

The ASAM Criteria

Fourth Edition

First published in 1991, *The ASAM Criteria* promotes individualized and holistic treatment planning, and guides clinicians and care managers in making objective decisions about patient admission, continuing care, and movement along the continuum of care. The Fourth Edition of *The ASAM Criteria* follows the same guiding principles as previous editions, namely:

- Admission into treatment is based on patient needs rather than arbitrary prerequisites (eg, prior treatment failure).
- Patients receive a multidimensional assessment that addresses the broad biological, psychological, social, and cultural factors that contribute to substance use disorders (SUDs), addiction, and recovery.
- Care is interdisciplinary, evidence-based, patient-centered, and delivered from a place of empathy.
- Treatment plans are individualized based on patient needs and preferences.
- Co-occurring conditions are an expectation, not an exception, among patients with SUDs.
- Patients move along the clinical continuum of care based on their progress and outcomes rather than arbitrary predetermined lengths of stay.
- Informed consent and shared decision-making accompany treatment decisions.

The ASAM Criteria incorporates multiple sets of interacting standards that provide a framework for organizing the addiction treatment system and determining appropriate level-of-care recommendations, including:

- The continuum of care with service characteristic standards for each level of care,
- Assessment standards,
- Dimensional Admission Criteria, and
- Treatment planning standards.

The Continuum of Care

Similar to earlier editions, this Fourth Edition of *The ASAM Criteria* describes treatment as a continuum marked by four broad levels of care.

