Development of The ASAM Criteria® Intake Assessment:

A Free, Paper-Based, Interview Form

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Disclosure Information

- Presenter: R. Corey Waller, MD, MS – HMA Institute on Addiction
  - No disclosures

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  - No disclosures

Learning Objectives

Learners will:

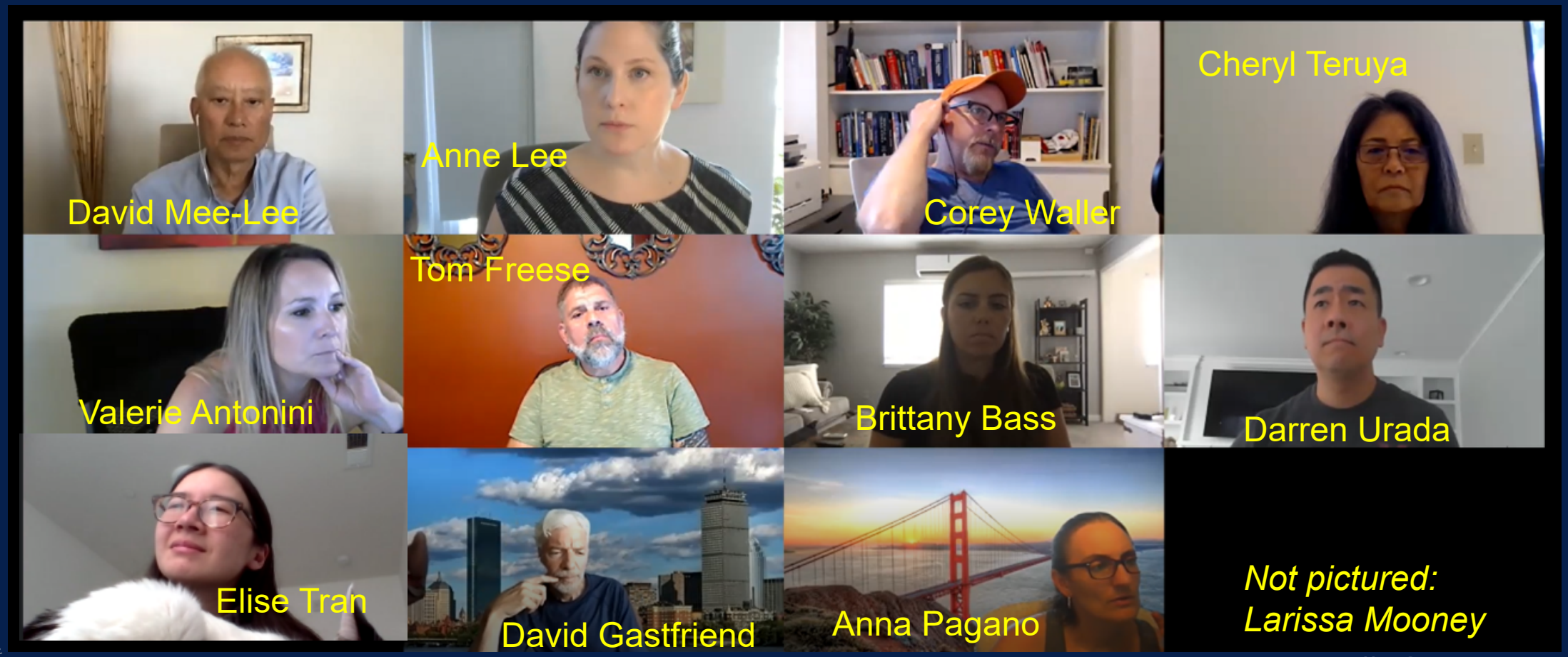
- Understand the development and application of the paper-based ASAM Criteria® Intake Assessment Interview Guide
- Understand the guide's special features
- Understand the guide's LOC guidance
- Know where to access information and resources for implementation of the guide

Overview

- The Team
- Background
- Special Features of the Form
- Feasibility Pilot
- Review of the Guide
- Treatment Placement & LOC Guidance
- Implementation Resources

The Team

- Our team launched this effort just at the start of the pandemic, spending many hours deep in thought together on Zoom…



