



WISCONSIN DEPARTMENT
of **HEALTH SERVICES**

Using the ASAM Criteria to Guide Assessment and Treatment of Youth

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Key Assessment Considerations

Adolescent-Specific Approaches

- They face the complex nature of their involvement with family, school, work, and friends and the need to meet certain social, educational and emotional requirements.
- Adolescents have psychological, developmental, and emotional strengths and needs that are different from those of the adults who include the majority of the SUD treatment and recovery population. For the purposes of this training, adolescents are individuals 12 through 17 years of age.

Adolescent-Specific Approaches

- For the most **positive outcomes** among adolescents experiencing SUD-related problems, they must have access to **age appropriate intervention, treatment, recovery**, practical support such as life skills training and employment, and meaningful opportunities for involvement and leadership.
- Adolescents need programs that address their developmental issues, provide comprehensive and integrated services, **involve families, and allow adolescents to remain in the most appropriate, but least restrictive setting.**

Adolescent-Specific Approaches

- Strategies to engage adolescents, channel their energy, hold their attention, and retain them in treatment are critical.

Treatment Engagement:

What Do Adolescent SUD Patients Want?

- What you're selling:
 - Long term solutions
 - Pro-social behaviors
 - Abstinence
- What they're shopping for:
 - Crisis relief
 - Better drugs, more trouble-free partying
 - Comfort-(relief from extreme emotions)
 - Get some meddling adult off my back

Treatment Engagement

- Assessing treatment readiness
- Meeting the teen where they are at
- Discovery plan vs recovery plan
- Habilitation vs rehab
- This will assist in building the therapeutic relationship

Adolescent Treatment

Substance use treatment can help reduce substance use and **improve social and school functioning**. However, only about **9%** of adolescents with a SUD received specialty **treatment** in 2017. The gap between those who need treatment and those who access treatment was even higher among some **adolescents of color**. Compared to White adolescents, **Black, Native American and Latino adolescents with SUDs had lower rates of treatment access**

The ASAM Criteria

Multidimensional Assessment *(Pg. Adolescents 90-104)*

Assessment Dimensions	Assessment and Treatment Planning Focus
1. Acute Intoxication and/or Withdrawal Potential	Assessment for intoxication and/or withdrawal management. Withdrawal management in a variety of levels of care and preparation for continued addiction services
2. Biomedical Conditions and Complications	Assess and treat co-occurring physical health conditions or complications. Treatment provided within the level of care or through coordination of physical health services
3. Emotional, Behavioral or Cognitive Conditions and Complications	Assess and treat co-occurring diagnostic or sub-diagnostic mental health conditions or complications. Treatment provided within the level of care or through coordination of mental health services
4. Readiness to Change	Assess stage of readiness to change. If not ready to commit to full recovery, engage into treatment using motivational enhancement strategies. If ready for recovery, consolidate and expand action for change
5. Relapse, Continued Use or Continued Problem Potential	Assess readiness for relapse prevention services and teach where appropriate. If still at early stages of change, focus on raising consciousness of consequences of continued use or problems with motivational strategies.
6. Recovery Environment	Assess need for specific individualized family or significant other, housing, financial, vocational, educational, legal, transportation, childcare services

DIMENSION 1: Acute Intoxication and/or Withdrawal Potential

- Exploring clients **past and current** experience of substance use and **withdrawal**.
- Assess need for **stabilization** of acute **intoxication**.

Goals

- Avoid hazardous consequences of drug discontinuation.
- Facilitate withdrawal management and timely entry into continued treatment.
- Promote patient dignity and ease discomfort.
- Determine level of withdrawal management.

Dimension 1 Specific to Adolescent

pages:177-178

- **Physical withdrawal**

- Symptoms are **less common** to be an issues for most adolescent compared to the Adults
 - Opioids most common exception (high rates in athletes)
 - using significant amounts of substance and/or combinations of different substances could be associated with life-threatening withdrawal symptoms or medical complications.
 - Sleep issues during withdrawal-During certain developmental stages teens need more sleep.
 - If a teen is intoxicated

Dimension 1 Specific to Adolescent

- Withdrawal Management (WM) generally refers to a 3- to 5-day inpatient program with 24-hour intensive medical monitoring and management of withdrawal symptoms.
- The number and rates of youth admitted to WM units increased between 2009 and 2014 (Acevedo et al., 2020).

