

# IMPROVING OUTCOMES THROUGH MULTIDISCIPLINARY TEAM COMMUNICATION

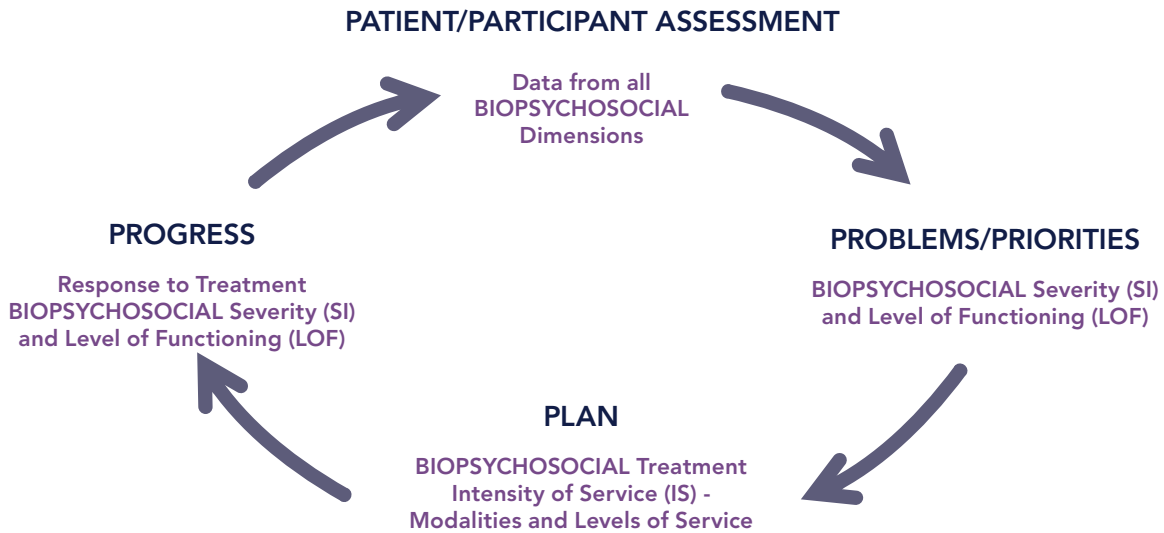
**Presented by:**

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# The ASAM Criteria

## 1. Individualized, Clinically and Outcomes-driven Treatment



## 2. 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:

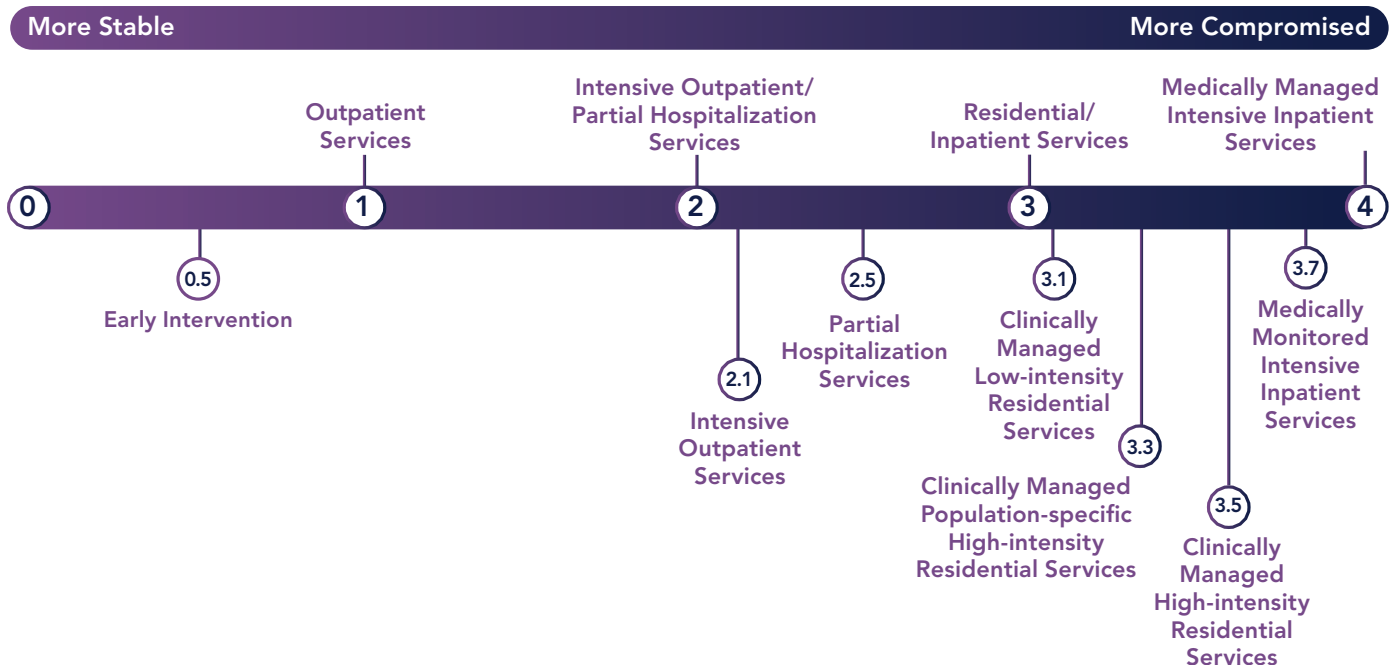
1	<b>DIMENSION 1</b>	<b>Acute Intoxication and/or Withdrawal Potential</b> Exploring an individual's past and current experiences of substance use and withdrawal
2	<b>DIMENSION 2</b>	<b>Biomedical Conditions and Complications</b> Exploring an individual's health history and current physical condition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