Background

The form was developed by a team at UCLA Integrated Substance Abuse Programs and designated ASAM experts. It is based on the third edition of *The ASAM Criteria book*

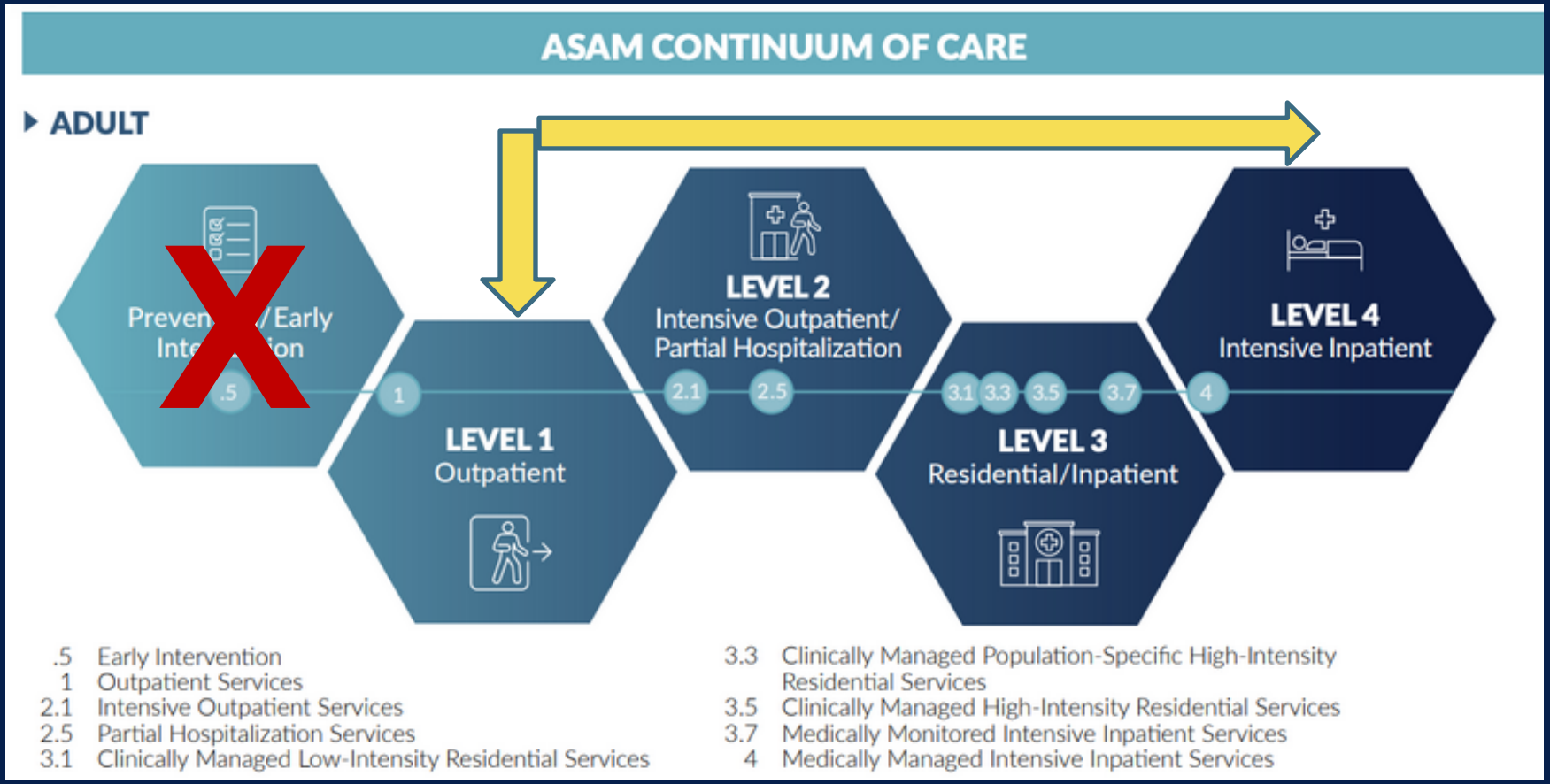
The ASAM Criteria® Assessment Interview Guide is a:

- Standardized
- Free
- Paper-based, *(fillable PDF forms coming soon)*
- ASAM-endorsed
- Guide to conducting a multidimensional assessment supporting LOC determination.

