How to Track Treatment Progress and Adherence with the ASAM Criteria for Non-Clinical Team Members

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“Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry August 15, 2011

Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations.

Pathologically pursuing reward and/or relief by substance use and other behaviors.”

ASAM’s Revamped Definition of Addiction

http://www.asam.org/quality-practice/definition-of-addiction
Addiction is a *Brain* Disease

- Prolonged Use Changes the Brain in Fundamental and Lasting Ways

- Addiction is about brains – not just about behaviors.
It isn’t just a Brain Disease - Getting back to Biopsychosocial

George Engel

Biopsychosocial Model
Biopsychosocial

- Etiology – Causes
- Clinical Presentation
- Treatment
Individualized, Clinically-driven Treatment

Patient/Participant Assessment
BIOPSYCHOSOCIAL Dimensions

Progress
Severity of Illness/LOF

Problems/Priorities
Severity of Illness/LOF

Plan
INTENSITY OF SERVICE - Modalities and Levels of Service

ASAM Criteria Biopsychosocial Severity and Level of Function

1. Acute Intoxication and/or Withdrawal Potential
2. Biomedical conditions and complications
3. Emotional/Behavioral/Cognitive conditions and complications
4. Readiness to Change
5. Relapse/Continued Use/Continued Problem potential
6. Recovery Environment

*The ASAM Criteria (2013) Pages 43-53*
Service Planning

• **Motivate** - Dimension 4

• **Manage** – All Six Dimensions

• **Medication** – Dimensions 1, 2, 3, 5 - MAT

• **Meetings** – Dimensions 2, 3, 4, 5, 6

• **Monitor**- All Six Dimensions
Medication-Assisted Treatment (MAT)

- MAT represents scientifically supported treatment shown to reduce drug use and foster meaningful recovery. For individuals on probation and parole, increases treatment entry and retention.
- MAT can help participants feel normal, and prepares them for working on their recovery.
- MAT reduces cravings and helps the participant focus on the changes they need to make in their own behavior that will enable recovery.
- MAT is **not** substituting one addictive drug for another. MAT has specific actions on neurotransmitter receptor sites to decrease cravings to use, shorten the length of any relapses and improve overall addiction and recovery outcomes. MAT saves lives.
- Combining MAT with addiction counseling gives most people the best hope for recovery and is always best for high risk, high need drug court participants; however medication management alone can be lifesaving.
- MAT is not a philosophy. Think of MAT as being “medication IN addiction treatment” just like medications in diabetes or depression treatment where medication is one tool in the clinical toolkit. Some people need medication for good outcomes, some don’t. Some need medication for a short time and some need medication for a lifetime.
The ASAM Criteria Levels of Care

0.5 Early Intervention

1 Outpatient Treatment

2 Intensive Outpatient and Partial Hospitalization

3 Residential/Inpatient Treatment

4 Medically-Managed Intensive Inpatient Treatment

The ASAM Criteria pp. 112 -117
“NIDA Principles of Drug Abuse Treatment for Criminal Justice Populations: A Research-Based Guide"

13 principles including:

Principle #2 “Recovery from drug addiction requires effective treatment, followed by management of the problem over time.”

Principle #5 Indicates the need to tailor services to fit the needs of the individual as an important part of effective addiction treatment for criminal justice populations.

Principle #12 identifies that medications are an important part of treatment for many people in the criminal justice system suffering from addiction.


(The ASAM Criteria, 2013, p.3)
Models of Stages of Change

- 12-Step model - surrender versus comply; accept versus admit; identify versus compare

- Transtheoretical Model of Change - Pre-contemplation; Contemplation; Preparation; Action; Maintenance; Relapse and Recycling; Termination

- Readiness to Change - not ready, unsure, ready, trying, doing what works
Criminal Justice’s View of Presenting Problem and Solution

3 Cs
Consequences
Compliance
Control
Coerced Clients and Working with Referral Sources

• Common purpose and mission
• Common language of assessment of stage of change
• Consensus philosophy of addressing readiness to change
• Consensus on how to combine resources and leverage to effect change, responsibility and accountability
• Communication and conflict resolution
A Word About Terminology

*Treatment Compliance vs Adherence*

Webster’s Dictionary defines:

- “comply”: to act in accordance with another’s wishes, or with rules and regulations

- “adhere”: to cling, cleave (to be steadfast, hold fast), stick fast
What Works in Treatment

The Empirical Evidence

Treatment:
• 60% due to “Alliance” (8%/13%);
• 30% due to “Allegiance” Factors (4%/13%);
• 8% due to model and technique (1/13)

Extra-therapeutic and/or Client Factors

Focus Assessment and Treatment

What Does the Client Want?

