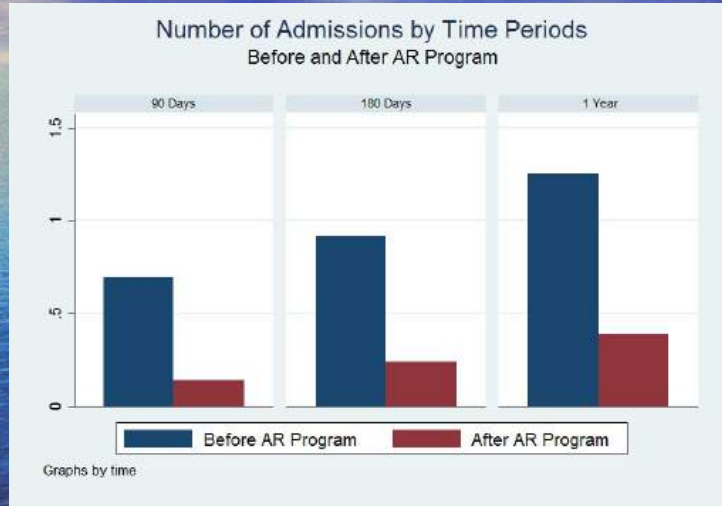


ASAM Criteria Training

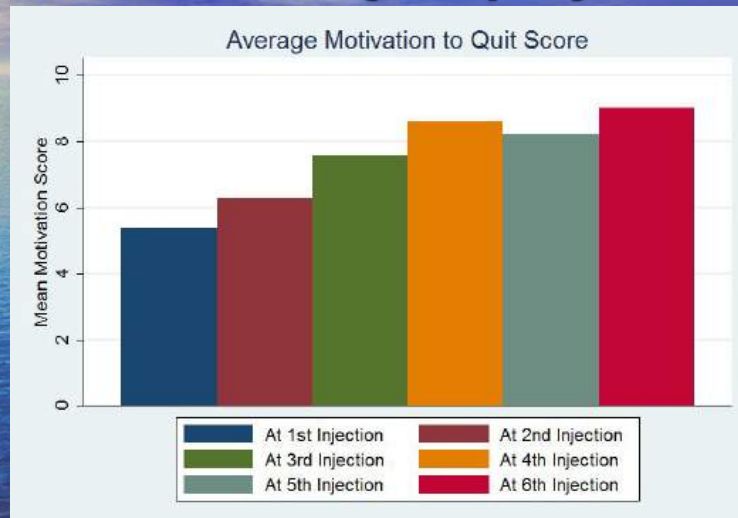
Results 2006-2008 Reduced Average Number of Admissions



Florida Advancing Recovery/RWJ Foundation– Demonstration Project
N=29 patients; non-randomized; no comparison group

201

Results 2006-2008 Motivation To Quit by Injection

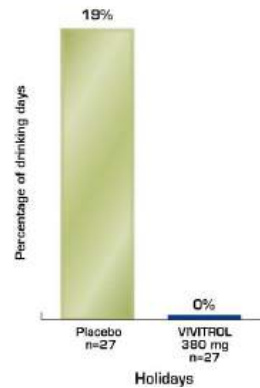


Florida Advancing Recovery/RWJ Foundation– Demonstration Project
N=29 patients; non-randomized; no comparison group

ASAM Criteria Training

VIVITROL Reduced Holiday Drinking

Among patients who were abstinent for 4 or more days prior to treatment initiation

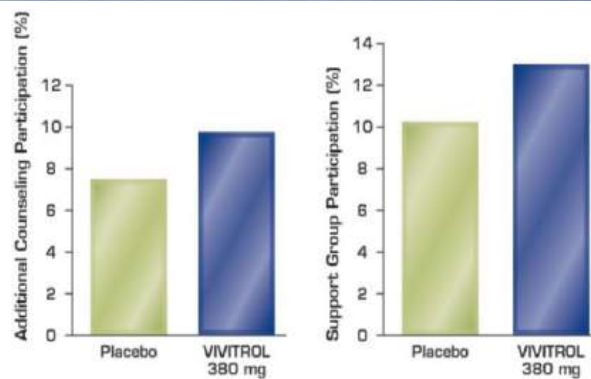


Similar findings were observed among patients who were abstinent 7 days prior to treatment initiation (n=53).

Bohn MJ. Poster presented at: Annual Meeting of the American Psychiatric Association; May 19-24, 2007; San Diego, CA.

203

Impact on Participation in Counseling and Mutual Support Groups^{1,2}



1. Garbutt JC, et al. *JAMA*. 2005;293(13):1617-1625.
2. Gromov et al. AMERSA, 2008.

ASAM Criteria Training

Northeast Recovery Division (CRC) Vivitrol Client Outcomes

Includes clients admitted and discharged between 1/1/11 through 9/30/11 at White Deer Run - Allenwood, Cove Forge, Bowling Green at Brandywine, Wilmington Treatment Center and Life Center of Galax

	Opiate Clients Enrolled	Opiate Clients Denied	All Other Opiate Clients	Variance (Denied)	Variance (All Other)
No. of Clients:	358	460	8,053	-	-
Average Length of Stay:	23.11	17.96	15.94	29%	45%
% Treatment Complete:	87.3%	69.8%	66.5%	25%	31%
% AMA:	10.7%	24.6%	26.6%	57%	60%
Readmission Rate:	8.0%	13.4%	15.8%	40%	49%

205

Of all of the FDA approved medications for the treatment of opioid dependence, Vivitrol is the only one that does not produce or continue physiological dependence.