Mee-Lee D, Shulman GD, Fishman MJ, Gastfriend DR, Miller MM, eds. The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions. 3rd ed. Carson City, NV: The Change Companies ®; 2013.

Background

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



- Adult patients
- who have confirmed SUD, *the form is designed for LOC determination for Level 1 treatment or above*

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

Background

- In California, a Medicaid Demonstration (1115 Waiver) required SUD treatment providers to use ASAM Criteria-based assessments, creating a need for a low-cost, standardized SUD assessment tool.
- Without a standard form, the application of the ASAM Criteria varied widely.
- The team reviewed various California ASAM Criteria-based assessment tools. Features of these formed the foundation of the current draft assessment guide.
- As this is the first publication of the guide, ASAM welcomes feedback at asamcriteria@asam.org

Background: Changes to Drug Medi-Cal Coverage under the 1115 Waiver

DRUG MEDI-CAL	DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM
➤ Outpatient drug-free treatment	➤ All services provided under standard Drug Medi-Cal
➤ Intensive outpatient treatment	➤ Multiple levels of residential SUD treatment (not limited to perinatal women or to facilities with no more than 16 beds)
➤ Residential SUD services for perinatal women only (limited to facilities with no more than 16 beds)	➤ Narcotic treatment programs expanded to include buprenorphine, disulfiram, and naloxone
➤ Naltrexone treatment	➤ Withdrawal management (at least one ASAM level)
➤ Narcotic treatment programs (methadone only)	➤ Recovery services
	➤ Case management
	➤ Physician consultation
	➤ Partial hospitalization (optional)
	➤ Additional medication-assisted treatment (optional)

https://www.chcf.org/wp-content/uploads/2020/08/HowMediCalExpandedSubstanceUseTreatment.pdf

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 forms
  - *Counselors, Social Workers, Clinical Psychologists, Nurses and Physicians*

Scan for link to the form

Special Features of the Guide

- **Interviewer instructions**
  - Comprehensive prompts for gathering info
  - Footnotes that direct interviewers to supportive resources and guidance in The ASAM Criteria® book
- **Prompts to support Treatment Planning for each ASAM Dimension *(optional)***
- **Guidance for Distinguishing Differences Between The ASAM Levels of Care *(Appendix)***
  - If – Then High Priority Guidance for Immediate Needs
  - If – Then Considerations By Dimension

Feasibility Pilot

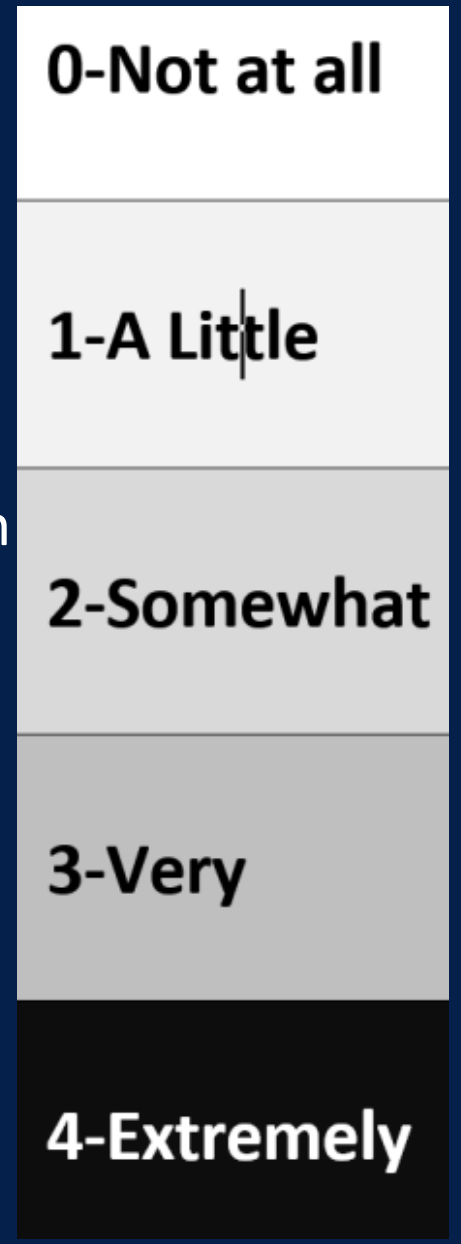
- In May 2021, Siskiyou County CA volunteered to perform a feasibility pilot
  - June 2021, training period - mock cases & role playing
  - July-November 2021, piloted the Guide with adults seeking SUD services
- Due to pandemic and staff turnover, Ns were low. Due to privacy rules we did not collect demographic data
  1. Counselor surveys (N=6)
  2. Patient surveys (N=11)
  3. Completed ASAM Criteria Assessment Interview Guides (N=34)

