

# *Improving Outcomes Through Multidisciplinary Team Communication*

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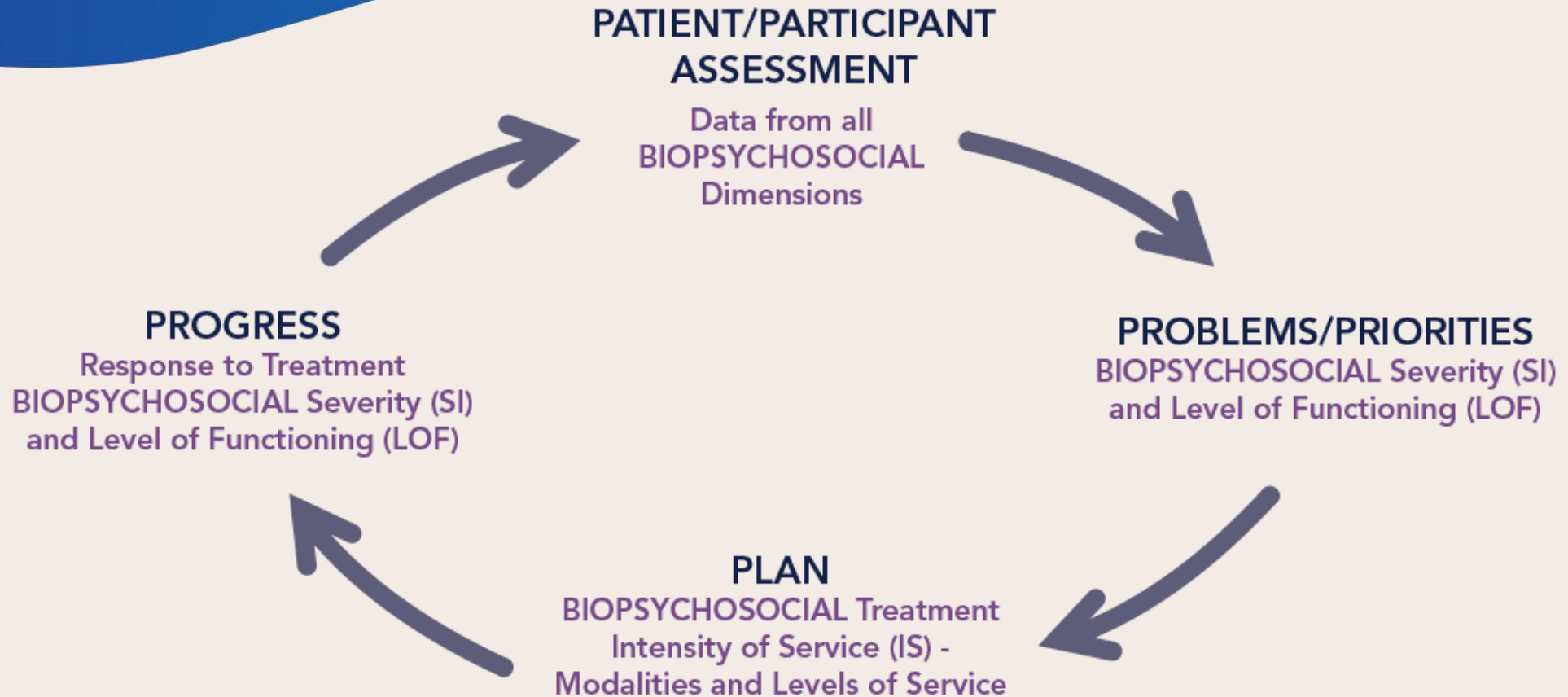
## **Presented by:**

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# *The ASAM Criteria*

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# Individualized, Clinically and Outcomes-driven Treatment



# Assessment of Biopsychosocial Severity and Function

*(The ASAM Criteria 2013, pp 43-53)*

## AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

1	DIMENSION 1	<b>Acute Intoxication and/or Withdrawal Potential</b> Exploring an individual's past and current experiences of substance use and withdrawal
2	DIMENSION 2	<b>Biomedical Conditions and Complications</b> Exploring an individual's health history and current physical condition
3	DIMENSION 3	<b>Emotional, Behavioral or Cognitive Conditions and Complications</b> Exploring an individual's thoughts, emotions and mental health issues
4	DIMENSION 4	<b>Readiness to Change</b> Exploring an individual's readiness and interest in changing
5	DIMENSION 5	<b>Relapse, Continued Use or Continued Problem Potential</b> Exploring an individual's unique relationship with relapse or continued use or problems
6	DIMENSION 6	<b>Recovery/Living Environment</b> Exploring an individual's recovery or living situation and the surrounding people, places, and things

