR assessment de-emphasizing SUD
- 4. Client preferences versus CJ requirements

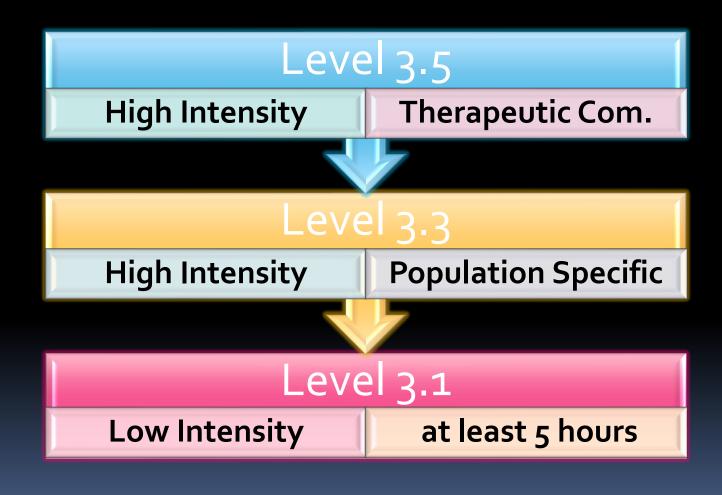
### Uses for The ASAM Criteria



#### **ASAM Continuum of Care**



#### Clinically Managed Residential Options



#### **Medically-Related Options**



Methadone & Suboxone

**Naltrexone** 



**High Intensity** 

**Medically Managed** 

Level 3.7 (residential)

**High Intensity** 

**Medically Monitored** 

# INCARCERATION IS NOT A LEVEL OF CARE

**Dimension 1**:

Acute Intoxication and/or Withdrawal Potential

**Dimension 2:** 

**Biomedical Conditions and Complications** 

**Dimension 3**:

Emotional, Behavioral, or Cognitive Conditions & Complications

**Dimension 4**:

**Readiness to Change** 

**Dimension 5:** 

Relapse, Continued Use, or Continued Problem Potential

**Dimension 6:** 

**Recovery/Living Environment** 

#### **Risk Rating**

- 0 ~ Minimal or No Risk
- 1 ~ Mild Risk
- 2 ~ Moderate Risk
- 3 ~ Significant Risk
- 4 ~ Severe Risk

# Acute Intoxication and/or Withdrawal Potential

# Assessing Acute Intoxication and Withdrawal Potential

- 1. Attenuating severe physiological withdrawal symptoms = medical detoxification
- 2. Attenuating serious psychological withdrawal and/or interrupting momentum of acutely compulsive use = social detoxification

# Acute Intoxication and/or Withdrawal Potential

- Ready access to medical detoxification at entry and after relapse
- Random and regular urinalysis throughout treatment continuum
- Breathalyzer utilized at treatment delivery point (e.g. group sessions)

# Biomedical Conditions and Complications

# Assessing Biomedical Conditions and Complications

- 1. Impact on Treatment Decision
- 2. Urgency of Treatment

3. Affect the Ability to Begin, Participate in or Complete Treatment

# Biomedical Conditions and Complications

- Complete physical examination
- Stabilization of acute conditions ~
   medical clearance
- Nutritional assessment and counseling

Emotional,
Behavioral, or
Cognitive
Conditions &
Complications

# Assessing Emotional, Behavioral, & Cognitive Conditions and Complications

1. Impact on Treatment Decision

- 2. Urgency of Treatment
- 3. Affect the Ability to Begin, Participate in or Complete Treatment

### **Integrated Treatment**

- Mental Health Evaluation
- Connection to MH Services
- Co-Occurring Groups
- Mental Health Medications and Monitoring
- Education and Awareness
- Self Care & Harm Reduction
- Trauma-informed