Surveys adapted from: Mark, T. L., Hinde, J., Henretty, K., Padwa, H., & Treiman, K. (2021). How patient centered are addiction treatment intake processes?. Journal of Addiction Medicine, 15(2), 134-142.

Feasibility Pilot Results

- **Counselor surveys (N=6):**
  - 83% would recommend the assessment Guide to other providers.
  - Positive comments-It “does dig deep and is very thorough”.
  - Negative comments-”It is too extensive and the flow is clunky. The clients seem to get lost through out session because of the repetition and I end up trying to re-explain things in their words”

These will be important training considerations when implementing the guide



Special thanks to Siskiyou County, CA SUD Administrator SUD Administrator, counselors, and patients

Feasibility Pilot Results

- Patient Surveys (N=11):
  - Contrary to Counselor survey results,
    - only 27% felt the “assessment asked too many questions about the same thing” and
    - 0% agreed “the assessment asked too many personal questions.”
    - 9% agreed the assessment “takes too long”
- Overall satisfaction, 91% agreed:
  - “the assessment helped me think about what services I need”
  - “helped me understand more about my problems related to drugs/alcohol”
  - “helped me think about my goals for treatment.”

Review of the Guide

Each of the sections assessing the 6 dimensions contain:

- Questions about patient history relevant to LOC determination
- Patient self-report scales
- Footnote instructions/resources for interviewers
- Probes to assist with treatment planning
- Guidance for establishing risk rating in each dimension
- Helpful page references to The ASAM Criteria® 3rd Ed.

Review 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? _____	○	_____ YEARS _____ MONTHS	○	○	○	○	○	○	○	○	○

Review of the Guide

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

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."

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
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):*	○	○	○	○	○

Review of the Guide

- 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.*
- *Daily benzodiazepine use for 6 months causes increased risk for acute withdrawal.*
- *Common prescription stimulants include methylphenidate (Ritalin®, Concerta®); amphetamines (Dexedrine®, Adderall®); lisdexamfetamine (Vyvanse); dextroamphetamine (ProCentra); Phentermine (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 people close to them? Do they show insight into problems, for example, the consequences of their use (such as DUIs, sexually transmitted infections, etc.?)*

Review of the Guide

- A section with probes *to assist with treatment planning*

Problem Statements and Goals (Optional, for treatment planning purposes)

21. What concerns or problems do you have with your current living situation or environment?	Problem(s):
22. What changes in your work/home/community are you able or willing to make to support cutting back or stopping your alcohol or other drug use? *(e.g., get peer support, move, change jobs, change friends)*	○ Nothing ○ Not sure Goal(s):

Review of the Guide

- Guidance for establishing risk rating in each dimension, and impact on overall LOC

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
• Proactive responsible participant in treatment • Committed to changing alcohol or other drug (AOD) use	• Willing to enter treatment • Ambivalent to the need to change	• Reluctant to agree to treatment • Low commitment to change AOD use • Variable adherence to treatment	• Unaware of and not interested in the need to change • Unwilling/only partially able to follow through with treatment • Passively compliant, goes through the motions in treatment	• Rejecting need to change • Engaging in potentially dangerous behavior • Unwilling/unable to follow through with treatment recommendations
	Requires low intensity services for motivational enhancement	Requires moderate intensity services for motivational enhancement	Requires high intensity engagement and/or motivational enhancement	Secure placement for acute or imminently dangerous situations and/or close