# Biopsychosocial Treatment Overview: 5 Ms

## + Motivate

Dimension 4 issues, engagement and alliance building

## + Manage

The family, significant others, work/school, legal

## + Medication

Withdrawal management, HIV/AIDS, anti-craving anti-addiction meds, MAT, disulfiram, methadone, buprenorphine, naltrexone, acamprosate, psychotropic medication

## + Meetings

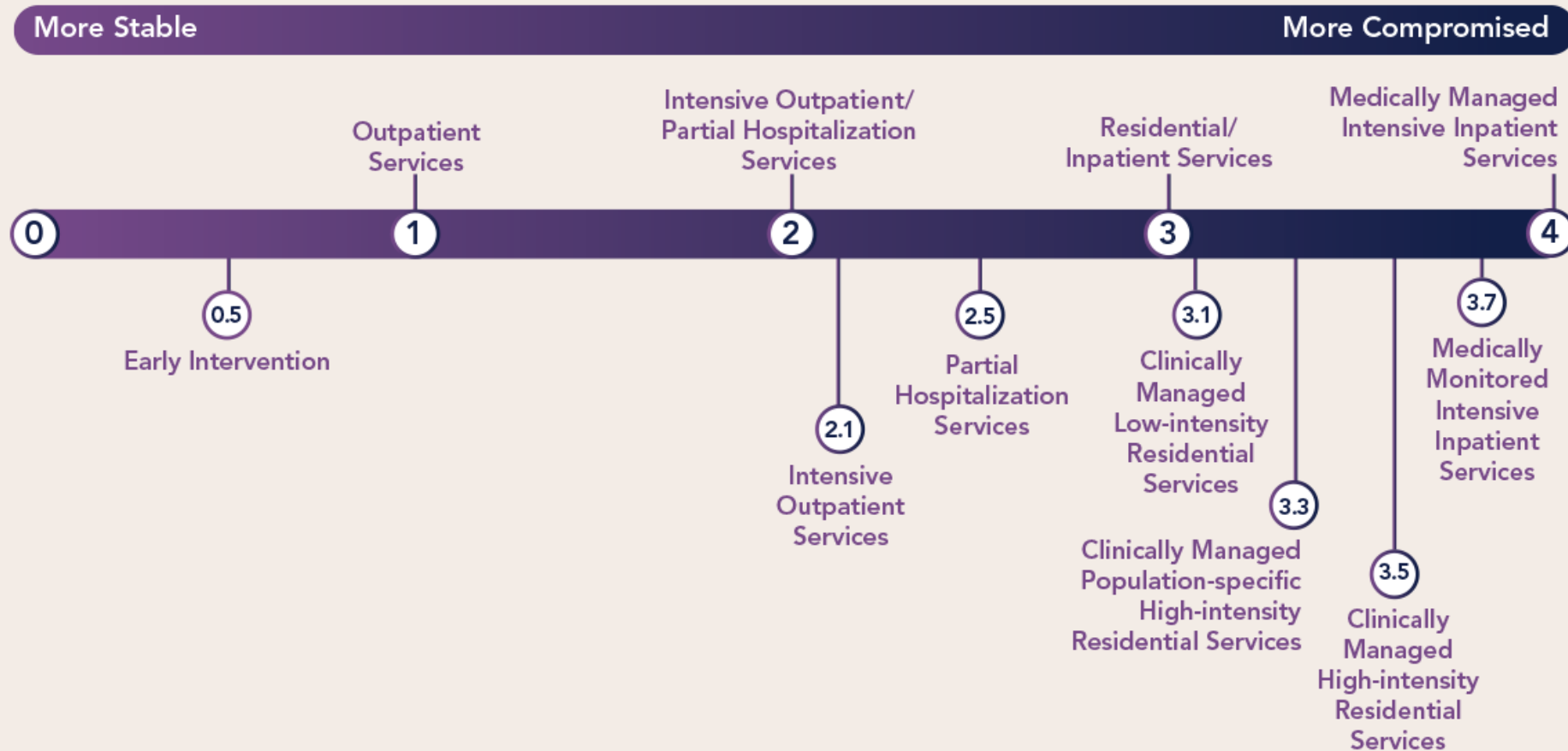
AA, NA, Al-Anon, SMART Recovery, Dual Recovery Anonymous, etc.