Dimension 2: Biomedical Conditions and Complications

This dimension investigates the individual's overall **physiological condition** in order to determine whether there are any **medical problems or concerns**. If an individual is suffering from a **medical problem that is complicated by substance use**, or he or she has a health problem of such severity that **medical care is immediately necessary**, then the inclusion of medical management in the treatment setting becomes critically important.

Dimension 2 Specific to Adolescent :

- Kids have less medical issues than adults
- Seizures, TBI, OD, HIV, Hep C skin infections when using IV drugs are still possibilities.
- Rule out pregnancy

DIMENSION 3: Emotional, Behavioral, or Cognitive Conditions and Complications

This dimension addresses the individual's **mental status**, in terms of the effects of any emotional or behavioral problems on the presenting substance use disorder. The individual is evaluated in terms of his or her emotional stability, and the interviewer attempts to assess the degree to which the individual could **present a danger to self or others**. The goal of this dimension is to identify any mental health disorders which could **complicate substance use disorder treatment**, and which may need to be **treated concurrently**. This dimension also identifies any unpredictable or self-defeating behaviors in response to emotional or environmental stressors.

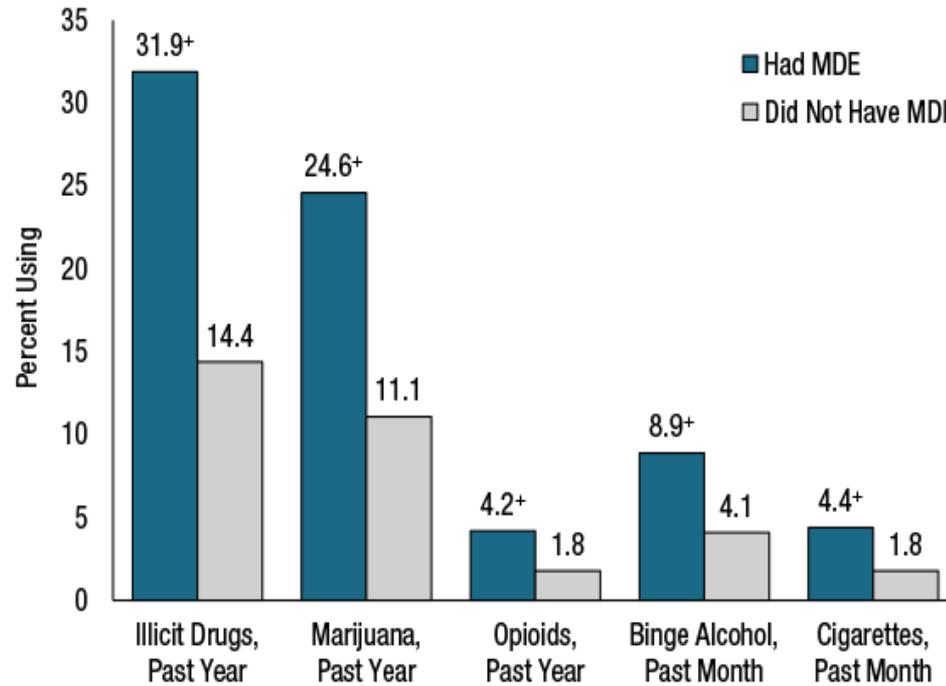
Dimension 3 Specific to Adolescent:

Although there are fewer studies on comorbidity among youth, research suggests that adolescents with substance use disorders also have high rates of co-occurring mental illness; over 60 percent of adolescents in community-based substance use disorder treatment programs also meet diagnostic criteria for another mental illness.

Dimension 3 Specific to Adolescent:

- In Dimension 3 focus areas:
 - a. Dangerousness/Lethality
 - b. Interference with addiction recovery efforts
 - c. Social functioning
 - d. Ability for self-care
 - e. Course of illness

Figure 55. Substance Use among Youths Aged 12 to 17, by Past Year Major Depressive Episode (MDE) Status: 2019



+ Difference between this estimate and the estimate for youths without MDE is statistically significant at the .05 level.