Does client have immediate needs due to imminent risk in any of six dimensions?

Conduct multidimensional assessment

The ASAM Criteria p 124
Focus Assessment and Treatment (cont.)

- DSM/ICD diagnoses?
- Multidimensional Severity/LOF Profile
- Which assessment dimensions are most important to determine Tx priorities

*The ASAM Criteria p 124*
Focus Assessment and Treatment (cont.)

Specific focus/target for each priority dimension

What specific services needed for each dimension

What “dose” or intensity of these services needed

(The ASAM Criteria, 2013, p124)
Focus Assessment and Treatment (cont.)

Where can these services be provided in least intensive, but "safe" level of care?

What is progress of treatment plan and placement decision; outcomes measurement?

The ASAM Criteria p 124
DSM/ICD diagnoses?

Multidimensional Severity/LOF Profile

Which assessment dimensions are most important to determine Tx priorities

Specific focus/target for each priority dimension

What specific services needed for each dimension

What “dose” or intensity of these services needed

Where can these services be provided in least intensive, but “safe” level of care?

What is progress of treatment plan and placement decision; outcomes measurement?

The ASAM Criteria p 124
Procedures to assure treatment adherence

The following standards and procedures are drawn from the National Association of Drug Court Professionals (NADCP), ADULT DRUG COURT BEST PRACTICE STANDARDS VOLUME II

I. Multidisciplinary Team
A dedicated multidisciplinary team of professionals manages day-to-day operations of Drug Court, including reviewing participant progress during pre-court staff meetings and status hearings, contributing observations and recommendations within team members’ respective areas of expertise, and delivering or overseeing the delivery of legal, treatment and supervision services.

A. Team Composition
The Drug Court team comprises representatives from all partner agencies involved in creation of program, including but not limited to a judge or judicial officer, program coordinator, prosecutor, defense counsel representative, treatment representative (knowledgeable about the participant’s progress with the MAT prescriber and treatment program), community supervision officer, and law enforcement officer.
Procedures to assure treatment adherence (cont.)

B. Pre-Court Staff Meetings
Team members consistently attend pre-court staff meetings to review participant progress, determine appropriate actions to improve outcomes, and prepare for status hearings in court. Pre-court staff meetings are presumptively closed to participants and public unless court has a good reason for a participant to attend discussions related to that participant’s case.

C. Sharing Information
Team members share information as necessary to appraise participants’ progress in treatment and compliance with conditions of Drug Court. Partner agencies execute memoranda of understanding (MOUs) specifying what information will be shared among team members. Participants provide voluntary and informed consent permitting team members to share specified data elements relating to participants’ progress in treatment and compliance with program requirements. Defense attorneys make it clear to participants and other team members whether they will share communications from participants with the Drug Court team.
Procedures to assure treatment adherence (cont.)

Information shared should focus on whether participant is changing his or her attitudes, thinking and behavior in areas that previously threatened public safety, legal recidivism and safety for children and families.

• Treatment providers share if and how participant is doing treatment in good faith with personal effort and adherence; or whether passively engaged in treatment compliance, just “doing time”.
• Clinician shares with participant concerns about level of treatment engagement and effort and possible need to recommend a graduated sanction to the court team.
• Treatment reports should broaden information beyond mere attendance at all prescribed activities, participation in drug testing and signed verifications of attendance at mutual/self help support groups.
• All members of multidisciplinary team share observations on whether participant is demonstrating improvement or not, to be proactive about public safety and the safety of children and families.
• Team members contribute relevant insights, observations, and recommendations based on their professional knowledge, training, and experience. The judge considers the perspectives of all team members before making decisions that affect participants’ welfare or liberty interests and explains the rationale for such decisions to team members and participants.