### 3. 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; medication for addiction treatment 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

### 4. Treatment Levels of Service

(The ASAM Criteria 2013, pp 106-107)



# Procedures to Assure Treatment Adherence



## Multidisciplinary Team



### Team Composition

Drug court team comprises representatives from all partner agencies involved in the creation of the program, including but not limited to judge or judicial officer, program coordinator, prosecutor, defense counsel representative, treatment representative, community supervision officer, and law enforcement officer.



### 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.



### Sharing Information

Team members share information as necessary to appraise participants' progress in treatment and compliance with conditions of drug court.

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.

*(National Association of Drug Court Professionals (NADCP), Adult Drug Court Best Practice Standards Volume II, 2014, pages 38, 39, 43.)*



## 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 common language of assessment of stage of change – models of stages of change.

3

Develop consensus practice approach for addressing readiness to change: meeting participants where they are, 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!"

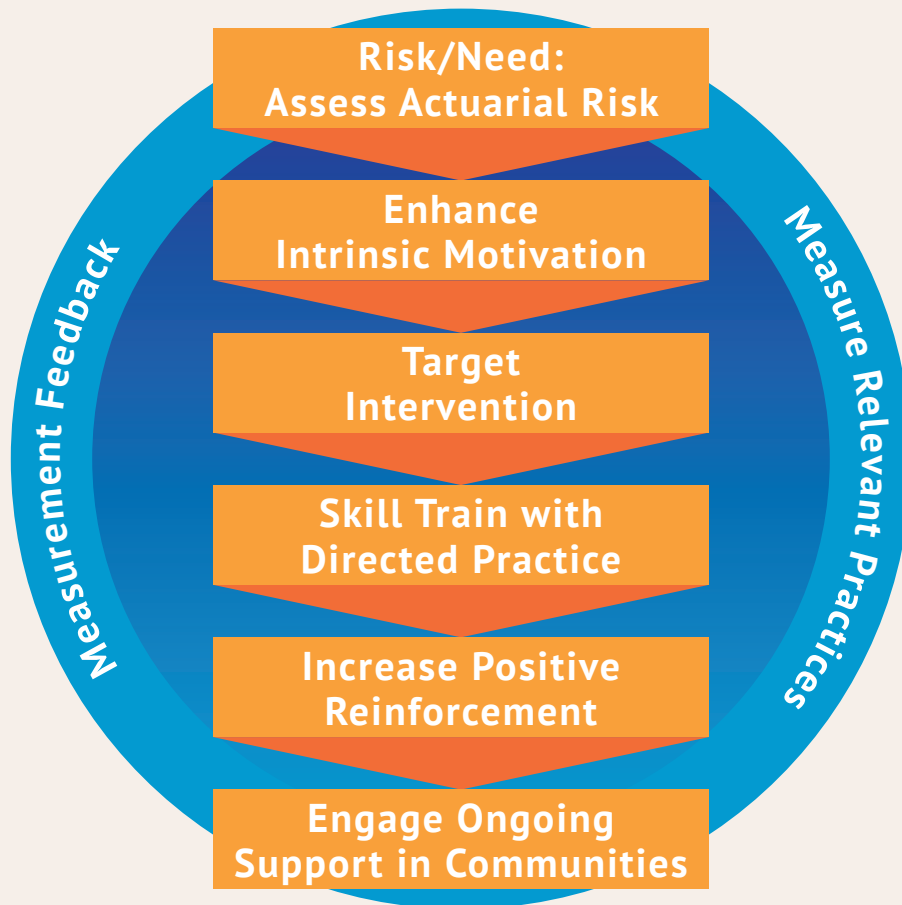


## Drug and alcohol testing

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

# Evidence-based Supervision

## 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

## Case Management (John)

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

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

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

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

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

**Educational/vocational:** High school graduate

**Employment:** Limited, warehouse work

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

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