However, it does require initial abstinence of 7-10 days.



**If the Science Is There,
Why Isn't
It Used More
Commonly?"**

207

Erroneous Beliefs

- Erroneous beliefs that:
 - ✓ Vivitrol is meant to replace psychosocial treatments
 - ✓ Vivitrol is incompatible with AA/NA
 - ✓ Vivitrol is psychoactive or addictive

ASAM Criteria Training

Innovations don't sell themselves . . .

- **In 1601...**

Capt. James Lancaster evaluates the effectiveness of lemon juice to prevent scurvy. Results excellent.

- **In 1747...**

Dr. James Lind carries out a second study. Results excellent.

- **In 1796 ...**

British Navy finally adopts use of lemon juice to prevent scurvy.

209

209

H. Westley Clark, M.D., J.D., M.P.H., CAS, FASAM Director, Center for Substance Abuse Treatment (CSAT)

At the opening plenary session of the 2011 Cape Cod Symposium on Addictive Disorders (1,100 attendees), Dr. Clark said the following:

“Failing to offer and use Medication Assisted Treatment, particularly Vivitrol, is tantamount to malpractice!”

ASAM Criteria Training

The Veteran's Administration

- The VA has determined that the use of pharmacotherapy in the treatment of addictions:

**IS THE
STANDARD OF CARE!**

211

United Nations March, 2013

“A particular form of ill-treatment and possibly *torture* of drug users is the denial of opiate substitution treatment,” the report says, adding this is considered a *human rights violation when it occurs in jails and prisons*

ASAM Criteria Training

There Is No Magic Bullet!

All of the oral anti-craving medications and Vivitrol work best in conjunction with psychosocial treatment and/or recovery support services.

Srisurapanont M, Jarusuraisin N (2005). Opioid antagonists for alcohol dependence. [Cochrane Database of Systematic Reviews](#) .

***Oral Naltrexone and Vivitrol Are
SUPPLEMENTS, Not
REPLACEMENTS!***

213

IF I really believe that *Addiction is
a chronic, relapsing brain disease,*

THEN I will treat it as a chronic
disease

which means consideration of the use
of medications as would occur with
other chronic diseases such as
hypertension and diabetes.

ASAM Criteria Training

Screening Instrument for Gambling Disorder, an Often Overlooked Co-Occurring Disorder

- “Lie-Bet”
 1. *Have you ever felt the need to bet more and more money?*
 2. *Have you ever had to lie to people important to you about how much you gambled?*

215

ASAM Criteria, Dimension 6: Recovery Environment

- **Sample Questions**
 - Are there any dangerous family, significant others, living or school working situations threatening treatment engagement and success?
 - Does the patient have supportive friendship, financial or educational/vocational resources to improve the likelihood of successful treatment?

ASAM Criteria Training

ASAM Criteria, Dimension 6: Recovery Environment (Cont.)

- Sample Questions
 - Are there barriers to access to treatment such as transportation or child care responsibilities?
 - Are there legal, vocational, social service agency or criminal justice mandates that may enhance motivation for engagement into treatment?
 - Is the patient able to see value in recovery?

217

HOMELESSNESS
alone is
NOT
sufficient reason
for a Level 3 Placement!

ASAM Criteria Training



219

Dimension 6 Issues As or More Important Than Treatment

- Housing
- Education
- Literacy
- Employment
 - Ex-Felons
- Child Care
- Re-entry from prison
- Opportunity

ASAM Criteria Training

**The more disadvantaged
and complicated the patient,
the more important is
CASE MANAGEMENT**

- Co-occurring medical and psychiatric disorders
- Adolescents
- Ex-Felons
- Older Adults
- Welfare/disability clients
- Financial problems needs
- Parenting needs