Note: Youth respondents with unknown MDE data were excluded.

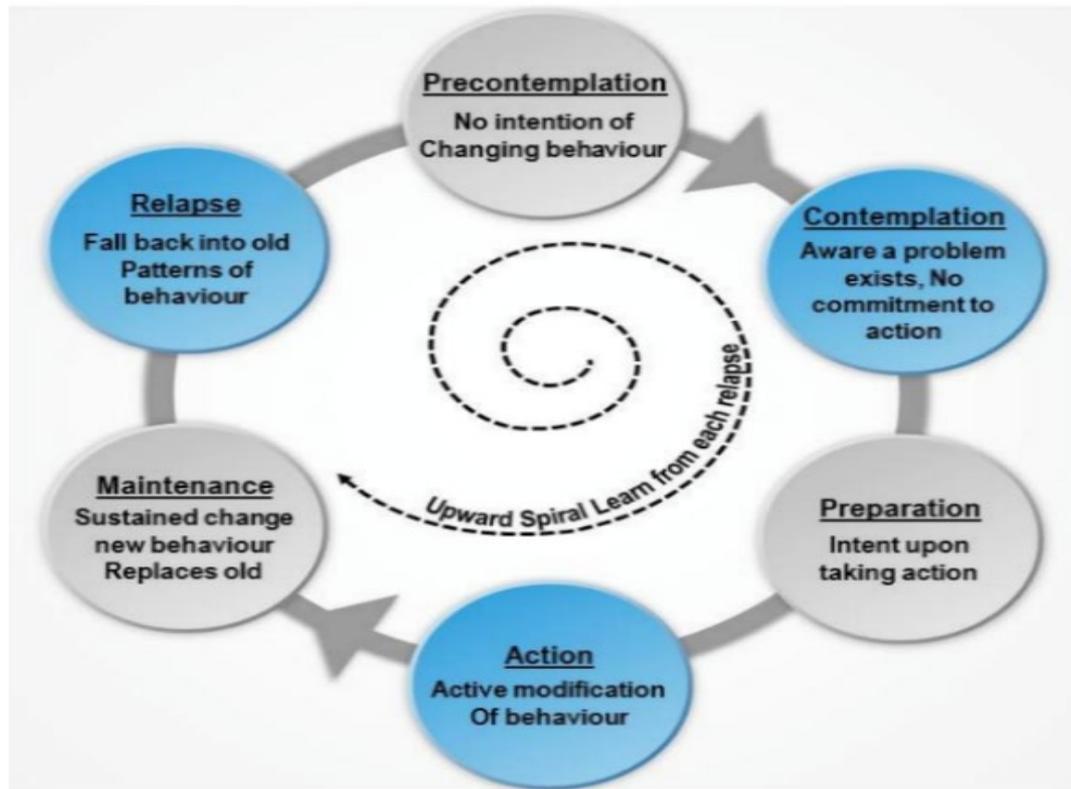
Dimension 4: Readiness/Motivation

This dimension examines the individual's **attitude towards treatment**. Looks at clients willingness to explore the need for treatment to deal with mental disorders. The degree to which the individual understands the **nature and consequences** of his or her substance use disorder, as well as his or her **motivation** to engage in recovery, are vital considerations to be made when deciding upon an appropriate setting for treatment.

What Stage of Change is the client in regarding their **substance use**?

What Stage of Change is the client in regarding their **mental health** ?

Stages of Change Model



Dimension 4 Specific to Adolescent:

- Readiness to Change:
 - What Stage of change is teen in
 - MI is very useful
 - Teens usually at earlier stages of change, commonly coerced into tx by parent or JPO.
 - Retention in substance use treatment is one of the **strongest** predictors of improved outcomes among adolescents, making retention an important goal of treatment.
 - Increasing motivation/readiness to change helps increase retention

Dimension 5: Relapse, Continued Use or Continued Problem Potential

This dimension's focus is the individual's ability to **maintain recovery** by having an understanding of, or skills in coping with, **addictive or co-occurring mental health disorders** to prevent relapse. It examines how the individual deals with triggers, stress, and peer pressure without recurrence of addictive thinking, behaviors, or continued problems such as suicidal ideation or homicidal ideation.