In this row, hallmarks that are typical of each risk rating

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

Review of the Guide

- Guidance for Withdrawal Management

1-WM	2-WM	3.7-WM	4-WM
• Outpatient • Secure home environment • High general functioning • Needs daily or less than daily supervision • Likely to complete WM and continue treatment or recovery	• Intensive outpatient • Need for support all day • At night has support-ive family or living situation such as, supportive housing/ shelter ** • Likely to complete WM Has ability to access medical care in person or telemedicine (not ER)	• Residential • **Severe** withdrawal • Needs 24-hour nursing support and daily access to physician Unlikely to complete WM without medical monitoring	• Hospital • **Severe, unstable** withdrawal • Needs 24-hour nursing and daily physician visits to manage medical instability Setting must include addiction services

➤ *Note: Forced or non-medically directed withdrawal can be dangerous, is unethical, and is counterproductive. Safe and comfortable withdrawal enhances engagement in treatment.*

Medications for Addiction T

Medications are available for treatment of acute withdrawal from opioids, alcohol, sedatives, and nicotine and for ongoing treatment of opioid, alcohol and nicotine use disorder.

These should be offered to patients entering treatment.

Review of the Guide

- Helpful page references to The ASAM Criteria® 3rd Ed.

Interviewer Instructions:

For guidance assessing Dimension 4, see *The ASAM Criteria*, 3rd Ed. The "Assessment Considerations" text box at the top of p. 50.

For guidance assessing risk, please see Risk Rating Matrices in *The ASAM Criteria*, 3rd ed.:

- For alcohol, see pages 147-154
- For sedatives/hypnotics, see pages 155-161
- For opioids, see "Risk Assessment Matrix" on page 162

Placement: Concurrent Treatment

ASAM CRITERIA LEVEL OF CARE: CONCURRENT TREATMENT AND RECOVERY SERVICES	
Opioid Treatment Program	NTP, methadone program
Office Based Opioid Treatment	Buprenorphine, naltrexone
Other MAT, (for SUD other than OUD)	E.g., Primary care, psychiatrist, nurse practitioner. Pharmacotherapy, i.e., medications for alcohol and nicotine use disorder
COC	Co-Occurring Capable treatment, integration of services for stable mental health conditions and SUD
COE	Co-Occurring Enhanced treatment, integration of services and equal attention for unstable mental health conditions and SUD
Biomedical Enhanced	Biomedical Enhanced treatment, integration of services and equal attention for serious physical health conditions and SUD
***Housing**	Patient needs safe supportive housing. *Patient can receive Outpatient or Intensive Outpatient care if in stable supportive living environment, i.e., Recovery residence/sober living, supportive friend's or relative's home Notes:

For guidance see *The ASAM Criteria*, 3rd ed. p. 124 "Decisional flow to Match Assessment and Treatment/Placement Assignment"

Recovery Support Services	Patient needs ○ Transportation ○ Childcare ○ Legal Services ○ Vocational ○ School Counseling ○ Financial Assistance ○ 12 Step ○ Peer Support ○ Other: _____ Notes:

Placement: Indicated vs Actual

INDICATED LOC				ACTUAL LOC			
◯ **Level 4** – Medically Managed Intensive Inpatient Services	◯ COE	◯ BIO	◯ OTS	◯ Level 4	◯ COE	◯ BIO	◯ OTS
◯ **Level 3.7** – Medically Monitored Intensive Inpatient	◯ COE	◯ BIO	◯ OTS	◯ Level 3.7	◯ COE	◯ BIO	◯ OTS
◯ **Level 3.5** – Clinically Managed High-Intensity Residential	◯ COE	◯ BIO	◯ OTS	◯ Level 3.5	◯ COE	◯ BIO	◯ OTS
◯ **Level 3.3** – Clinically Managed Population-Specific High-Intensity Residential	◯ COE	◯ BIO	◯ OTS	◯ Level 3.3	◯ COE	◯ BIO	◯ OTS
◯ **Level 3.1** – Clinically Managed Low-Intensity Residential	◯ COE	◯ BIO	◯ OTS	◯ Level 3.1	◯ COE	◯ BIO	◯ OTS
◯ **Level 2.5** – Partial Hospitalization	◯ COE	◯ BIO	◯ OTS	◯ Level 2.5	◯ COE	◯ BIO	◯ OTS
◯ **Level 2.1** – Intensive Outpatient	◯ COE	◯ BIO	◯ OTS	◯ Level 2.1	◯ COE	◯ BIO	◯ OTS
◯ **Level 1** – Outpatient Services	◯ COE	◯ BIO	◯ OTS	◯ Level 1	◯ COE	◯ BIO	◯ OTS

