

# ASAM Technical Assistance Series

## *Conversations with Scott Boyles*

Train for Change



Pennsylvania  
Department of Drug and  
Alcohol Programs



# Pennsylvania Department of Drug and Alcohol Programs

## Disclaimers

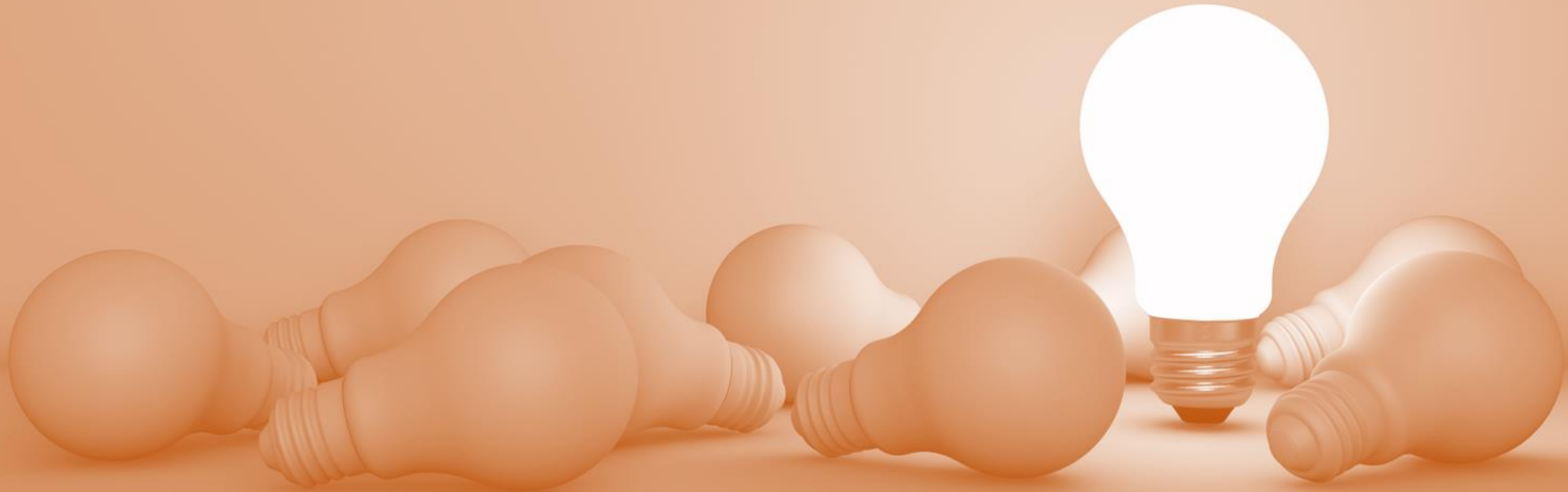
- *Alignment with The ASAM Criteria is required of drug and alcohol treatment providers that receive funding for providing treatment services under agreements with Single County Authorities and/or Managed Care Organizations.*
- *DDAP stresses the importance of reviewing the ASAM Criteria text in its entirety, attending the ASAM two-day training, and reviewing the resources available through DDAP including trainings and documents.*

# Learning Objectives

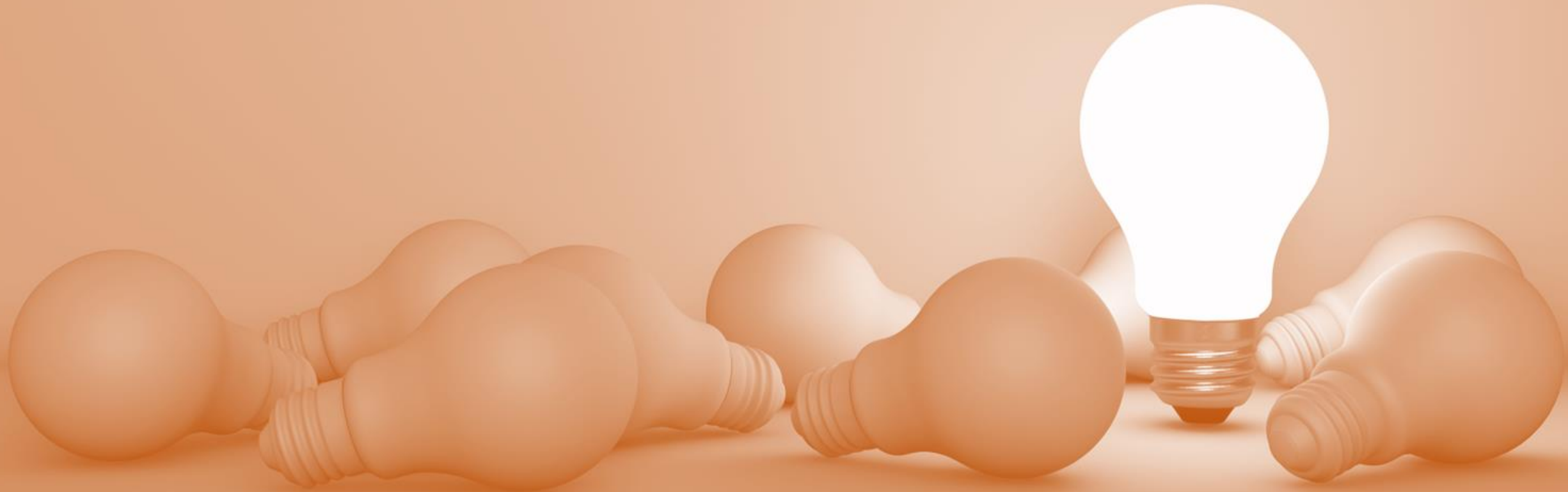
- Explore alternatives to administrative discharges
  - Therapeutic interventions
  - Treatment plan updates
- Apply key principles of the ASAM Criteria as a guide for treatment