LEVEL 1: OUTPATIENT TREATMENT

LEVEL 2: INTENSIVE OUTPATIENT/HIGH-INTENSITY OUTPATIENT TREATMENT

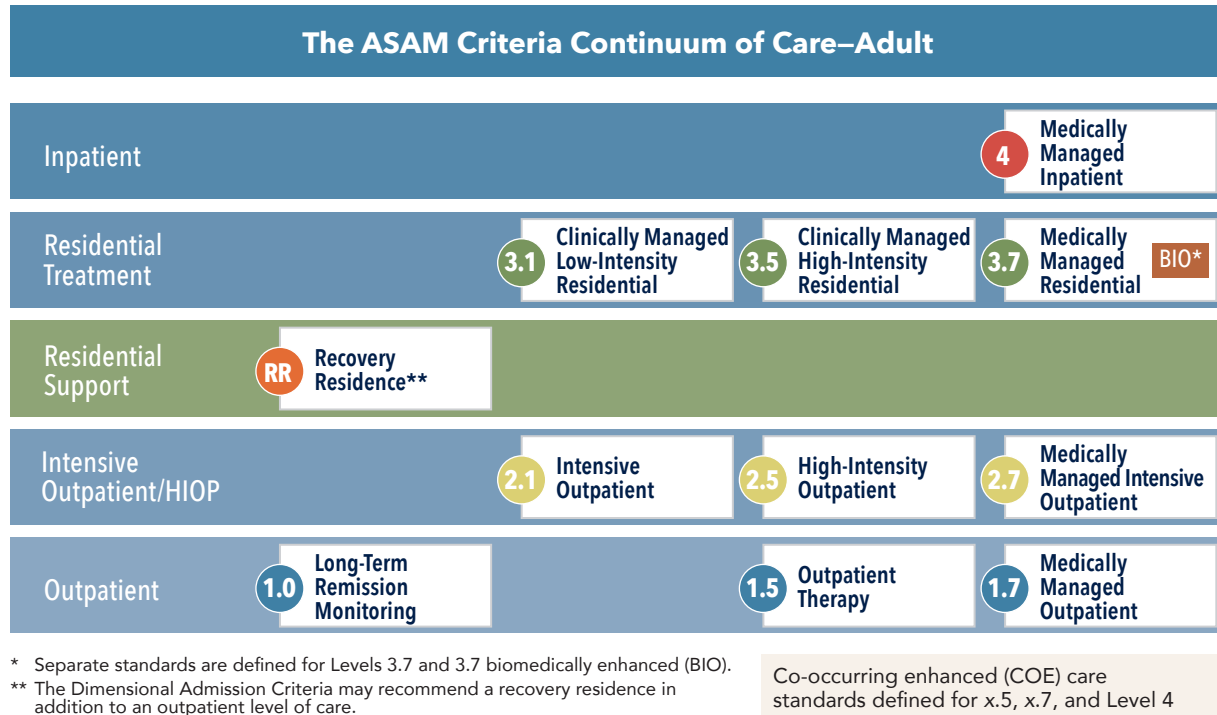
LEVEL 3: RESIDENTIAL TREATMENT

LEVEL 4: MEDICALLY MANAGED INPATIENT TREATMENT

Within these four broad levels of care, decimal numbers express further gradations of intensity and types of care provided. Level x.1 and x.5 programs are *clinically managed*, meaning that treatment planning is led by clinical staff. The x.1 programs (ie, Levels 2.1 and 3.1) are the least intensive, providing 9-19 hours of clinical services per week that primarily (but not exclusively) consist of counseling and psychoeducation. In contrast, Level x.5

programs (ie, Levels 1.5, 2.5, and 3.5) have a greater focus on psychotherapy. Levels 2.5 and 3.5 provide at least 20 hours per week of clinical services, while Level 1.5 programs provide less than 9 hours per week of clinical services.

Level x.7 programs are *medically managed*, meaning that treatment planning is led by medical staff. These programs have a greater focus on withdrawal management and biomedical services; however, Level x.7 programs also provide integrated psychosocial services to treat the underlying SUD. This framework promotes integration of biomedical and addiction treatment services.



Service characteristic standards, including setting, staff, support systems, assessment and treatment planning, services, and documentation, are described for each level of care.

The updated continuum of care promotes:

A CHRONIC CARE MODEL OF TREATMENT. The new Level 1.0 provides ongoing monitoring for patients in stable remission, including ongoing medication management services for those prescribed addiction medications.

INTEGRATION OF CARE. The Fourth Edition integrates withdrawal management services into the continuum in the x.7 levels of care with the expectation that these levels also provide integrated biomedical and psychosocial services. The Fourth Edition will continue to include a BIO designation for select Level 3.7 programs with enhanced biomedical capabilities, including the ability to provide intravenous fluids and medications, as well as advanced wound care.

CO-OCCURRING CAPABLE CARE. The Fourth Edition promotes more integrated care for co-occurring mental health conditions by incorporating standards for co-occurring capable care into the core standards for *all* levels of care. Separate, advanced standards are included for COE levels of care.

ACCESS TO RECOVERY SUPPORT SERVICES. The Fourth Edition of *The ASAM Criteria* advocates for recovery-oriented systems of care (ROSCs) by including standards that identify recovery support services (RSS) that should be available directly or through partnerships at each level of care and promoting ongoing remission monitoring and recovery management checkups (RMCs) for patients who have achieved sustained remission. ASAM collaborated with the National

Alliance for Recovery Residences (NARR) to define Dimensional Admission Criteria for outpatient levels of care plus recovery residences (eg, Level 2.1 plus RR) and describe the standard services that should be available to support effective coordination between addiction treatment programs and recovery residences.

HARM REDUCTION. The Fourth Edition of *The ASAM Criteria* encourages clinicians to consider harm reduction-related needs for each patient, emphasizing the importance of engaging with the patient to understand their treatment goals and preferences and being responsive to them. It also incorporates low-threshold addiction medication access and encourages programs to consider how to better support harm reduction.

Assessment and Treatment Planning

Though a full biopsychosocial assessment is not necessary for determining the level of care recommendation, it is the foundation of a comprehensive treatment plan. The Fourth Edition describes separate standards: *The ASAM Criteria* Level of Care Assessment is used to determine the recommended level of care, and *The ASAM Criteria* Treatment Planning Assessment is used to develop the comprehensive treatment plan. Both assessments are multidimensional and consider the patient’s biological, psychological, social, and cultural contexts. The Fourth Edition also describes standards that guide clinicians on how to use the results of the multidimensional assessment to identify problems and strengths in each dimension and subdimension and work with patients to develop a patient-centered treatment plan.

