ASAM Criteria and DSM-V

Mary Campbell LLMSW, CADC, CPS
Objectives

• Gain understanding of the new ASAM criteria and discuss two ways it is utilized
• Explore one change and one revision made to new ASAM criteria
• Identify two changes in the DSM-5 for substance-use disorders
• Gain understanding of new diagnoses and identify one use in clinical settings
ASAM Criteria
ASAM

- Old version has been used for the past 12 years without revisions.
- New addition released in October 2013
  - New knowledge based in science
  - Compatible with DSM-5
  - New title
    - The ASAM Criteria- NEW
    - ASAM Patient Placement Criteria for the Treatment of Substance-related Disorders
ASAM

• What’s New?
  • Expands for more diverse populations
    • Older adults with addictions
    • Parents with children
    • Those working in Safety-sensitive occupations
    • Those in criminal justice settings
ASAM

- Updated diagnostic criteria admission to be consistent with DSM-5
  - Section on gambling disorders
  - Section on tobacco use disorders
  - Update opioid treatment section
Terminology changes

- **Old**
  - Detoxification services
  - OMT

- **New**
  - Withdrawal management
  - OTS

Opioid Treatment services: OTP (opioid treatment problems) and OBOT (office based opioid treatment)
ASAM Criteria

• **6 Dimensions of multidimensional assessment**
  • Dimension 1- Acute intoxication and/or withdrawal potential
  • Dimension 2- Biomedical conditions and complications
  • Dimension 3- Emotional, behavioral, or cognitive conditions and complications
  • Dimension 4- Readiness to change
  • Dimension 5- Relapse, continued use, or continued problem potential
  • Dimension 6- recovery/living environment
Dimension 1
Acute intoxication and/or withdrawal potential

• Exploring an individuals past and current experiences of substance use and withdrawal

• Assessment considerations:
  • What risk is associated with patient’s current level of acute intoxication?
  • Is there significant risk of severe withdrawal symptoms?
  • Are there current signs of withdrawal?
Dimension 2
Biomedical conditions and complications

• Exploring an individual's health history and current physical condition

• Assessment considerations:
  • Are there current physical illnesses that need to be addressed?
  • Are there chronic conditions that need stabilization?
  • Is there a communicable disease that could impact well-being of patient and staff?
  • For female patient, is the patient pregnant?
Dimension 3
Emotional, behavioral, or cognitive conditions and complications

- Exploring an individual’s thoughts, emotions and mental health issues
- Assessment considerations:
  - Are there current psychiatric illnesses that need to be addressed?
  - Are there chronic conditions that need to be stabilized?
  - Is patient able to manage ADL’s
Dimension 4
Readiness to change

- Exploring an individual’s readiness and interest in changing
- Assessment considerations:
  - How aware is the patient of the relationship between his or her substance use and negative life consequences?
  - How ready, willing and able does the patient feel to make changes?
  - How much does the patient feel in control of their treatment services?
Dimension 5
Relapse, continued use, or continued problem potential

• Exploring an individual’s unique relationship with relapse or continued use or problems

• Assessment considerations:
  • Is the patient in immediate danger of continues use?
  • How well can the patient cope with negative effects, peer pressure and stress without substance use?
  • How aware is the patient of relapse triggers?
Dimension 6
recovery/living environment

• Exploring an individual’s recovery or living situation, and the surrounding people, places and things.

• Assessment considerations:
  • Do any family members, SO, living or work situations pose a threat?
  • Do they have sober supports?
Withdrawal Management

- Various levels of care
- Treatment to include services to help “break the cycle” of use

Treatment levels
  - Level 1-WM
  - Level 2-WM
  - Level 3-WM
    - Level 3.2 and 3.7
  - Level 4-wm
Level 1-WM

- Ambulatory withdrawal management without extended on-site monitoring
- Physicians office, home health care
- Staffed mainly by physicians and nurses
- Involved in additional outpatient treatment services
- Therapies may include medication or non-medication methods, patient education
Level 2-WM

- Ambulatory withdrawal management with extended on-site monitoring
- Day hospital services
- Similar therapies as level 1
Level 3 WM- residential/inpatient withdrawal management

- Level 3.2-WM
  - Clinically managed residential withdrawal management
  - Emphasis on peer and social support
  - “social detox”
  - Safely assist patient through withdrawal without the need for on-site medical staff 24hours/day.
Level 3.7- WM