## + Monitor

Continuity of care, relapse prevention, family and significant others

# Treatment Levels of Service

(The ASAM Criteria 2013, pp 106-107)



# Procedures to Assure Treatment Adherence

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**Multidisciplinary  
Team**

**Team Communication  
and Decision Making**

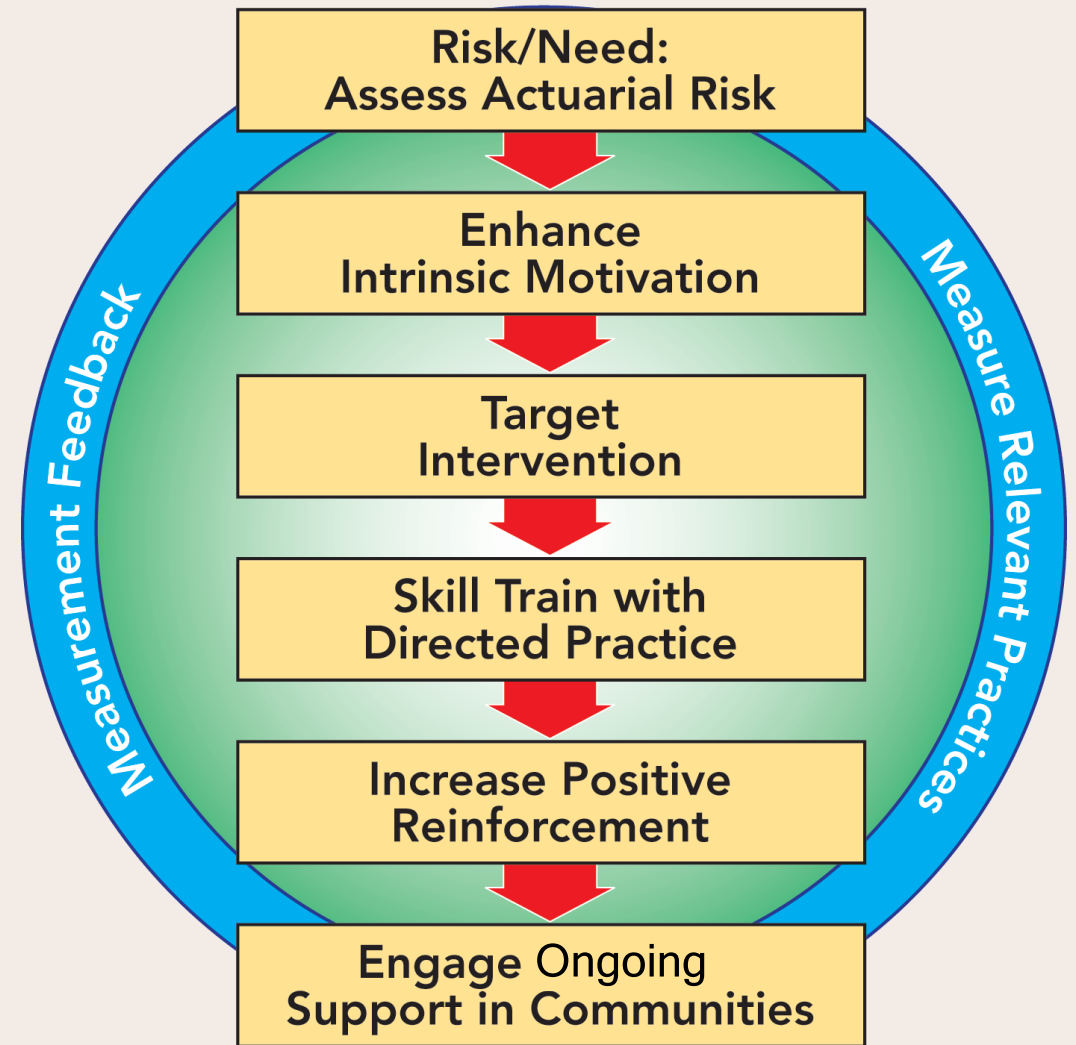
**Drug and  
Alcohol Testing**



# Evidence-based Supervision

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# Supervision Best Practices