Dimensions and Subdimensions

The Third Edition’s Dimension 4: Readiness to Change does not contribute independently to the recommended level of care; rather, it impacts clinical judgments related to risks in other dimensions and influences the services that should be delivered at any level of care and should be carefully considered in treatment planning. The Fourth Edition reorders the dimensions such that consideration of readiness to change is integrated across dimensions and replaced by a new dimension, Dimension 6: Person-Centered Considerations. This new dimension considers barriers to care—including social determinants of health (SDOH)—patient preferences, and the need for motivational enhancement. The Fourth Edition also simplifies and updates dimension names to reflect the field’s evolving terminology and facilitate effective dissemination of these standards.

Changes to *The ASAM Criteria* Dimensions in the Fourth Edition

THIRD EDITION

Acute Intoxication and Withdrawal Potential

Biomedical Conditions and Complications

Emotional, Behavioral, or Cognitive Conditions and Complications

Readiness to Change

Relapse, Continued Use, or Problem Potential

Recovery/Living Environment

FOURTH EDITION

1

Intoxication, Withdrawal, and Addiction Medications

2

Biomedical Conditions

3

Psychiatric and Cognitive Conditions

4

Substance Use-Related Risks

5

Recovery Environment Interactions

6

Person-Centered Considerations

The Fourth Edition describes subdimensions, reflecting core actionable factors, that should be assessed within each dimension. During the Level of Care Assessment, the subdimensions in **bold and blue** inform level of care recommendations and initial treatment for immediate needs; however, *all* subdimensions are considered for treatment planning purposes. Dimensions 1 through 5 are used to develop a level of care recommendation. When assessing Dimension 6, the assessor works with the patient to determine which level of care the patient is willing and able to engage in.

Dimension 1: Intoxication, Withdrawal, and Addiction Medications

- **Intoxication and Associated Risks**
- **Withdrawal and Associated Risks**
- **Addiction Medication Needs**

Dimension 2: Biomedical Conditions

- **Physical Health Concerns**
- **Pregnancy-Related Concerns**
- Sleep Problems

Dimension 3: Psychiatric and Cognitive Conditions

- **Active Psychiatric Symptoms**
- **Persistent Disability**
- Cognitive Functioning
- Trauma-Related Needs
- Psychiatric and Cognitive History

Dimension 4: Substance Use-Related Risks

- **Likelihood of Engaging in Risky Substance Use¹**
- **Likelihood of Engaging in Risky SUD-Related Behaviors²**

Dimension 5: Recovery Environment Interactions

- **Ability to Function Effectively in Current Environment**
- **Safety in Current Environment**
- **Support in Current Environment**
- Cultural Perceptions of Substance Use and Addiction

Dimension 6: Person-Centered Considerations

- Barriers to Care
- Patient Preferences
- Need for Motivational Enhancement

New Chapters

As in the Third Edition, the Fourth addresses application of *The ASAM Criteria* within utilization review and management, nicotine/tobacco use, justice-involved individuals, patients who are pregnant or parenting, older adults, and patients in safety-sensitive occupations.

New chapters in the Fourth Edition of *The ASAM Criteria* include:

- Early Intervention and Secondary Prevention
- Telehealth and Other Health Technologies
- Integrating Recovery Support Services
- Integrating Trauma-Sensitive Practices, Culturally Humble Care, and Social Determinants of Health
- Addressing Pain
- Addressing Cognitive Impairment

Future Volumes

Planned future volumes will address (1) Adolescent and Transition Age Youths, (2) Justice-Involved Patients, and (3) Behavioral Addictions.

1. Risky substance use refers to any use with significant risk for adverse medical, emotional, social, financial, and/or legal consequences.
2. Risky SUD-related behaviors refers to any behaviors linked to substance use or SUD that cause or are anticipated to cause significant adverse medical, psychological, emotional, social, financial, and/or legal consequences.