221

**Without these needed services,
here is where we are:**

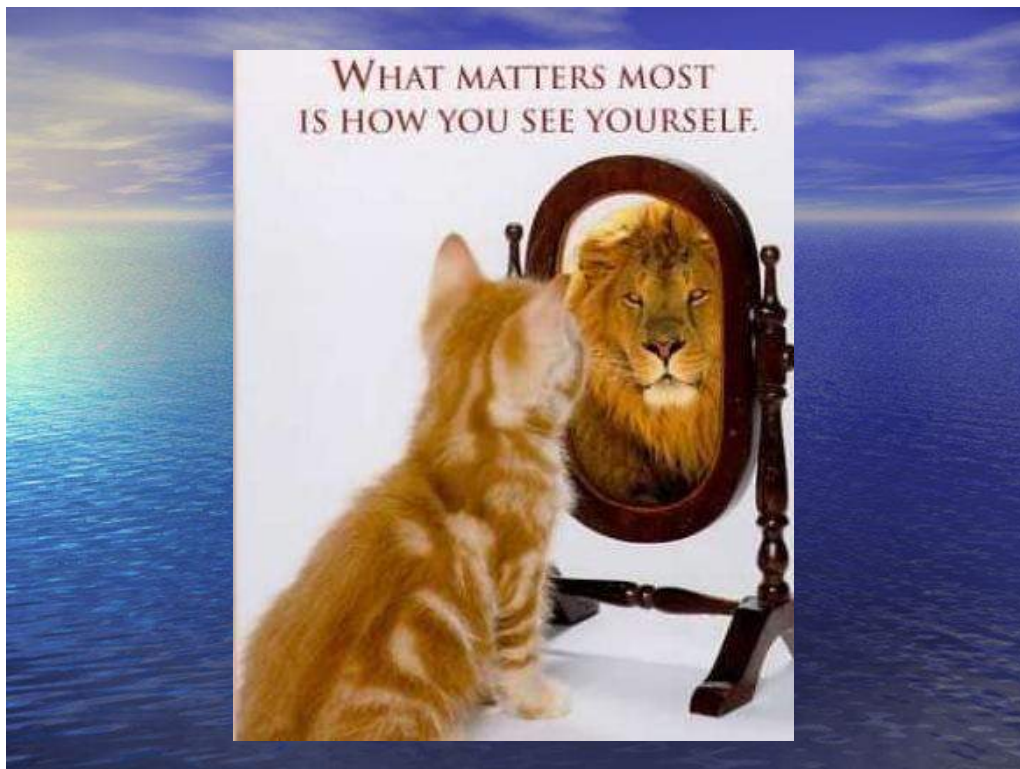


ASAM Criteria Training

Demographic Predictors of Poor Treatment Outcome (both MH & SA)

1. Under 25 years of age
2. Never married or having lived as married
3. Unemployed
4. No high school diploma or GED

223



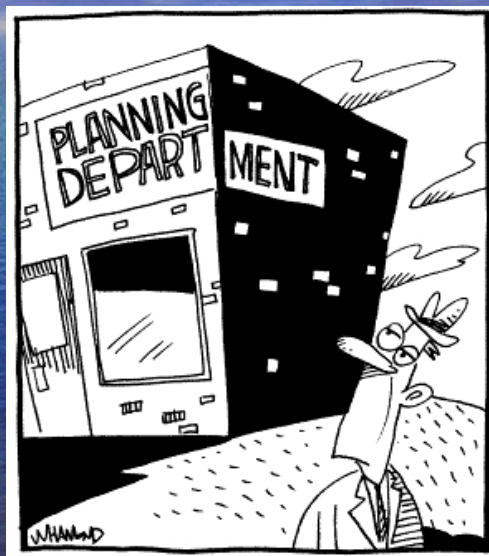
ASAM Criteria Training

“Discharge Planning” is part of
treatment planning,
NOT a discrete activity

*(90 meetings in 90 days
is **NOT** a discharge plan!)*

225

**What kind of discharge planning
are you doing?**

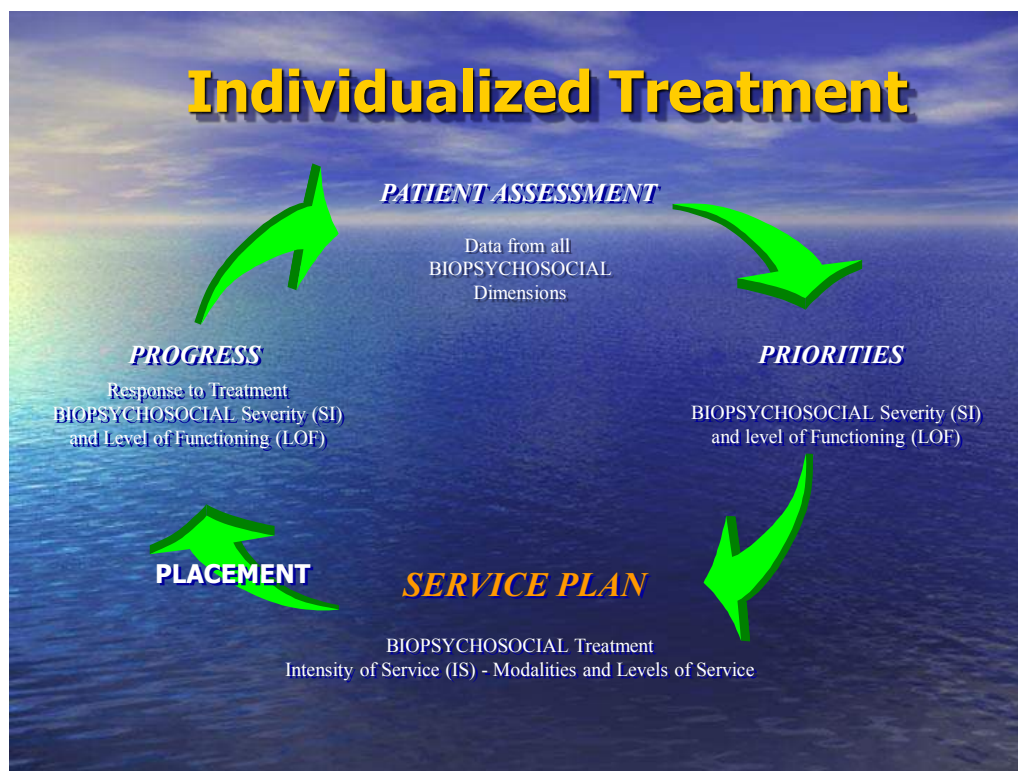


ASAM Criteria Training

Problem Determination & Prioritization

227

Individualized Treatment



Service Plan

- A determination of needed services and interventions
- Followed by the selection of level of care where those services are available
- Not a formal treatment plan