Placement: Data Collection

Reasons for Discrepancy between Indicated and Actual Placement

Data Collection on LOC indicated vs. LOC referred/received

Circle all that apply:

1 = Not applicable - no difference
2 = Patient preference.
3 = Recommended program is unavailable in geographic region.
4 = Lack of physical access (e.g., transportation, mobility).
5 = Conflict with job/family responsibilities.
6 = Patient lacks insurance.
7 = Patient has insurance, but insurance will not approve recommended treatment.
8 = Program available but lacks opening or wait list too long.
9 = Program available but declines to accept patient due to patient characteristic(s), e.g., history, clinical status.
10 = Inappropriate court or other mandated treatment contradicts ASAM Criteria recommendation
11 = Patient rejects any treatment at this time.
12 = Patient left/eloped.
13 = Clinician disagrees with ASAM Criteria recommendation *(please explain)*: _____
14 = Final Disposition is not known.
15 = Other *(please explain)*: _____

"See *The ASAM Criteria*, 3rd ed., p. 59: "Determining Dimensional Interaction and Priorities." See also p. 73, "Matrix for Matching Adult Severity and Level of Function with Type and Intensity of Service."

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: • 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	

Appropriate "indicated" LOC should include patient preference.

Placement: LOC Guidance

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		
		Medication for OUD*	Bio-medical enhanced	Co-Occurring Enhanced (COE)
Patient needs 24-hour supportive addiction treatment • 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
Patient's temporary or permanent limitations, e.g., due to cognitive impairment, make outpatient treatment strategies not feasible or not effective • 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

Placement: LOC Guidance

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	Medication for OUD*	Bio-medical enhanced	Co-Occurring Enhanced (COE)
Patient likely to immediately relapse or continue use, or may not be able to function (engage in recovery), or is unsafe in the "real world" unless receiving 24-hour supportive structure • No need for 24-hour medical monitoring • No significant cognitive impairments • Needs 24-hour structure with addiction specialty support • Safely able to access the community and outpatient services unsupervised	**3.1**	On-site or OTS	Primary, or Specialty care	On-site and specialty consultation
Patient is safe in outpatient treatment, but not able to engage in or progress in treatment without daily monitoring or management • Not ready for full immersion in the "real world" • For patients with OUD, can go to OTP • Moderate or low severity in D2, as well as moderate severity in D4 or D5 or D6 • Physical health problems don't interfere with addiction treatment but can be distracting and need medical monitoring e.g., unstable hypertension or asthma; chronic back pain	**2.5 or OTP**	OTP or OBOT	Primary, or Specialty care	On-site and specialty consultation

Placement: LOC Guidance

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		
		Medication for OUD*	Bio-medical enhanced	Co-Occurring Enhanced (COE)
Patient can progress in treatment with supports while practicing new recovery skills and tools in the "real world" • For patients with OUD, can go to OTP • No to low severity in D1, D2, and D3; as well as moderate severity in D4 or D5 or D6	**2.1 or OTP**	OTP or OBOT	Primary, or Specialty care	On-site and specialty consultation
Patient has Opioid Use Disorder, current/recent dependence according to federal requirements. (See ASAM Criteria, 3rd Ed. text box on p. 290. See p. 296 for diagnostic admission criteria) • Patient can receive OTP services as stand-alone services or concurrently with another LOC.	**OTP**	OTP	Primary, or Specialty care	On-site and specialty consultation

Placement: LOC Guidance

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		
		Medication for OUD*	Bio-medical enhanced	Co-Occurring Enhanced (COE)
Patient needs less than 9 hours per week of treatment. • Patient is committed to recovery, high level of readiness to change; problems are stable but need professional monitoring. Patient is able to engage in collaborative treatment. Or • Patient is in early stages of change and not ready to commit to full recovery. A more intensive Level of Care may lead to increased conflict, passive compliance or even leaving treatment. Or • Patient has achieved stability in recovery but needs ongoing monitoring and disease management.	**1 or OBOT**	OTP or OBOT	Primary, or Specialty care	On-site and specialty consultation

