

NAATP
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NATIONAL ASSOCIATION
OF
ADDICTION TREATMENT PROVIDERS

Quality Assurance Breakout Session 1: Admissions

Admissions Process, Screening, Assessment

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QA 1: Admissions

Moderator



Nick Hayes, PhD
Cumberland Heights
Treatment Center

Panelists



Ernest Bradshaw
Caron Renaissance



David Gomel, PhD
Rosecrance, Inc.



Andrew Huhn, PhD
The Johns Hopkins
University School

Workshop Description

Appropriate admissions process and patient screening are critical components of quality, ethical, evidence-based treatment. Through a panel setting, this session will discuss best practices on appropriate screening prior to admission and throughout treatment, provide guidance in understanding whether a facility is capable of meeting patient needs, and identify resources to effectively screen for co-occurring physical and behavioral health conditions.

Learning Objectives

1. Understand best practices for patient admission
2. Become familiar with common screening tools for co-occurring conditions
3. Review effect on patient and program outcomes from implementing admissions and screening practices

Panelists Introduction

- *Dr. David Gomel,*
 - President, Rosecrance
- *Dr. Andrew Huhn,*
 - Senior Research Associate, Ashley Treatment Centers
 - Assistant Professor of Psychiatry and Behavioral Sciences at the Johns Hopkins School of Medicine
- *Ernest Bradshaw,*
 - Director of Admissions, Caron Renaissance
- *Dr. Nick Hayes,*
 - Director of Clinical Research and Outcomes, Cumberland Heights Foundation

Guideline B-1: Admission Process

“Addiction treatment providers should follow a written admissions process that governs admission criteria, decision making, and intake procedure at the facility. The process should include informed consent for treatment that provides information on the anticipated length, intensity, and cost of treatment, as well as levels of care and treatment modalities available at the facility.”

(NAATP, 2019; p. 17)



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ASAM Placement Criteria

ASAM

American Society of Addiction Medicine

- **What is ASAM?**

- Professional society representing over 3,000 physicians and associated professionals
- Focuses on increasing access to addiction treatment, educating professionals, and supporting research

- **What is the purpose of ASAM criteria?**

- Provides guidelines that are objective for various levels of care/planning purposes
- Unifies the addiction field around a single set of criteria
- By evaluating risk/severity in each of the 6 dimensions, we can make an educated and informed clinical recommendation and begin planning for treatment

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

Dimension 1

Acute Intoxication and/or Withdrawal Potential

- What risk is associated w/ client's current level of acute **intoxication**?
- Serious **risk of severe withdrawal** symptoms or **seizures** based on previous history?
- Recent discontinuation or significant increase or reduction of alcohol/drug use?
- Does the client have responsible supports to assist in ambulatory detoxification if medically safe?

"The best predictor of current and future withdrawal problems, are past withdrawal problems!"

Dimension 2

Biomedical Conditions and Complications

- Are there current **physical illnesses** other than withdrawal, that need to be addressed or which complicate treatment?
- Are there chronic illnesses which might be **exacerbated by withdrawal**?
- Are there **chronic conditions** that affect treatment, (e.g. chronic pain treated with analgesics)?
- Evaluate for the following:
 - (1) Conditions that place the client at risk (e.g. seizure disorder).
 - (2) Conditions that interfere with treatment(e.g., the need for kidney dialysis)