229

**It is as important
to understand the person
who has the disease,
as the disease
the person has.**

ASAM Criteria Training

Continued Service and Discharge Criteria in the ASAM Criteria

- The patient meets continued service criteria is he or she:
 - ✓ has not yet resolved the problems that justified admission but is working on them and making progress
 - ✓ Has resolved the problems that justified admission but new problems which can only be dealt with safely at the current level of service have surfaced

231

Continued Service and Discharge Criteria in the ASAM Criteria

- The patient meets discharge criteria is he or she:
 - ✓ has resolved the problems that justified admission and can now be treated at a less intensive level of service
 - ✓ Is unable to resolve the problems and requires different services that can be provided at the same level of care or a different level of care
 - ✓ has resolved the problems but new problems have arisen which require different services or a different level of care (e.g., an individual in a Level III.5 becomes acutely suicidal and must be transferred to a Level IV, Dual Diagnosis Enhanced service)

CASE STUDIES

233

Assessment for Severity Must Be Done
Within and Between Dimensions

- High severity in one dimension can increase severity in one or more other dimensions
- Low severity in one dimension can decrease severity in one or more other dimensions

ASAM Criteria Training

The Three H's of Assessment

- **H**istory
- **H**ere and Now
- **H**ow uncomfortable are you?

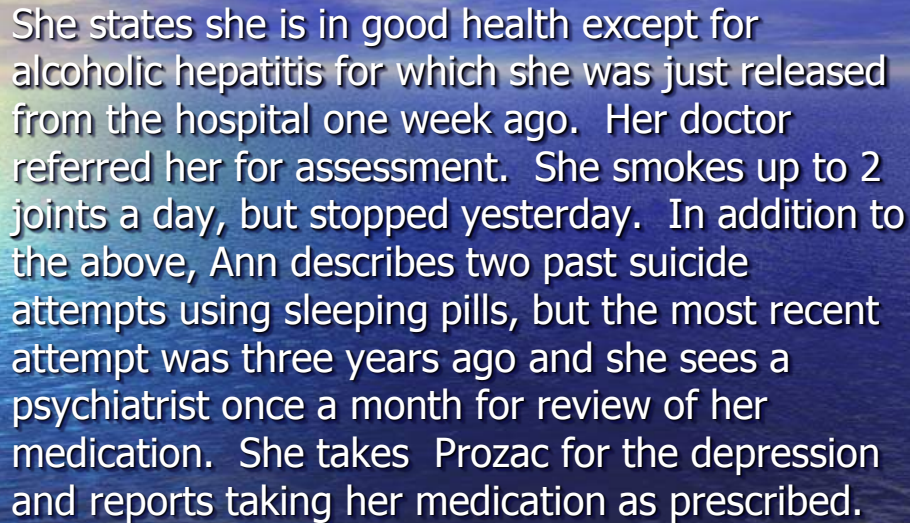
235

"Ann"

DSM 5 Diagnoses: Alcohol Use Disorder, Severe; Marijuana Use Disorder, Mild; Major Depressive Disorder in Sustained Remission

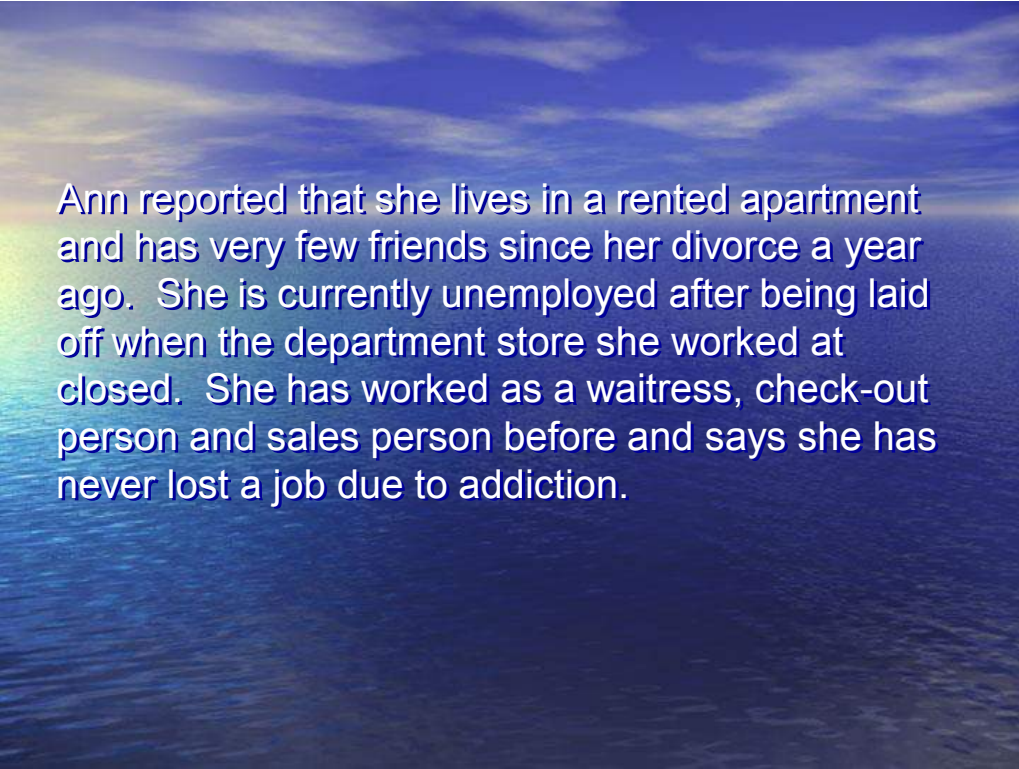
Ann, a 32 year old white, divorced female, came in for assessment for the first time ever. She has been abstinent for 48 hours from alcohol and reports that she has remained so for up to 72 hours during the past three months. When she has done this she states she has experienced sweats, internal tremors and nausea, but has never hallucinated, experienced D.T.'s or seizures.