# Readiness to Change

#### **Assessing Readiness to Change**

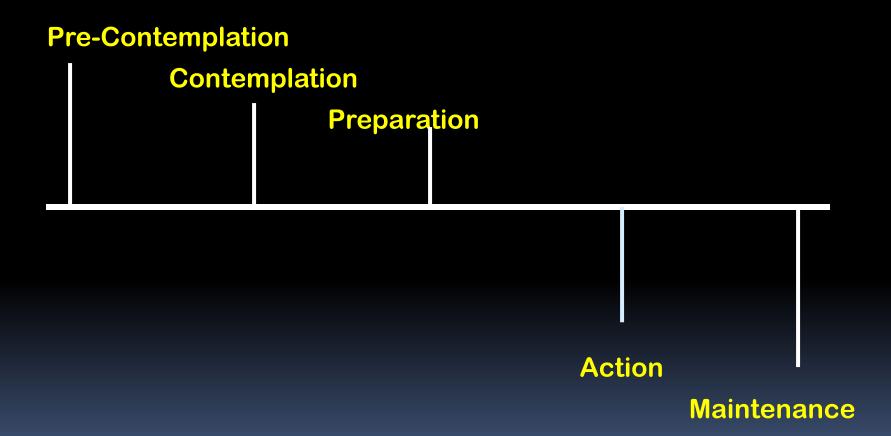
- 1. Assess Willingness to Engage in Treatment
- 2. Assess Desire to Stop Using
- 3. Consider extent of denial, discord, rationalization
- 4. Consider previous change attempts—
  even if unsuccessful (can lower or
  raise severity)

# Motivational Interviewing & Related Approaches

### **Motivational Approaches**

- 1. Interventions that are intended to evoke and strengthen motivation to change a targeted behavior
- 2. Emphasizes intrinsic change and personal commitment, over external compliance and pressure
- 3. Readiness Groups
- 4. Assessment/Evaluation Feedback
- 5. Incentives, Sanctions, and Treatment Responses
- 6. Sobriety Sampling

### **How People Change**



# Relapse, Continued Use, or Continued Problem Potential

# Assessing Relapse, Continued Use or Continued Problem Potential

- Does person have moderate/severe SUD?
- Are they currently using?
- Do they have awareness of how to get and/or stay clean?
- Do they have the ability to get and/or stay clean?

# Assessing Relapse, Continued Use or Continued Problem Potential

- Historical Pattern of Use and relapse
- Acute Pharmacologic Responsivity
- External Stimuli Responsivity (triggers & stress)
- Cognitive and Behavioral Measures of Strengths and Weaknesses (self efficacy, coping skills, impulsivity)

# 

- 1. The strong probability that certain behaviors (such as continued drug use, relapse, or overdose) will occur;
- 2. The likelihood that such behaviors will present a significant risk of serious adverse consequences to the individual and/or others; and
- 3. The likelihood that such adverse events will occur in the very near future

# Relapse, Continued Use, or Continued Problem Potential

- 1. Cognitive Behavioral Treatment
- 2. Relapse Prevention Therapy
- 3. Pharmacologic Approaches

## Recovery/Living Environment

#### **Assessing Recovery/Living Environment**

- 1. Do family members, close associates, living situations, neighborhoods, school, or work pose a threat to safety and/or treatment engagement?
- 2. Does client have supportive friendships, financial resources, daily structure; or educational, vocational or spiritual resources that can increase treatment success?
- 3. Are there transportation, child care, housing or employment issues that need to be clarified and addressed prior to treatment?

#### **Assessing Recovery/Living Environment**

- 1. Living with active users = High Severity
- 2. Living in drug infested neighborhoods, but not with anyone actively using = at least moderate severity
- 3. Search for mitigating factors that lessen risk
- 4. Almost nothing can lower the risk score of living with an active user

### **Big Hints**

High Risk in Relapse Potential with Imminent Danger + High Risk in Recovery Environment = Residential Treatment

High Risk in Relapse Potential without Imminent Danger + High Risk in Recovery Environment = Intensive Outpatient Treatment (maybe)

# One More Big Hint

Look for Information that lowers severitynot just information that raises severity (Recovery Capital)

#### Interventions/Activities

- 1. Recovery Support
- 2. Sober Housing
- 3. Recreational Therapy
- 4. Sober Leisure Activities
- 5. Involving Significant Others
- 6. Family Interventions
- 7. Social Network Mapping/Genograms
- 8. Academic Support

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