- Medically monitored inpatient withdrawal management
- Provides 24-hour evaluation and withdrawal management in a facility with inpatient beds
- Signs and symptoms are significant enough to require 24-hour care
Level 4-WM

• Medically managed intensive inpatient withdrawal management
• Acute care inpatient setting with 24-hour care
• Provides services to those whose symptoms are severe enough to require primary medical and nursing care services
Service planning and placement

• Level of care and description
  • 0.5- Early Intervention
    • Assessment and education for individual who do not meet diagnostic criteria for substance use disorder
  • 1- outpatient
    • Less than 9 hours of service per week for recovery or motivational enhancement therapies
  • 2.1- Intensive Outpatient
    • 9 or more hours of service per week to treat multidimensional instability
• 2.5- Partial Hospitalization Services
  • 20 or more hours of service per week for multidimensional instability not requiring 24-hour care

• 3.1- Clinically managed low-intensity residential services
  • 24-hour structure with available trained personnel; at least 5 hours of clinical service per week

• 3.3- Clinically managed population-specific high-intensity residential services
  • 24-hour care with trained counselors to stabilize multidimensional imminent danger. Less intense milieu and group treatment for those with cognitive or other impairments.
• 3.5- Clinically managed high-intensity residential services
  • 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 intensive inpatient services
  • 24-hour care with physician availability for significant problems in dimensions 1, 2, or 3. 16 hour per day counselor ability

• 4- Medically managed intensive inpatient services
  • 24-hours nursing care and daily physician care for severe, unstable problems in dimensions 1,2, or 3. Counseling available to engage patient in treatment

• OPT- Opioid Treatment program (outpatient)
  • Daily or several times weekly opioid agonist medication and counseling available to maintain multidimensional stability for those with severe opioid use disorder
Level of care placement

• “Crosswalks”
  • Used to show how assessment information gained can be applied to the levels of care.
  • Note: this is not intended to replace the use of comprehensive admission criteria and assessments.
Adult special populations

• Older adults
• Parents or perspective parents receiving addiction treatment concurrently with their children
• Persons in safety-sensitive occupations
• Persons in criminal justice settings
Older adults

• Considerations:
  • Mobility issues
    • Do not drive, or not at night
    • Physical difficulties with mobility
  • More medical problems
    • Substance use creating or exacerbating medical problems
    • Multiple medications
  • Social isolation
  • Extra attention on discharge planning
Older adults cont.

• Staff attitudes
  • General attitudes towards older adults
  • Terms “alcoholic” and “drug addict” can be offensive to older adults and perceived as judgments

• Age specific treatment
  • Associated with improved treatment outcomes

• Assessment- sensory limitations
  • Hearing, vision, ability to perform ADL’s
Parents or perspective parents receiving addiction treatment concurrently with their children

- **Subpopulations**
  - Parents with young children or pregnant women in specially designed residential substance-related or co-occurring disorders treatment
  - Parents with young children or pregnant women in specially designed intensive outpatient or partial hospitalization services for substance-related or co-occurring disorders
  - Factors involved in serving the accompanying child
  - Unique needs of pregnant and postpartum women
  - Needs of a parent and child connected with the court for reunification
Parents cont.

- Considerations
  - Treatment settings
    - Able to support having children in the facility
  - Support systems and needs
    - Needs for food, clothing, medical care
  - Treatment staff
    - Trained in child development, trauma, families
    - Parenting skills
    - Good case management
Parents cont.

- Whether in a residential or outpatient facility, importance is on the female or male and the child.
- If court involvement or CPS, regular communication is needed
- Working towards achieving healthy parenting in recovery
Persons in safety-sensitive occupations

• Police officers, attorneys, pilots, health care professionals
• 4 qualities leading to important and distinct treatment needs
  • Have a responsibility to the public
  • Do best when offered cohort specific treatment
  • Some have access to addicting substances
  • Can have a hard time adapting to the role of patient
Safety-sensitive occupations cont.

- Considerations:
  - During initial diagnostic portion, should discontinue work, and stay away from work until
    - Public risk issues have been addressed and managed
    - Work regulations, licensure, and legal issues have been addressed and allow for a return to work
    - Work cues and triggers have been delineated and management plan is in effect
    - Supervisory personnel have training to address profession-specific workplace issues for the recovering addicted worker.
  - Work environment has made appropriate alternatives to support sustained recovery
    - Especially for those who have steady access to their previously addictive drugs.
Safety-sensitive cont.