# Effective Case Management

- + Engaging (A)
- + Focusing (A)
- + Planning (A)
- + Implementing (S)
- + Evaluating (S)

A = Assessment    S = Supervision

# Criminogenic Domains

- + Criminal History
- + Criminal Attitudes and Behavioral Patterns
- + Substance Use
- + Peer Association
- + Family and Social Support
- + Neighborhood
- + Education/Employment/Finance

# Case Management Vignette

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**John:** Caucasian (40 years old, married)

**Current Offense:** Drug trafficking (prior offenses: possession/sales drugs, criminal gang activity, theft, firearm violations, assault, domestic violence)

**Family:** Married; wife in jail (drug possession/sales); daughter (limited contact)

**Health:** Hep C; mental health, no history

**Substance Use:** Alcohol, marijuana, cocaine, heroin, methamphetamine

**Educational/Vocational:** High school graduate

**Employment:** Limited, warehouse work

**Assessment Data:** \_\_\_\_\_

# Case Management (John)

Criminogenic Need	Supervision Goal	Correctional Intervention	C2C Journal (page #)
Peer Association			
Substance Use			
Criminal Attitudes- Behavioral Patterns			
Criminal History			
Family/Social Support			
Education/Employment			

# Case Management (John)

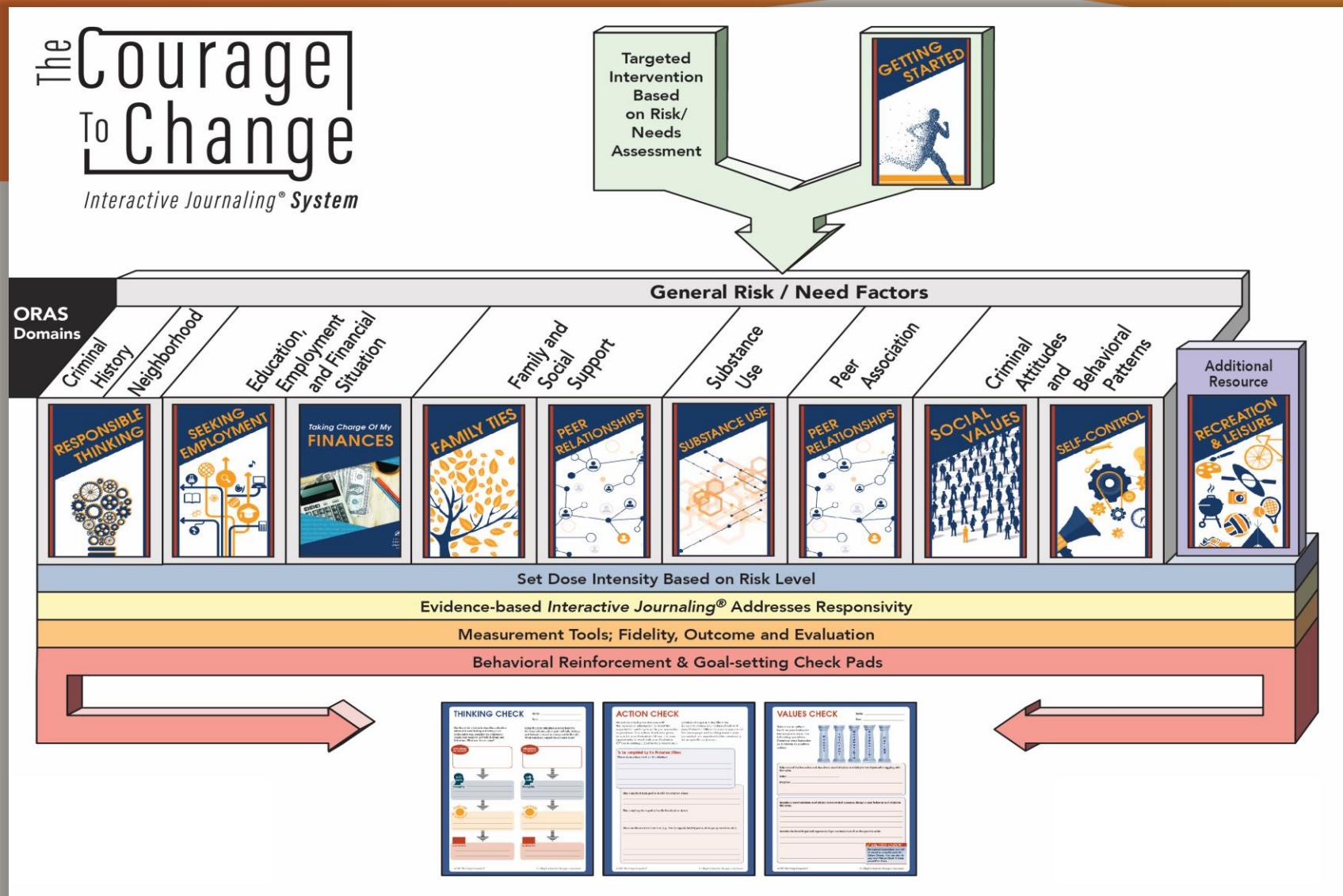
Criminogenic Need	Supervision Goal	Correctional Intervention	C2C Journal (page #)
Peer Association	<ol style="list-style-type: none"><li>1. Non-association</li><li>2. Develop healthy prosocial relationships</li><li>3. Learn/apply effective communication skills</li><li>4. Learn/practice skills to handle social pressure</li></ol>		