## Supervision Goal

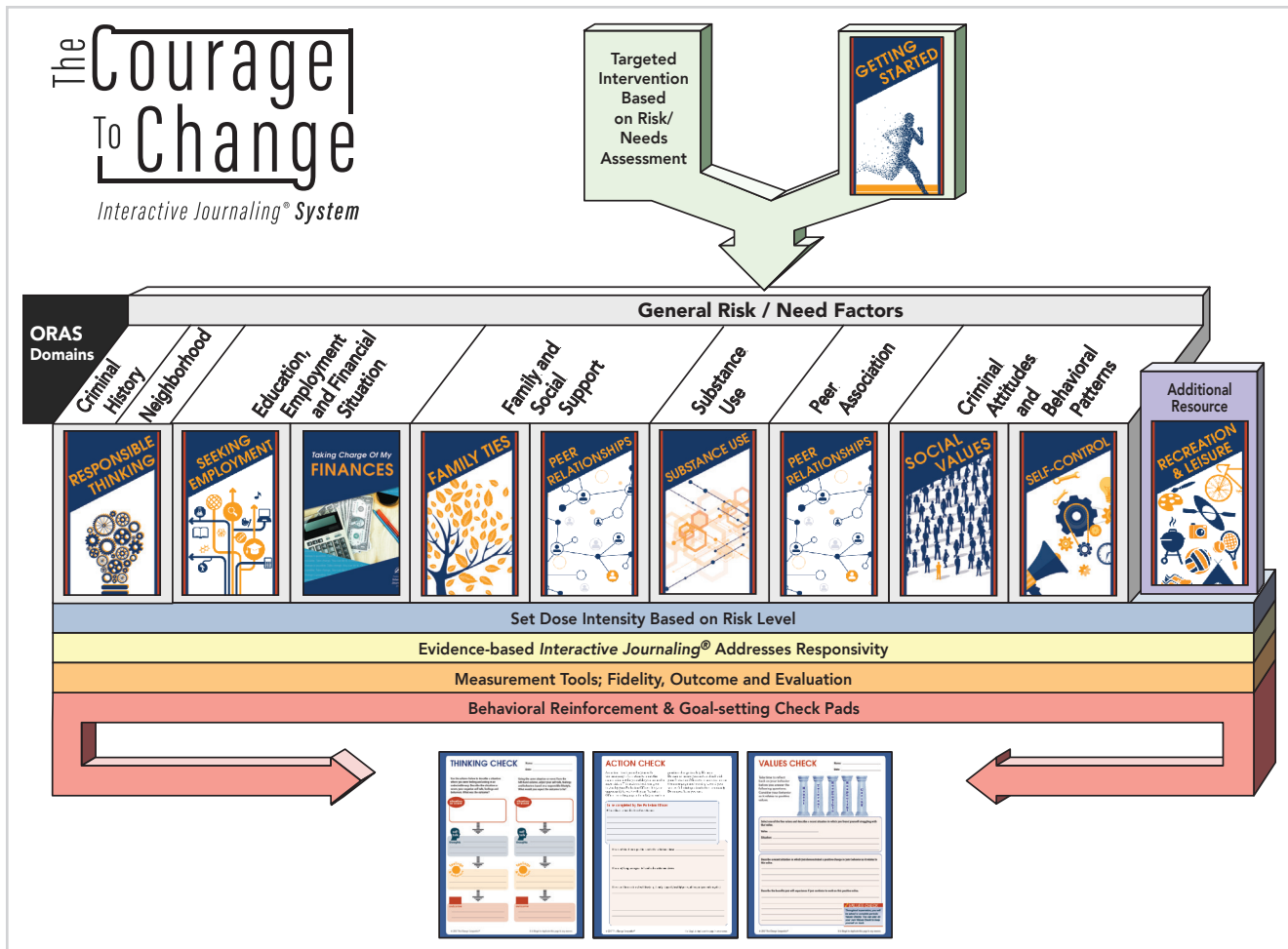
Criminogenic Need	Supervision Goal	Correctional Interventions	C2C Journal (page#)
Peer Association	<ol style="list-style-type: none"> <li>1. Non-association</li> <li>2. Develop healthy prosocial relationships</li> <li>3. Learn/apply effective communication skills</li> <li>4. Learn/practice skills to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

## Correctional Interventions

Criminogenic need	Supervision Goal	Correctional Interventions	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>	

# Case Management Vignette *(continued)*

## ORAS Assessment Cross-reference



## Match to *Interactive Journaling®* pages

Criminogenic Need	Supervision Goal	Correctional Interventions	C2C Journal (page#)
<b>Peer Association</b>	<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>Peer Relationships</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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

# 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 Criteria Dimensions		Self-management/ My Personal Journal*	MEE Series
	<b>Dimension 1</b> Acute Intoxication and/or Withdrawal Potential		
	<b>Dimension 2</b> Biomedical Conditions and Complications		
	<b>Dimension 3</b> Emotional, Behavioral, or Cognitive Conditions and Complications		 (12-step Journals)
	<b>Dimension 4</b> Readiness to Change		 (12-step Journals)
	<b>Dimension 5</b> Relapse, Continued Use, or Continued Problem Potential		 (12-step Journals)
	<b>Dimension 6</b> Recovery/Living Environment		 (12-step Journals)

\*The ASAM Criteria recognizes that spirituality can be integrated across all six dimensions, rather than being addressed as a separate dimension. For more information, see page 54 of The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, Third Edition (2013).

## Vignette A

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?**

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## Vignette B

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?**

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