• Profession-specific recovery monitoring programs
• Cohort specific treatment options
• Treatment staff:
  • Should be trained in the specifics of their patient's work environment
  • Staff should have supervision
  • Training to be able to manage the dynamic defenses of the cohort
  • Be sensitive, empathetic, skilled and firm in working with this group
  • Understand stress and trauma that can accompany safety-sensitive positions
  • Understand the political context of addiction care (giving advice about self-disclosure after treatment)
  • Understand and work within the continuum of care
  • Know about specific drug testing and common drug typically used within the cohort
Safety-sensitive cont.

- Profession specific support groups
- Proper treatment should address pragmatic, logistical and emotional problems that the worker will face in recovery
- Success of recovery and reintegration come from proper environmental control
- Assessments should involve collateral sources
Persons in criminal justice settings

- Settings
  - Jails
  - Prisons
  - Pre-release (work release centers)
  - Other criminal justice mandated, supervised setting where movement is monitored and controlled
  - Community corrections (probation/parole)
Criminal justice cont.

• Challenges and special considerations
  • Judges/probation often mandate specific levels of care and length of stay
  • Limited resources leads to treatment decisions based on what’s available not on what the offender needs
  • Important to involve all parties in the decision making process
  • Most treatments in these settings are community or groups
Criminal justice cont.

• Considerations:
  • Important to create a strong working relationship with the courts
  • Treatment staff understand criminogenic risk, need and responsivity
  • Well versed in trauma-informed care
Questions regarding the ASAM criteria?
DSM-5
• DSM-5 overview
DSM-IV TR

- Review of DSM-IV TR (substance related disorders)
  - DSM-IV TR- Substance-related disorders
    - Two groups
      - Substance use disorders (abuse and dependence)
      - Substance-induced disorders
    - 4 classes- Dependence, abuse, intoxication and withdrawal
    - 13 drug categories
DSM-5
12 year process

• Correcting errors form DSM-IV TR
• What’s new?
  • New title
    • Substance-Related and Addictive Disorders
  • Changed # drug classes
    • 10 classes
  • New diagnoses and codes- consistent with ICD-10
  • Criteria to meet the diagnosis
• Considering other behavioral addictions
  • Internet
Added and deleted

**DSM-IV TR**
- Alcohol
- Amphetamine
- Caffeine
- Cannabis
- Hallucinogens
- Cocaine
- Inhalant
- Hallucinogens
- Inhalant
- Sedative/Hypnotic or anxiolytics
- Nicotine

**DSM-5**
- Caffeine
- Opioid
Substance-related Disorder

- Diagnostic criteria
  - *Tolerance
  - *Withdrawal
  - More use than intended
  - Craving for the substance
  - Unsuccessful efforts to cut down
  - Spends excessive time in acquisition
  - Activities given up because of use
  - Use despite negative effects
  - Failure to fulfill major role obligations
  - Recurrent use in hazardous situations
  - Continued use despite consistent social or interpersonal problems
  - *not counted if prescribed by physician
• **Issues regarding medications**
  • No more abuse and dependence
  • Agonist therapy (methadone or buprenorphine) require moderate to severe opioid use disorders

• **Tolerance is a normal reaction**
  • Opioid analgesics, anti-anxiety, anti-depressants, anti-hypertensives
Severity and specifiers

• Severity
  • Mild to severe
    • Based on the number of symptoms
      • Mild 2-3 symptoms
      • Moderate 4-5 symptoms
      • Severe 6 or more symptoms

• Specifiers
  • In early remission
  • In sustained remission
  • On maintenance therapy
  • In a controlled environment
Changes in diagnostic criteria

- DMS-IV TR 11 total diagnostic symptoms
  - Substance dependence – 3 or more symptoms (7 total)
  - Substance abuse- 1 or more symptoms (4 total)

- DSM-5 11 total diagnostic symptoms

- Deleted- recurrent substance-related legal problems
- Added- Craving, or a strong urge to use alcohol

- No separation of abuse/dependence
• Alcohol specific criteria
Diagnostic criteria (alcohol)

• 1. Alcohol is often taken in larger amounts or over a longer period than was intended.
• 2. There is a persistent desire or unsuccessful efforts to cut down or control alcohol use.
• 3. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol or recover from its effects.
• 4. Craving, or a strong urge to use alcohol.
• 5. Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home.
• 6. Continued use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol.
• 7. Important social, occupational, or recreational activities are given up or reduced because of alcohol use.
Diagnostic criteria (alcohol)

• 8. Recurrent use in situations in which it is physically hazardous.

