
What to Do When Participants Aren't Really Participating

David Mee-Lee, M.D. Davis, CA
(530) 753-4300; Mobile (916) 715-5856
davidmeelee@gmail.com davidmeelee.com tipsntopics.com
asam.org asamcontinuum.org instituteforwellness.com

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A. Case Discussion

- 25 yo man in Drug Court with four drug-related charges and Methamphetamine and Cannabis Use Disorders in the first month of the Intensive Outpatient Program.
- Says he won't use marijuana while in the program, but when he graduates he will likely smoke marijuana again as he sees nothing wrong with marijuana and has a medical marijuana card anyway for chronic pain.
- Attends all prescribed activities and groups, but sits passively with little active input.

How do you manage this?

1. Give him more time to get used to the program and to come around to get engaged in treatment.
2. Increase drug testing to ensure he is not smoking marijuana.
3. Thank him for being in treatment, but explore with him what is most important to him that made him decide to join the Drug Court Program.

B. Case Discussion

- Scott is 46 yo with severe Opioid Use Disorder, IV heroin and cocaine
- Several overdoses, comes to you after a fentanyl overdose
- Started buprenorphine
- Drug screen + for buprenorphine, + cocaine, + fentanyl, + benzodiazepines
- Running out of buprenorphine, and has developed an abscess from injection use
- Adamantly opposed to methadone maintenance
- Not regularly engaging in counseling or peer support groups

In your small groups discuss:

1. How would you address the fact he is running out of buprenorphine early?
2. How would you address the fact he is positive for multiple other substances?
3. Would you require counseling or engagement in peer support groups to allow him to continue to be prescribed buprenorphine?

Next:

- Scott tells you cocaine is not his primary substance – can “take it or leave it” but it is everywhere in his neighborhood and he cannot leave or he will be on the street.
- He uses benzos “when they are around” and primarily to help manage anxiety symptoms.
- He lives with his girlfriend who cannot access care, and is sharing his buprenorphine with her, but then he runs short and cannot withstand the cravings, so uses because he cannot find street buprenorphine to supplement.
- He also notes he “love the needle”.
- You discuss the option of residential treatment, and he reports he is absolutely not interested in leaving his apartment or his girlfriend.

In your small groups discuss:

1. How would you address the fact that he reports he is sharing his buprenorphine with his girlfriend?
2. Would you consider discharge or mandate a more intensive level of care?
3. Would you further discuss his continued injection use?

C. Case Discussion

Angela, a 28 y/o, pregnant (1st trimester), mother of 2 and is being referred to drug treatment by Child Welfare and Probation.

The referral states Angela was arrested for driving under the influence while her children were in the car (2 y/o, 4 y/o). Angela's children were unrestrained, unkept, and not clothed appropriately for the cold weather. When Angela was pulled over, she was arrested due to a previous warrant and the children were immediately removed and placed in foster care. Angela's toxicology screen at the time of her arrest was positive for alcohol and methamphetamine. Angela spent 30 days in jail and is reporting abstinence since her release 4 days ago.

Child Welfare reports that the client has a history of psychiatric hospitalizations and does not want to take her Bipolar medications because of the pregnancy. Prior to her arrest, she and her children were homeless for 2 months.

During your intake, Angela reports feeling that substances are not an issue for her and she does not need a drug treatment program. Client states, "I was clean in jail and since getting out I have not used."

Questions:

1. What does Angela want that will drive the assessment and treatment process?
2. To assess severity in each of the 6 ASAM Criteria assessment dimensions, what clinical information for each dimension do you need, if missing in this vignette? Indicate which dimension has missing information and specify what more information you want.

