



Medication Assisted Treatment Community of Practice

Application of ASAM Criteria for MAT Practices Clinical Case Practice #1

Precipitating factors for the evaluation: Jessica Johnson is a 30-year-old married female who sought a Substance use disorder evaluation at the suggestion of her DCYF caseworker.

Course of evaluation: Mrs. Johnson attended 2 sessions of evaluation. She was open to all questions and was engaged in the evaluation during both sessions. She shared that her neighbor had reported her to DCYF after the neighbors found her passed out while caring for her children. After a DCYF investigation, they determined a need for a SUD evaluation, which Jessica has agreed to. Jessica was often times tearful when sharing about her history of use and the shame she feels for the effects on her children. She reports that she has not used Fentanyl in 7 days but has been taking 8-16mg of Suboxone daily that she has been getting from a friend. She shared she also has been using cannabis daily.

Substance Use History, Consequences, and Symptoms: Jessica reports that she has been using opioids since she was 25. She reports at age 26 she stopped using for 2.5 years following an arrest for possession of Fentanyl. She reports that her use began again 1.5 years ago and she began using IV Fentanyl, 1/4-1/2 gram daily when she had the money. She reports that she would often take Suboxone from the street to avoid withdrawal. She reports that her last use of Fentanyl was 7 days ago and shared she took 8mg of Suboxone 2 hours ago. She shared she has used cannabis "almost daily" for approximately 10 years. She reports that her last use of cannabis was last night. Jessica shared that she smokes approximately 1 pack of cigarettes daily and is not interested in any counseling regarding smoking cessation. She reports that after her arrest she attended an IOP program and was also attending AA meetings and found them useful, stating she "liked to listen to people's stories". She reports that she was able to apply the skills she was learning in order to remain abstinent from opioids. She reports that she didn't like going to NA because she would see old friends who asked her to get high. She reports that her probation ended approximately 1.5 years ago and she began using again shortly after. She reports that her PO didn't like that she used cannabis but she did not have any "set backs" while on probation.

Jessica admits that she would often time use while caring for her daughter. She reports that she would use small amounts. She reports on 3-4 occasions taking more than she had planned and nodding off and that on two occasions her neighbor came over and found her. She reports that she is able to support her habit with her disability checks but shared that she would "figure out" other ways of getting money. She shared that her mother is not speaking with her at this time and has accused her of stealing money from her and threatened to call the police. She states that her father will give her money sometimes but that he is constantly bothering her

about getting some help and not using anymore. She shared that all of the people in the building think she is an awful mother and nobody will talk with her.

Dimension 1 - Acute Intoxication/Withdrawal Potential: While Jessica has not used IV Fentanyl in 7 days, she has been using Suboxone daily. She reports that 1-2 days this week she was unable to get Suboxone and reports that she experienced a mild ache in her joints, had some difficulty sleeping and had some mild hot and cold flashes. She has a history of mild withdrawal symptoms. She denies any current symptoms of withdrawal. There are no visible signs of intoxication.

Dimension 2 - Biomedical Conditions and Complications: Jessica reports that she does not have any medical problems. She reports that she does have a primary care physician.

Dimension 3 - Emotional, Behavioral or Cognitive Conditions and Complications: Jessica reports that she has been diagnosed with PTSD, and Major Depressive Disorder. She reports that she was diagnosed by her PCP at age 22. She reports that she is currently prescribed Lexapro 10mg QD. She reports that she is sad about possibly losing her kid and all of the difficulty in her life at this time but feels the medication helps and is able to manage. She reports that when she was on probation she was seeing Linda Doe LCMHC. She reports that she enjoyed seeing her but discontinued when she was released from probation.

Dimension 4 - Readiness to Change: Jessica reports that almost losing her daughter, "really shook me up". She reports that she knows she needs to stop using and that she will need help. She reports that she does not want to stop using cannabis and does not think it is causing problems in her life. She reports that when she uses it she does not use opioids. She completed the readiness ruler and shared she is moderately confident that she can stop using and believes it is the most important thing in her life right now.

Dimension 5 - Relapse, Continued Use or Continued Problem Potential: Jessica shared that she has been able to think consequentially in the past about the reasons not to use. She reports that she has also used urge surfing and distraction techniques. She reports that she still has strong cravings to use, stating that she has 5-10 cravings a day and they are between a 5 and 9 in severity. She reports that she usually smokes cannabis in order to deal with the cravings. She shared that the Suboxone has been very helpful for her to avoid cravings.

Dimension 6 - Recovery Environment: Jessica currently lives with her 3 year old daughter. She reports that she is on disability for her PTSD and depression and is not working at this time. She reports that she is afraid she will be losing her disability soon and is unsure what she will do. She reports that her husband is currently incarcerated and that he will not be out for 3-4 years. She reports that it has been difficult for her daughter and "she misses her daddy". She reports that she is lonely and her only friend in the building is the one that called DCYF and now they are not talking. She reports that she still talks with a woman she used to know in AA and they have remained friends. She shared that her father is in long-term recovery from alcohol use disorder



and is very supportive but can be "a little self-righteous". She shared that she used to like to read but has not been reading in a long time. Her DCYF worker is hopeful that they can resolve the problem without removing her daughter and is very supportive of Jessica. Jessica reports that at first she saw her as the enemy but understands she is "just doing her job". Her DCYF worker is requiring that she also remain abstinent from cannabis.

Strengths and Assets: Jessica is friendly and is able to make friends easily. She is bright and is good at problem solving. She is a good parent and cares a great deal about her child.

PATIENT SEVERITY RATING TOOL

The following tool has been developed to help keep track of the score assigned for each dimension based on information gathered from the assessment. The score given for each dimension should be independent of the other dimensions. The notes section may be utilized to document reason for patient score and corresponding items that should be addressed in the treatment plan.

		SEVERITY RATING (0-4)					Clinical Rationale
ASAM DIMENSIONS		0	1	2	3	4	
1	Acute Intoxication and/or Withdrawal Potential	Non-issue or very low risk issue	Mildly difficult issue, or present minor signs and symptoms	Moderate difficulty in functioning	Serious issue or difficulty coping with a given dimension	Highest level of severity	
2	Biomedical Conditions and Complications						
3	Emotional, Behavioral, or Cognitive Conditions and Complications						
4	Readiness to Change						
5	Relapse, Continued Use, or Continued Problem Potential						
6	Recovery/ Living Environment						

Recommended Level of Care: _____