• 9. Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol.

• 10. Tolerance, as defined by either of the following:
  • A need for markedly increased amounts of alcohol to achieve intoxication or desired effects.
  • A markedly diminished effects with continued use of the same amount of alcohol

• 11. Withdrawal, as manifested by either of the following:
  • The characteristic withdrawal syndrome for alcohol
  • Alcohol (or a closely related substance, such as a benzodiazepine) is taken to relieve or avoid withdrawal symptoms.
• Specifiers
  • “In early remission”
    • None of the criteria for alcohol use disorder have been met for at least 3 months but less than 12 months
  • “In sustained remission”
    • No criteria has been met at any time during a period of 12 months or longer
  • “In a controlled environment”
    • Used if the individual is in an environment where access to alcohol is restricted
• Diagnosis: Alcohol use disorders
  • 305.00 Mild (2-3 symptoms)
  • 303.90 Moderate (4-5 symptoms)
  • 303.90 Severe (6 or more symptoms)
• Cannabis-related disorders
  • 305.20 mild
  • 304.30 moderate
  • 304.30 Severe

• Hallucinogen-related disorders
  • Phencyclidine
    • 305.90 mild
    • 304.60 moderate
    • 304.60 severe
  • Other hallucinogen
    • 305.30 mild
    • 304.5 moderate
    • 304.50 severe

• Inhalant-related
  • 305.90 mild
  • 304.60 moderate
  • 304.60 severe
• Opioid-related
  • Specifiers: on maintenance therapy- if the individual is taking a prescribed agonist medication
    • 305.50 mild
    • 304.00 moderate
    • 304.00 severe

• Sedative, Hypnotic or anxiolytic-related disorder
  • 305.40 mild
  • 304.10 moderate
  • 304.10 severe
• **Stimulant-related disorder**
  • **Mild**
    • 305.70 amphetamine-type stimulant
    • 305.60 cocaine
    • 305.70 other or unspecified stimulant
  • **Moderate**
    • 304.40 amphetamine-type stimulant
    • 304.20 cocaine
    • 304.40 other or unspecified stimulant
  • **Severe**
    • 304.40 amphetamine-type stimulant
    • 304.20 cocaine
    • 304.40 other or unspecified stimulant

• **Other-related disorders**
  • 305.90 mild
  • 304.90 moderate
  • 304.90 severe
Diagnostic criteria

• A. Cessation of cannabis use that has been heavy and prolonged (usually daily or almost daily use over a period of at least a few months)

• B. Three (or more) of the following signs and symptoms develop within approximately 1 week after Criterion A:
  • Irritability, anger, or aggression
  • Nervousness or anxiety
  • Sleep difficulties (insomnia or disturbing dreams)
  • Decreased appetite or weight loss
  • Restlessness
  • Depressed mood
  • At least one of the following physical symptoms causing significant discomfort: abdominal pain, shakiness/tremors, sweating, fever, chills, or headache.
• C. The signs and symptoms in Criterion B cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

• D. The signs and symptoms are not attributable to another medical condition and are not better explained by another mental disorder, including intoxication or withdrawal from another substance.
Caffeine-related disorders

- Caffeine withdrawal
  - A. prolonged daily use of caffeine
  - B. Abrupt cessation of or reduction in caffeine use, followed within 24 hours by three or more of the following:
    - Headache
    - Marked fatigue or drowsiness
    - Dysphonic mood, depressed mood or irritability
    - Difficulty concentrating
    - Flu-like symptoms (nausea, vomiting, or muscle pain/stiffness)
  - C. Signs or symptoms in Criterion B cause clinically significant distress
  - D. Signs or symptoms not associated with the physiological effects of another medical condition
Non-substance related Disorders

• Gambling Disorder
  • Behavioral addiction with similarities to substance-related disorders
  • Sufficient data to be added to this section

• Proposed criteria for internet gambling

• Under conditions for further study
  • Proposed criteria for Neurobehavioral Disorder Associated with Prenatal Exposure to Alcohol
References

• [www.asam.org](http://www.asam.org)
• [www.PsychiatryOnline.org](http://www.PsychiatryOnline.org)
• Diagnostic and Statistical Manual of Mental Disorders Fifth Edition
• The ASAM Criteria, third Edition