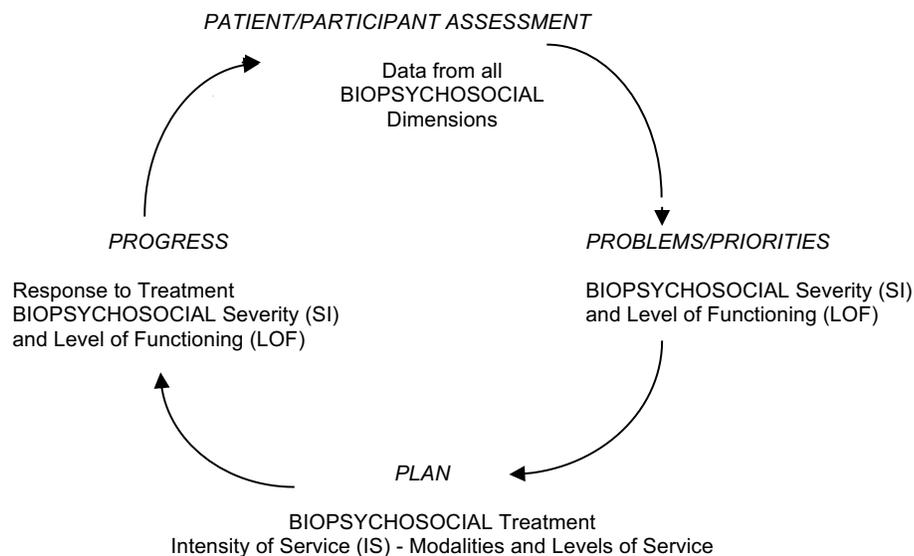
D. Developing the Treatment Contract and Focus of Treatment

	<u>Client</u>	<u>Clinical Assessment</u>	<u>Treatment Plan</u>
<u>What?</u>	What does client want?	What does client need?	What is the Tx contract?
<u>Why?</u>	Why now? What's the level of commitment?	Why? What reasons are revealed by the assessment data?	Is it linked to what client wants?
<u>How?</u>	How will s/he get there?	How will you get him/her to accept the plan?	Does client buy into the link?
<u>Where?</u>	Where will s/he do this?	Where is the appropriate setting for treatment? What is indicated by the placement criteria?	Referral to level of care
<u>When?</u>	When will this happen? How quickly? How badly does s/he want it?	When? How soon? What are realistic expectations? What are milestones in the process?	What is the degree of urgency? What is the process? What are the expectations of the referral?

E. Multidimensional Assessment & Individualized Treatment (The ASAM Criteria 2013, pp 43-53)

Assessment Dimensions	Assessment and Treatment Planning Focus
1. Acute Intoxication and/or Withdrawal Potential	Assessment for intoxication and/or withdrawal management. Withdrawal management in 5 levels of care & preparation for continued addiction services
2. Biomedical Conditions and Complications	Assess and treat co-occurring physical health conditions or complications. Treatment provided within level of care or through coordination of physical health services
3. Emotional, Behavioral or Cognitive Conditions and Complications	Assess and treat co-occurring diagnostic or sub-diagnostic mental health conditions or complications. Treatment provided within level of care or through coordination of mental health services
4. Readiness to Change	Assess stage of readiness to change. If not ready to commit to full recovery, engage use motivational enhancement strategies. If ready for recovery, expand action for change.
5. Relapse, Continued Use or Continued Problem Potential	Assess readiness for relapse prevention plans. If still at early stages of change, focus on “discovering” consequences of continued use or problems with motivational strategies.
6. Recovery Environment	Assess need for specific individualized family or significant other, housing, financial, vocational, educational, legal, transportation, childcare services

1. Individualized, Clinically-driven Treatment



F. What to Do with Poor Outcomes - ACCEPT

Assess what is and is not working

Change treatment plan to improve outcomes

Check treatment contract if participant reluctant to modify the treatment plan

Expect effort in a positive direction – “do treatment” not “do time”

Policies that permit mistakes and honesty; not zero tolerance

Track outcomes in real time – functional change (attitudes, thoughts, behaviors) not compliance

REFERENCES & RESOURCES

“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.

Critical Treatment Issues Webinar Series, Bureau of Justice (BJA) Drug Court Technical Assistance Project at American University Feb. 10, 2016 – May 3, 2016
<https://www.youtube.com/watch?v=AuUEP52z1Xk>

Mee-Lee D, McLellan AT, Miller SD (2010): “What Works in Substance Abuse and Dependence Treatment”, Chapter 13 in Section III, Special Populations in "The Heart & Soul of Change" Eds Barry L. Duncan, Scott D. Miller, Bruce E. Wampold, Mark A. Hubble. Second Edition. American Psychological Association, Washington, DC. pp 393-417.

Mee-Lee D, Shulman GD, Fishman MJ, and Gastfriend DR, Miller MM eds. (2013). The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions. Third Edition. Carson City, NV: The Change Companies.
To buy: changecompanies.net

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