ASAM Criteria Training



She states she is in good health except for alcoholic hepatitis for which she was just released from the hospital one week ago. Her doctor referred her for assessment. She smokes up to 2 joints a day, but stopped yesterday. In addition to the above, Ann describes two past suicide attempts using sleeping pills, but the most recent attempt was three years ago and she sees a psychiatrist once a month for review of her medication. She takes Prozac for the depression and reports taking her medication as prescribed.

237



Ann reported that she lives in a rented apartment and has very few friends since her divorce a year ago. She is currently unemployed after being laid off when the department store she worked at closed. She has worked as a waitress, check-out person and sales person before and says she has never lost a job due to addiction.

ASAM Criteria Training

Ann appears slightly anxious, but is not flushed. She speaks calmly and is cooperative. Ann shows awareness of her consequences from chemical use, but tends to minimize it and blame others including her ex-husband who left her without warning. She doesn't know much about alcoholism/chemical dependency, but wants to learn more. She has one son, age 11, from a previous marriage, who doesn't see any problems with her drinking and doesn't know about her marijuana use.

239

ASAM DIMENSION SEVERITY WORKSHEET

ASAM Dimension	Risk Rating				
	(0) No Problem	(1) Mild	(2) Moderate	(3) Significant	(4) Severe
Dimension 1: Acute Intoxication and /or Withdrawal Potential					
Dimension 2: Biomedical Conditions & Complications					
Dimension 3: Emotional, Behavioral, Cognitive Conditions & Complications					
Dimension 4: Readiness to Change					
Dimension 5: Relapse, Continued Use, Continued Problem Potential					
Dimension 6: Recovery Environment					

ASAM Criteria Training

Ann – Four Months Later

At a follow-up visit four months later, Ann reports that she has been abstinent from alcohol for almost four months. She has transitioned well to less intensive levels of outpatient care, has been discharged from a Level I program, and is attending self-help group meetings two to three times a week. She has not used marijuana for the past two weeks. Her liver function test results are within normal limits.

241

Ann – Four Months Later

However, Ann discloses that her sister, from whom she had been estranged, died recently, before they could reestablish their relationship. She feels guilty that she was unable to bring about a rapprochement. She also has become involved in a relationship that she describes as being “madly in love.” The man in question moved in with her, but after coming home from an AA meeting she discovered him in bed with a friend. She has fallen into a deep depression even though she continues to use her anti-depressant medication.

ASAM Criteria Training

Ann – Four Months Later

Ann reports that, for the first time in three years, she occasionally thinks about suicide, although she says she does not have an active plan and is willing to make a safety contract. She reports that she is barely able to care for her son. She started a new job as a salesperson, but is still in her initial probationary period and has called in sick for the past three days.

243

ASAM DIMENSION SEVERITY WORKSHEET

ASAM Dimension	Risk Rating				
	(0) No Problem	(1) Mild	(2) Moderate	(3) Significant	(4) Severe
Dimension 1: Acute Intoxication and /or Withdrawal Potential					
Dimension 2: Biomedical Conditions & Complications					
Dimension 3: Emotional, Behavioral, Cognitive Conditions & Complications					
Dimension 4: Readiness to Change					
Dimension 5: Relapse, Continued Use, Continued Problem Potential					
Dimension 6: Recovery Environment					

ASAM Criteria Training

Second Time Around Sam Referred for DWI Assessment

A 43 year old male, heating and air conditioning technician with 19 years of service with the company was referred to EAP after being cited for DWI. He has had a recent (last two months) pattern of tardiness and coworkers have noticed the smell of alcohol on him on several occasions. BAC for the DWI was 0.24gms/%.