What is the client's potential to relapse, continued use or continued problem regarding **SUD**?

What is the client's potential to relapse or continued problem regarding **MH symptoms**?

Teen factors associated with an increased risk of relapse

- Being in social situations or places where drugs are available
- Being socially isolated
- Boredom
- Impulse control issues
- Active defiance
- Active substance use with parents/family's view of drug use
- Lack of adult supervision and involvement
- Poor attachment with parents
- School failure
- Aggression towards peers

Dimension 6: Recovery/Living Environment

This dimension evaluates the individual's **social and living environment** in terms of how it promotes or hurts the individual's recovery efforts. Its main concern is whether the individual's peers, family, and/or significant others are supportive of his or her recovery, either directly or indirectly. Severe environmental conditions can require increased treatment needs. How the **individual copes** with this environment is crucial in developing the treatment plan.

Does clients recovery/living environment promote or hurt the clients **SUD recovery efforts**?

Does clients recovery/living environment promote or hurt the clients **MH recovery efforts**?

Dimension 2 Specific to Adolescent:

Home Environment

- Family and peer support systems
 - Family must engage in proactive monitoring/supervision

Barriers & Stressors:

- Relationships, peer abandonment,
- School, legal, food,
- Substance use in the home
- Limited family participation/visits
- Less availability of “transitional living/sober living” options for teens who need it
- Costs associated with treatment, adolescent is caretaker, violence in the home

MAT For Teens per WI (2019)

- Maintenance treatment for persons under age 18. A person under 18 years of age is required to have had two documented unsuccessful attempts at short-term medical withdrawal (detoxification) or drug-free treatment within a 12-month period to be eligible for methadone maintenance treatment. No person under 18 years of age may be admitted to maintenance treatment unless a parent, legal guardian, or responsible adult designated by the relevant State authority consents in writing to such treatment (This is **NOT allowable** in current DHS 75 rule but will be in the updated DHS 75 rule).
- Buprenorphine & Methadone products require that you be 16 and Naltrexone has no age requirement



What levels of care do these teens need to go to?



LEVEL OF CARE	ADOLESCENT TITLE	ADULT TITLE	DESCRIPTION
0.5	Early Intervention	Early Intervention	Assessment and education for at-risk individuals who do not meet diagnostic criteria for substance use disorder
1	Outpatient Services	Outpatient Services	Less than 9 hours of service/week (adults); less than 6 hours/week (adolescents) for recovery or motivational enhancement therapies/strategies
2.1	Intensive Outpatient	Intensive Outpatient	9 or more hours of service/week (adults); 6 or more hours/week (adolescents) to treat multidimensional instability
2.5	Partial Hospitalization	Partial Hospitalization	20 or more hours of service/week for multidimensional instability not requiring 24-hour care
3.1	Clinically Managed Low-intensity Residential	Clinically Managed Low-intensity Residential	24-hour structure with available trained personnel; at least 5 hours of clinical service/week
3.3	<i>*This Level of Care not designated for adolescent populations</i>	Clinically Managed Population-specific High-intensity Residential	24-hour care with trained counselors to stabilize multidimensional imminent danger; less intense milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community
3.5	Clinically Managed Medium-intensity Residential	Clinically Managed High-intensity Residential	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 High-intensity Inpatient	Medically Monitored Intensive Inpatient	24-hour nursing care with physician availability for significant problems in Dimensions 1, 2 or 3; sixteen hour/day counselor ability
4	Medically Managed Intensive Inpatient	Medically Managed Intensive Inpatient	24-hour nursing care and daily physician care for severe, unstable problems in Dimensions 1, 2 or 3; counseling available to engage patient in treatment

Resources:

- Treatment Improvement Protocol (TIP) 31, Screening and Assessing Adolescents for Substance Use Disorders
- TIP 32, Treatment of Adolescents with Substance Use Disorders
- SAMHSA's TIP 35, Enhancing Motivation for Change in Substance Use Disorder Treatment
- National Survey on Drug Use and Health (NSDUH)-
<https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health>