Dimension 3

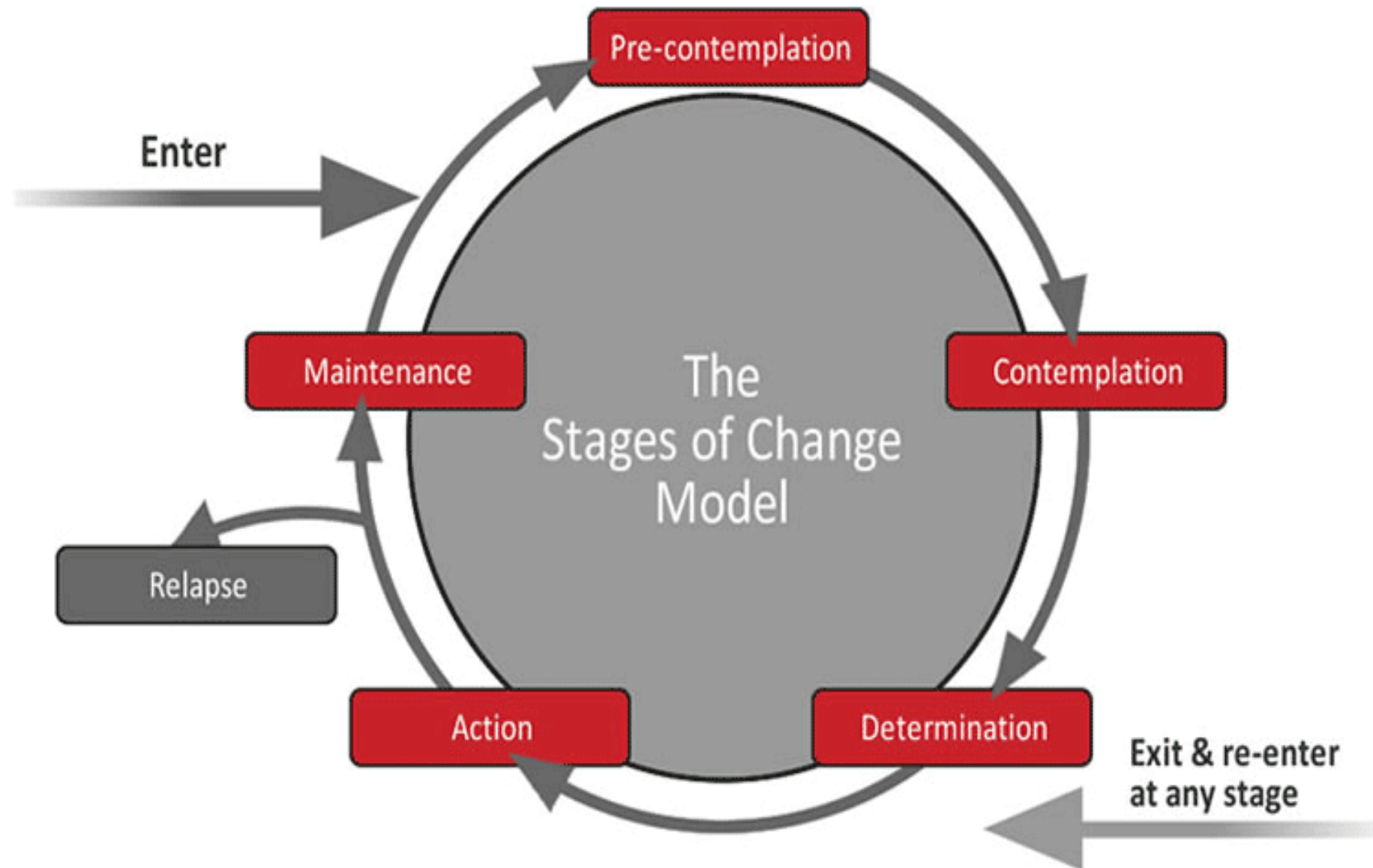
Emotional / Behavioral / Cognitive Conditions & Complications

- Current **psychiatric, behavioral, emotional or cognitive problems** to be addressed or may complicate treatment, psychiatric or developmental/intellectual disability?
 - Is the client involved in any treatment for the conditions? Are they medication compliant?
- Do any of these problems appear to be an expected part of addiction illness or are they separate?
- If connected to addiction are they severe enough to warrant specific mental health treatment?

Dimension 4

Readiness to Change

- Does the client feel **coerced into treatment** or actively object to receiving treatment?
- At what “**Stage of Change**” would you currently assess them to be?
- If willing to accept treatment, how strongly does the client **disagree** with others’ perception that s/he has an addiction problem?
- Is the client compliant to avoid a negative consequence (external motivation) or **internally distressed** in a self-motivated way about their substance use/abuse?