# Poll 1



# Poll 2



## Outstanding Question from August's Webinar

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Q: What types of enhancements to 3.5 co-occurring capable programs (ours currently all offer MH programming/supports and our staff are trained extensively in MH) to align them with a co-occurring enhanced program? (Answered as part of August's Q&A) [ASAM Transition \(pa.gov\)](#)



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“Return to use is a common event during the recovery process, and a patient should not necessarily be placed in a more intensive level of care based solely upon episodes of return to use.”

*ASAM Criteria, Fourth Edition*

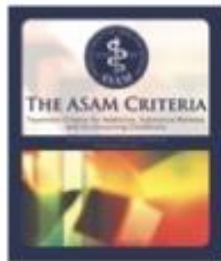
**"A mental health patient would not be suspended from treatment if presenting to a group or sessions with suicidal ideation, a recurrence of panic attacks, mania or psychotic behavior. Cutting behavior would not be grounds for immediate discharge or transfer to a more intensive LOC."**

David Mee-Lee's,  
tips and topics. July 2014



"To discharge or suspend a patient for an acute recurrence of signs and symptoms is to break continuity of care at precisely a crisis time when the patient needs support to continue treatment."

# Constructs for Dimension 5



Pg. 403

## Cognitive and Behavioral Measures of Strengths and Weaknesses

- Locus of control and self-efficacy
- Coping skills, including stimulus control and cognitive strategies
- Impulsivity (risk-taking, thrill-seeking)
- Passive and passive-aggressive behavior

## Historical Pattern of Use

- Chronicity of problem use: Since when and how long has the individual has problem use or dependence and at what level of severity?
- Treatment or change response: Has the individual managed brief or extended abstinence or reduction in the past?

Relapse, Continued Use, or Continued Problem Potential

## External Stimuli Responsivity

- Reactivity to acute cues (trigger objects and situations)
- Reactivity to chronic stress (positive and negative stressors)

## Pharmacologic Responsivity

- Positive reinforcement (pleasure, euphoria)
- Negative reinforcement (withdrawal discomfort, fear)

## Additional Considerations:

- Motivated to change vs motivated for treatment?
- Model of care?
- Harm Reduction?
- Readiness/Stage of Change- What issues?
- Ability-May have desire to change with poor ability
- Co-occurring conditions-Trauma, etc...

## Steps to consider when a person uses substance in treatment:

1. View such a flare-up as a poor outcome, which needs assessment and a change in the treatment plan.
2. Collaborate with the patient to discover: What went wrong? What are they willing to do differently in their treatment plan that is in a positive direction?
3. Call a crisis patient community meeting. Highlight the dangers of use in the treatment community and address any triggering or even actual use by others.

## Steps to consider (cont.):

4. Work with any patients affected by their fellow patient's flare-up. Help them learn from this and change their treatment plan accordingly.

5. Discharge the person who used only if they are not interested in treatment and just want to “do time” in a treatment program and continue using trying not to get caught.



# Guiding Principles of The ASAM Criteria

- Admission into treatment is based on patient needs rather than arbitrary prerequisites (e.g., prior treatment failure).
- Patients receive a multidimensional assessment that addresses the broad biological, psychological, social and cultural factors that contribute to SUDs, addiction and recovery.
- Treatment plans are individualized based on patient needs and preferences.
- Care is interdisciplinary, evidenced based, patient-centered and delivered from a place of empathy.



# Guiding Principles of The ASAM Criteria (cont.)

- Co-occurring conditions are an **expectation**, not an exception, among patients with SUDs.
- Patients move along a continuum of care based on their progress and outcomes rather than arbitrary predetermined lengths of stay.
- **Informed consent** and shared **decision-making** accompany treatment decisions.

**Additional  
questions?**



## ASAM KEY CONCEPTS

ASAM Key Concepts video can be found at this web address:

<https://drive.google.com/file/d/1a7M6WANE0x0LjHfOK5vxZySLYAU4BhR6/view?pli=1>



# Question Submission and Future Topics

- Suggestions for future webinar topics
- Questions should be submitted 10 days in advance of the webinar

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Thank you!



# Reminder

Next TA Call = Monday October 7, 2024

10:00am

Topic = DDAP Updates  
(including 42CFR Part 8)

[RA-DAASAM@pa.gov](mailto:RA-DAASAM@pa.gov)



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