245

The patient reports that he has been in a 28 day inpatient alcoholism rehabilitation center seven years ago after which he abstained from alcohol for 1 and 1/2 years. He claims current daily usage is 5 - 7 beers on weekdays and up to 12 beers/day on the weekends. He has recently been diagnosed with pancreatitis. He does not admit to being alcoholic but is willing to enter treatment to keep his job.

ASAM Criteria Training

He lives with his two daughters, ages 17 and 15. He has been divorced for four years, has custody of the children and admits that his alcohol use was a contributor to the divorce. He does not currently have a significant other nor does he date much. Stressors include a new job, a custody suite initiated by his ex-spouse and an upcoming 6 month redeployment to another job site 250 miles away. He admits to feeling stressed, somewhat depressed which creates cravings to drink and he has experienced fleeting suicidal ideation.

247

On evaluation he was found to be anxious and states his use of alcohol is to alleviate depression and loneliness. He had no periods of abstinence from alcohol exceeding two days in the past five years. When he does stop drinking, he experiences moderate to severe shakes and describes passing out, which upon further assessment has likely been a withdrawal seizure. He has not attempted to stop drinking and describes his social support system as "weak."

ASAM Criteria Training

ASAM DIMENSION SEVERITY WORKSHEET					
ASAM Dimension	Risk Rating				
	(0) No Problem	(1) Mild	(2) Moderate	(3) Significant	(4) Severe
Dimension 1: Acute Intoxication and /or Withdrawal Potential					
Dimension 2: Biomedical Conditions & Complications					
Dimension 3: Emotional, Behavioral, Cognitive Conditions & Complications					
Dimension 4: Readiness to Change					
Dimension 5: Relapse, Continued Use, Continued Problem Potential					
Dimension 6: Recovery Environment					

249

Sam – Three Weeks into Treatment

During Sam's third week in treatment, there was an exacerbation of his depressive symptoms. He began to talk about being overwhelmed by all the problems that he had, his fears of losing his daughters and expressed serious doubts about whether he could recover as he did before. His suicidal ideation has increased and while he still has no plan, he claims to be thinking about suicide on a daily basis.

ASAM Criteria Training

ASAM DIMENSION SEVERITY WORKSHEET					
ASAM Dimension	Risk Rating				
	(0) No Problem	(1) Mild	(2) Moderate	(3) Significant	(4) Severe
Dimension 1: Acute Intoxication and /or Withdrawal Potential					
Dimension 2: Biomedical Conditions & Complications					
Dimension 3: Emotional, Behavioral, Cognitive Conditions & Complications					
Dimension 4: Readiness to Change					
Dimension 5: Relapse, Continued Use, Continued Problem Potential					
Dimension 6: Recovery Environment					

251

Tracy

The parents are both present at the emergency room (ER), but she was brought by the police who had been called by her mother. The ER physician and a nurse from the psychiatric unit who came from the unit to evaluate the teen, both feel she needs to be in hospital given the animosity at home, especially with her father; the violent behavior; and the question of intoxication.

ASAM Criteria Training

Using the six ASAM assessment dimensions, the ER physician and psychiatric nurse organized the biopsychosocial clinical as follows:

Dimension 1, Acute Intoxication/Withdrawal Potential: though intoxicated at home not long before the chair-throwing incident, she is no longer intoxicated and has not been using alcohol or other drugs in large enough quantities for long enough to suggest any withdrawal danger.

Dimension 2, Biomedical Conditions/Complications: she is not on any medications, has been healthy physically and has no current complaints.

Dimension 3, Emotional, Behavioral, Cognitive Conditions and Complications: complex problems with the anger, frustration and family discord; history of chair throwing, but is not impulsive at present if separated from parents.

253

Dimension 4, Readiness to Change: willing to talk to therapist; blames her parents for being overbearing and not trusting her; agrees to come into treatment, but does not want to be at home near father, at least for tonight.

Dimension 5, Relapse, Continued Use ,Continued Problem Potential: high likelihood that if released to go back home immediately, there would be a reoccurrence of the fighting and possibly violence again.

Dimension 6, Recovery Environment: parents frustrated and angry too; mistrustful of patient; and want her in the hospital to cut down on the family fighting.

ASAM Criteria Training

ASAM DIMENSION SEVERITY WORKSHEET					
X	Risk Rating				
	(0) No Problem	(1) Mild	(2) Moderate	(3) Significant	(4) Severe
Dimension 1: Acute Intoxication and /or Withdrawal Potential	X				
Dimension 2: Biomedical Conditions & Complications	X				
Dimension 3: Emotional, Behavioral, Cognitive Conditions & Complications		X			
Dimension 4: Readiness to Change		X			
Dimension 5: Relapse, Continued Use, Continued Problem Potential		X			
Dimension 6: Recovery Environment				X	

255

Initial Response: Based on Tracy's recent history of violent acting out (chair throwing), the ER physician and the psychiatric nurse recommended admission to the psychiatric unit, at least for the night.

Discussion: Tracy's acting out occurred when she was intoxicated, which she no longer is and the major conflict appears to be a family issue, especially between her and her father. There is also no current indication of any severe or imminently dangerous biomedical, emotional, behavioral or cognitive problems requiring the resources of a medically managed intensive inpatient setting.