Dimension 5

Relapse / Continued Use / Continued Problem Potential

- Is the client in **immediate danger** of continued severe distress and drinking/drugging behavior?
- Does the client have **skills for how to cope** with his/her addiction problems and **prevent relapse** or continued use?
- Does he/she have any awareness of **relapse triggers**?
- What **severity of problems and further distress** will potentially continue or reappear, if the client is not successfully engaged in treatment at this time?
- What is the client's ability to remain abstinent based on history? What is the current **level of craving** and how successfully can he/she cope with this?

Dimension 6

Recovery Environment

- Are there **family, peers, school, or work** conditions threatening treatment engagement and success?
- Does the client have **supportive** relationships to support recovery?
- Financial, educational, or vocational resources to improve the likelihood of successful treatment?
- Are **there barriers to accessing treatment** such as transportation or childcare responsibilities?
- Are there vocational, social service agency or criminal justice **mandates that may enhance motivation?**

Levels of Care

Level 0.5 – Early Intervention

- Assessment and education

Level 1 – Outpatient

- Less than 9 hours/week (adults) or 6 hours/week for adolescents
- Ongoing recovery management

Level 2 – Intensive Outpatient/Partial Hospitalization

- 2.1—IOP: More than 9/6 treatment hour ratio
- 2.5—PHP: 20+ hours of service/week not requiring 24/7 care

Level 3 – Inpatient Sub-acute/Residential

- 3.1—Clinically Managed Low-Intensity Residential: 24 hour structure with available trained personnel; 5 hours of clinical service/week
- 3.5—Clinically Managed Medium-Intensity Residential: 24 hour care with trained counselors to stabilize danger, provide structure, and prepare for outpatient
- 3.7—Medically Monitored Detox: 24 hours nursing care with physician on call and counselors available

- **Level 4 – Medically Managed Intensive Inpatient** - Typically *Hospital-based programs*



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Assessing Co-occurring Mental Health Conditions

Mental Health and Treatment Outcomes

- It is crucial to assess mental health conditions in order to tailor care
 - Identify special needs for each patient
- Improving mental health can improve overall health and substance use outcomes
 - Co-occurring disorders can be unique risk factors for drug relapse
- Mental health is, itself, a treatment outcome
 - Improving key areas of mental health should be a goal for treatment providers

Current Depressive Symptoms

- Patient Health Questionnaire (PHQ-9)
 - Assesses depressive symptoms in past 2 weeks.
 - Brief (9 items)
 - Categorizes depressive symptoms from minimal to severe
 - Indicator of co-occurring Major Depressive Disorder (MDD)
- Can be re-assessed throughout treatment

Anxiety

- General Anxiety Disorder 7-item Scale (GAD-7)
 - Assesses anxiety in past 2 weeks
 - Brief
 - Monitoring symptom severity
 - Might indicate clinically significant condition
 - Use to guide anxiety reduction therapies
- Can be re-assessed throughout treatment

Attention Deficit Hyperactivity Disorder (ADHD)

- ADHD Self-report Scale (ASRS)
 - Quick indicator of ADHD (Part A)
 - Specific symptoms can be a target for treatment (Part B)
 - Should be used for all young adults (or emerging adults)
- Also ask about past history of ADHD

Mood Disorders (Bipolar I)

- The Mood Disorder Questionnaire
 - Screening tool that indicates need for further assessment
 - Best at screening for Bipolar I (depression and mania)
 - Brief
- Bipolar Disorder can be a major impediment to recovery

Diagnose Yourself!

- Dual Diagnosis Capability in Addiction Treatment (DDCAT)
 - Assess your facilities capabilities in handling dual-diagnosis patients
 - Look for strengths and weaknesses
 - Develop a plan for continuing care
 - Identify other providers to fill gaps (when needed)

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Thank you!

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