***Medication should also be made available for Alcohol Use Disorder and Nicotine Use Disorder.**

Placement: Immediate Needs

HIGH PRIORITY - IMMEDIATE NEED PROFILE		
Dimension	**If**	**Then**
	Life threatening →	**Level 4, or emergency department evaluation**
1	D1-CURRENT Severe life-threatening withdrawal symptoms	• Perform immediate evaluation of need for acute inpatient care
2	D2-CURRENT Severe life-threatening physical health problems	• Perform immediate evaluation of need for acute inpatient care
2	D2 is severe/very severe	• Consider intensive physical health services or hospital care
3a	D3a-Imminent danger to self or others	• Perform immediate evaluation of need for acute inpatient psychiatric care
3b	D3b-Unable to function in activities of daily living or care for self with imminent dangerous consequences	• Perform immediate evaluation of need for acute inpatient medical or psychiatric care

Placement: Dimensional Considerations

IF – THEN CONSIDERATIONS BY DIMENSION		
Dimension	**If**	**Then**
1	If patient is withdrawing from alcohol, opioids, benzodiazepines (etc.)	• Medications to assist with withdrawal and Medications for Opioid Use Disorder (MOUD) as indicated • Ask client preference (use MI style)
1	If patient has immediate access to (MOUD) induction (e.g., buprenorphine, methadone):	• It reduces severity in D1
1 & 2	If D1 is addressed	• Consider whether addressing risk in D1 reduces risk in D2
1	If patient has history of opioid use	• Consider take-home naloxone
2	If patient has severe medical problems, but has immediate access to appropriate medical care	• Risk rating for D2 may be lower
3	If Residential is indicated PLUS cognitive impairment, and medical issues are moderate or lower	• 3.3 is indicated
3	If there is a rating of severe or very severe in D3	• May indicate need for inpatient mental health services
4	If D4 is severe/very severe	• Can be addressed with Motivational Enhancement Therapy

Implementation Resources

- **Speaking the Same Language,** A Toolkit for Strengthening Patient-Centered Addiction Care in the United States https://www.asam.org/asam-criteria/toolkit
- Free Paper-Based ASAM Criteria Assessment Interview Guide https://www.asam.org/asam-criteria/criteria-intake-assessment-form
- Local ASAM trainings https://www.asam.org/asam-criteria/training-consulting
- Addiction Technology Transfer Centers: https://attcnetwork.org/centers/selection

Scan for the Toolkit

Guyer, J., et al. Speaking the same language: a toolkit for strengthening patient-centered addiction care in the United States. American Society of Addiction Medicine. https://www.asam.org/asam-criteria/toolkit. Published November 9, 2021

Final Takeaways

- The ASAM Criteria® Assessment Interview Guide is the first publicly available standardized version of the *ASAM Criteria* assessment for adults.
- This resource can also help assist states looking to facilitate continuity and consistency in substance use disorder (SUD) treatment delivery and coverage.
- Because it is paper-based, offered **free to all clinicians**, and can be used in many different clinical contexts, the guide enhances the public utility of *The ASAM Criteria's* multidimensional assessment approach for the addiction treatment community.

Please feel free to contact UCLA with comments, questions and feedback as UCLA is collecting data re: uptake of and response to the form: Abellows@mednet.ucla.edu

Please provide feedback to ASAM on the Guide at asamcriteria@asam.org.

References

1. Mee-Lee D, Shulman GD, Fishman MJ, Gastfriend DR, Miller MM, eds. The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions. 3rd ed. Carson City, NV: The Change Companies®; 2013
2. ASAM. ASAM Criteria®: What is the ASAM Criteria? Accessed March 28, 2021. https://www.asam.org/asam-criteria/about-the-asam-criteria
3. Mark, T. L., Hinde, J., Henretty, K., Padwa, H., & Treiman, K. (2021). How patient centered are addiction treatment intake processes?. Journal of Addiction Medicine, 15(2), 134-142.
4. Guyer, J., et al. Speaking the same language: a toolkit for strengthening patient-centered addiction care in the United States. American Society of Addiction Medicine. https://www.asam.org/asam-criteria/toolkit. Published November 9, 2021