ASAM Criteria Training

Revised Response: The initial goal is to separate Tracy and her father, which might be done by having Tracy stay with a relative or family friend overnight, or by having Tracy and her mother stay at a motel for the night or having father do that. Based on the current information, Tracy's behavior and the conflict with her parents may be more reflective of an adolescent struggling to negotiate this very difficult period of life rather than psychopathology. Outpatient family counseling should be considered. A family therapy session for early the next day keeps the focus on the need for family interventions and avoids labeling Tracy as having the pathology. A This revised plan avoids the use of unnecessary, high intensity, high cost resources.

257

Sandy

- This 26 year old, white female contacted the clinic herself asking for help. An assessment by the counselor revealed the following:
- She has been snorting cocaine off and on for about four years, and for the last year, 3-4 times a week, 1-2 lines at a time.
- She drinks 2-3 drinks at a time, 2-3 times a week, with occasional drinking to intoxication on the weekends.
- She smokes marijuana, 1-2 joints at a time, 1-2 times a week.

ASAM Criteria Training

Sandy

- She claims to want help to stop using all the psychoactive substances, but especially the cocaine, because while she likes some of the psychoactive effects, she doesn't like being "out of it," even minimally. She had a DUI about two years ago (she does not know what her BAC was). Recently Sandy found herself wandering in a park near her home and does not remember how she got there. This has frightened her.

259

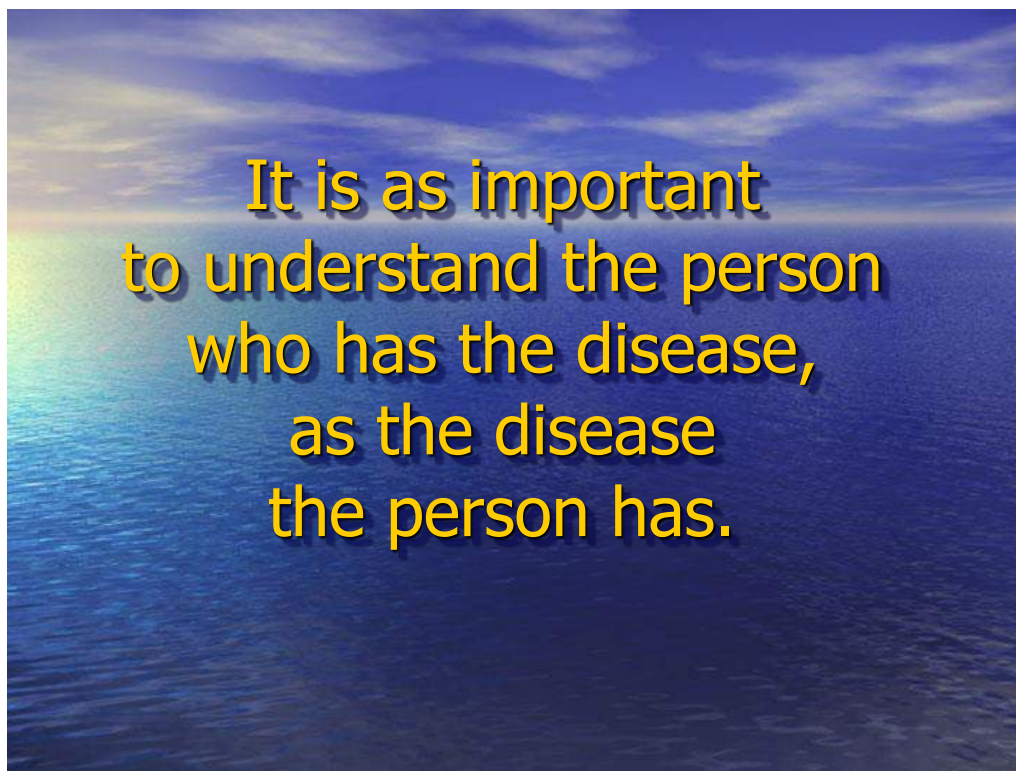
Sandy

- She has no medical problems of significance that would interfere with treatment. During the assessment, Sandy appeared somewhat anxious and mildly depressed, most of which may be accounted for by the assessment situation.
- Sandy and her husband have been separated twice, once for three weeks and once for one month in the last two years after she moved out. She has been able to stay off all drugs and alcohol during the time they were separated and for about one month each time after she returned from the marital separations. She states that her husband supports her in her attempts to get help for her substance use.