(National Association of Drug Court Professionals (NADCP), ADULT DRUG COURT BEST PRACTICE STANDARDS VOLUME II, Pages 38-39, 43 -modified)
II. Team Communication and Decision Making

To increase team functioning, the following issues are best addressed:
1. Recognition that all team members have the same common purpose and mission – public safety; safety for children; decreased legal recidivism and crime.
2. All members could benefit from a common language of assessment of stage of change – models of stages of change.
3. Develop a consensus practice approach for addressing readiness to change – meeting participants where they are at; solution-focused; motivational enhancement, that is affirming and respectful.
4. Develop consensus on how to combine resources and leverage to effect change, responsibility and accountability – coordinated efforts to create and provide incentives and supports for change.
5. Improve communication and conflict resolution - committed to common goals of public safety; responsibility, accountability, decreased legal recidivism and lasting change; keep our collective eyes on the prize “No one succeeds unless we all succeed!”
Procedures to assure treatment adherence (cont.)

III. Drug and alcohol testing provides an accurate, timely, and comprehensive assessment of unauthorized substance use throughout participants’ enrollment in the treatment court.

- ASAM has guidelines outlining best practices for drug testing in addiction settings: “ASAM Appropriate Use of Drug Testing in Clinical Addiction Medicine.”
  https://www.asam.org/resources/guidelines-and-consensus-documents/drug-testing

- NADCP has developed a set of guidelines outlining how drug testing is applied in drug court settings. National Association of Drug Court Professionals (NADCP), ADULT DRUG COURT BEST PRACTICE STANDARDS VOLUME II
From Punishment to Lasting Change – Implications for Sanctions and Incentives

1. Sanction for lack of good faith effort and adherence in treatment not for signs and symptoms of their addiction and/or mental illness.

2. Treatment provider responsible to keep court apprised of level of active engagement, not just passive compliance with attendance and positive or negative drug screens.

3. If client is not changing their treatment plan in positive direction client is “doing time” not “doing treatment and change.”
4. Providers need to then inform the judge that participant is out of compliance with court order to do treatment. The participant consented to do treatment not just do time and should be held accountable for their individualized treatment plan. If the participant is substantively modifying their treatment plan in positive direction in response to poor outcomes; and adhering to new direction in treatment plan, then he or she should continue in treatment and not be sanctioned for signs and symptoms of their illness(es).

5. Incentives for clients can be explored/matched to what is most meaningful to them.
“A Technical Assistance Guide For Drug Court Judges on Drug Court Treatment Services” - Bureau of Justice Assistance Drug Court Technical Assistance Project. American University, School of Public Affairs, Justice Programs Office. Lead Authors: Jeffrey N. Kushner, MHRA, State Drug Court Coordinator, Montana Supreme Court; Roger H. Peters, Ph.D., University of South Florida; Caroline S. Cooper BJA Drug Court Technical Assistance Project. School of Public Affairs, American University. May 1, 2014.

Bureau of Justice Assistance (BJA) training video on The ASAM Criteria that can be viewed by creating an account and going to the Adult Drug Court Lessons. The system can be found at www.treatmentcourts.org and this video was initiated by Dennis Reilly at the Center for Court innovation.

https://www.youtube.com/watch?v=AuUEP52z1Xk


Resources (cont.)

RESOURCE FOR ASAM E-LEARNING AND INTERACTIVE JOURNALS
E-learning module on “ASAM Multidimensional Assessment” and “From Assessment to Service Planning and Level of Care” – 5 CE credits for each module. “Introduction to The ASAM Criteria” (2 CEU hours)
“Understanding the Dimensions of Change” – Creating an effective service plan” – Interactive Journaling
“Moving Forward” – Guiding individualized service planning” – Interactive Journaling
To order: The Change Companies at 888-889-8866; changecompanies.net

CLIENT WORKBOOKS AND INTERACTIVE JOURNALS
The Change Companies’ MEE (Motivational, Educational and Experiential) Journal System provides Interactive journaling for clients. It provides the structure of multiple, pertinent topics from which to choose; but allows for flexible personalized choices to help this particular client at this particular stage of his or her stage of readiness and interest in change.
To order: The Change Companies at 888-889-8866. www.changecompanies.net

The ASAM Criteria Software Decision Engine - CONTINUUM™
The ASAM Criteria book and The ASAM Criteria Software now branded as Continuum™ are companion text and application. The text delineates the dimensions, levels of care, and decision rules that comprise The ASAM Criteria.
The software provides an approved structured interview to guide adult assessment and calculate the complex decision tree to yield suggested levels of care, which are verified through the text.

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THANK-YOU

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