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# ORAS Assessment Cross-reference



# Case Management (John)

Criminogenic Need	Supervision Goal	Correctional Intervention	C2C Journal (page #)
Peer Association	<ol style="list-style-type: none"><li>1. Non-association</li><li>2. Develop healthy prosocial relationships</li><li>3. Learn/apply effective communication skills</li><li>4. Learn/practice skills to handle social pressure</li></ol>	<ul style="list-style-type: none"><li>• Join faith-based community</li><li>• Attend AA/NA</li><li>• Peer mentor</li><li>• Join a sports team</li><li>• EPICS</li><li>• <i>Interactive Journaling</i>®</li></ul>	<b><i>Peer Relationships</i></b> Pages 4-10 (relationships) Pages 11-17 (communication) Pages 23-26 (social pressure)

# ASAM Dimensions = Risk-need Domains

	ASAM Dimension	Risk - Need Domain
D1	Acute Intoxication and/or Withdrawal Potential	Substance Use
D2	Biomedical Conditions and Complications	Substance Use
D3	Emotional, Behavioral, or Cognitive Conditions and Complications	Criminal Attitudes and Behavioral Patterns Substance Use
D4	Readiness to Change	All Domains
D5	Relapse, Continued Use, or Continued Problem Potential	Criminal History Criminal Attitudes and Behavioral Patterns Substance Use
D6	Recovery/Living Environment	<b>Peer Association</b> Family and Social Support Neighborhood Substance Use

# ASAM Dimensional Assessment

## Individualized care using *Interactive Journaling*®

*Interactive Journaling*® can help you individualize care and maintain consistency to service delivery, all while keeping program participants engaged and focused on their change goals. This evidence-based approach is appropriate for all ASAM levels of care. The chart below shows three *Interactive Journaling*® curricula – MEE, *Self-management* and *My Personal Journal* – and their emphases on the six dimensions of the ASAM Criteria.

		ASAM Dimension					
		Dimension 1 Acute Intoxication and/ or Withdrawal Potential	Dimension 2 Biomedical Conditions and Complications	Dimension 3 Emotional, Behavioral, or Cognitive Conditions and Complications	Dimension 4 Readiness to Change	Dimension 5 Relapse, Continued Use, or Continued Problem Potential	Dimension 6 Recovery/Living Environment
MEE Series				 (12-step Journals)	 (12-step Journals)	 (12-step Journals)	 (12-step Journals)
							

\*12-step Journal

Peer  
Association

# One Plan, One Team for One Person

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Clinical Vignettes

# Vignette A

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A participant is required to stay away from previously justice-involved friends and acquaintances (non-association); and to participate in random drug testing. His probation officer observes he is still socializing with old friends in the community. The participant has tested positive for opioids and cannabis and vehemently blames the lab for once again getting his drug tests wrong.

**If the goal is one individualized plan for this participant, what should the PO do next?**

# Vignette B

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The judge has ordered the participant to 30 days in a residential program. When the participant is evaluated, the treatment provider assesses that the participant is in Precontemplation for recovery and in Action for avoiding incarceration. The treatment provider is concerned that the participant's attitude to treatment is one of compliance to skate through the program and wants to initiate a more individualized, discovery, dropout prevention approach in outpatient levels of care. This raises concern on the justice team that they will now need to return to the judge and have the court orders changed.

**What are some solutions to this kind of dilemma?**

# Thank you!

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