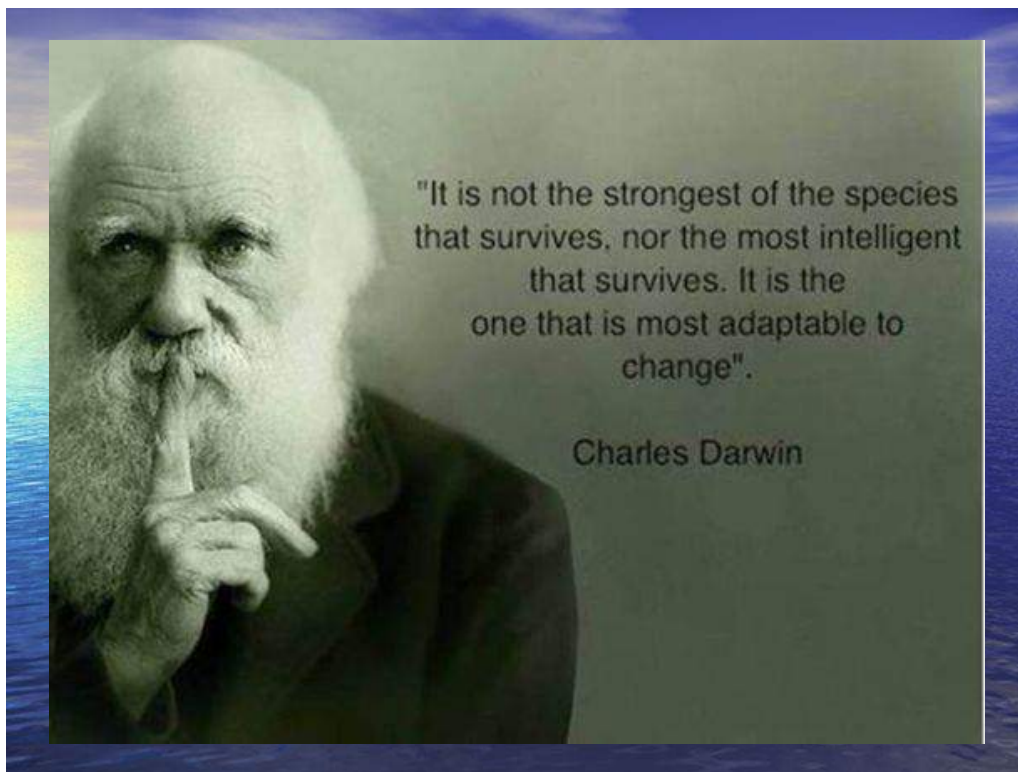
ASAM Criteria Training

ASAM DIMENSION SEVERITY WORKSHEET					
ASAM Dimension	Risk Rating				
	(0) No Problem	(1) Mild	(2) Moderate	(3) Significant	(4) Severe
Dimension 1: Acute Intoxication and /or Withdrawal Potential					
Dimension 2: Biomedical Conditions & Complications					
Dimension 3: Emotional, Behavioral, Cognitive Conditions & Complications					
Dimension 4: Readiness to Change					
Dimension 5: Relapse, Continued Use, Continued Problem Potential					
Dimension 6: Recovery Environment					

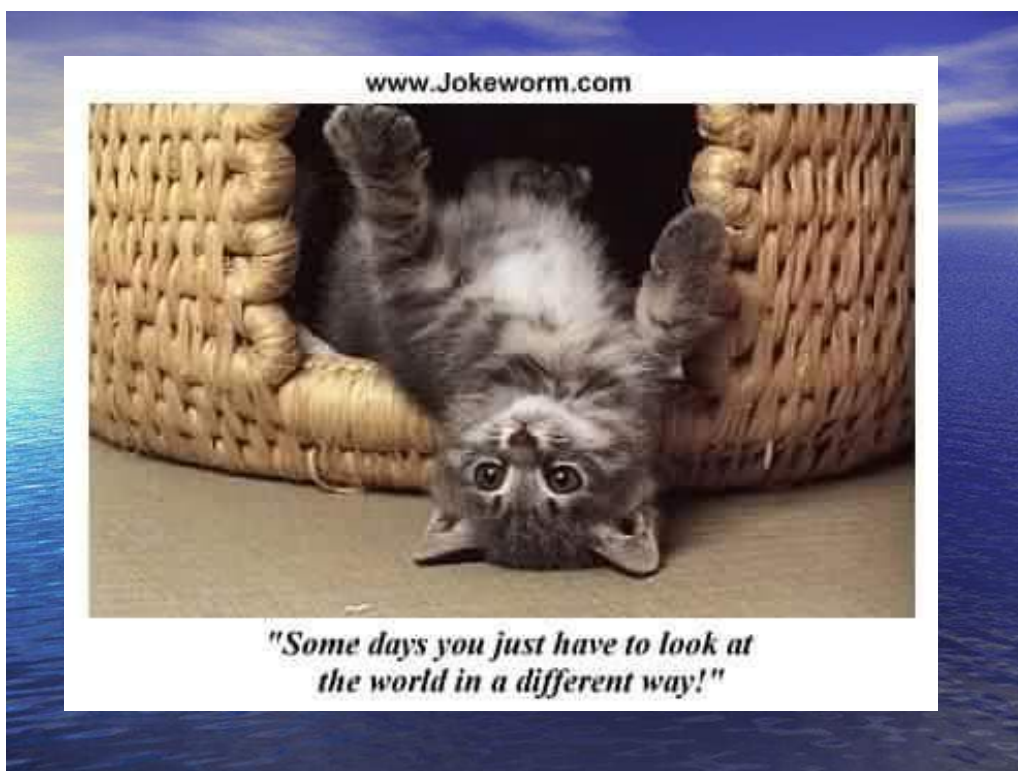
261



ASAM Criteria Training



263



ASAM Criteria Training



265