



# Medication Assisted Treatment Community of Practice

## Application of ASAM Criteria for MAT Practices Clinical Case Practice #2

**Precipitating factors for the evaluation:** Mark Smith is a 26-year old single male who sought a substance use disorder evaluation at the suggestion of his probation officer.

**Course of evaluation:** Mr. Smith attended one, 90-minute session of evaluation. He was initially difficult to engage and offered minimal information but was able to provide all of the necessary information for the evaluation. He shared that when his probation officer asked him to attend the evaluation he was angry and refused to go. He shared his probation officer threatened to violate him if he did not attend the evaluation. Mark admits to IV Fentanyl use but reports that he is not getting sick when he stops and he can stop on his own. He reports that his most recent use of Fentanyl was yesterday morning. He reports he used cannabis approximately 2 hours prior to his evaluation.

**Substance Use History, Consequences, and Symptoms:** Mr. Smith reports that he began using prescription medication at age 16, sharing that he would use 20-30 mg, 2-3 times per week. He states this changed when he turned 22 when he first used Fentanyl intranasal. He reports he began using IV Fentanyl. He reports that he was using up to 1 gram daily. He reports that he was incarcerated until 2 months ago after being found guilty of theft by unauthorized taking. He reports that he has been using 3-4 times in the past month, stating he only uses small amounts and is afraid of overdose. He reports that he "always smokes" cannabis, sharing the only time he did not was when he was using Fentanyl heavily. He reports that he has used cannabis almost daily since leaving prison. He reports that he was "kicked out of an IOP" for using prior to going to prison. He reports that he used Suboxone 3 times while he was incarcerated but it was too expensive and so he just "kept to myself" and "did my time". He reports that he currently smokes between 1 and 1.5 packs of cigarettes daily.

**Dimension 1 - Acute Intoxication/Withdrawal Potential:** Risk of withdrawal potential is mild. Mark admits to a history of withdrawal syndrome, but denies any current withdrawal symptoms.

**Dimension 2 - Biomedical Conditions and Complications:** Mark reports that he was diagnosed with Hepatitis C before going to prison. He reports that while he has tested positive, he has not yet showed symptoms. He reports that he does not currently have a primary care provider

**Dimension 3 - Emotional, Behavioral or Cognitive Conditions and Complications:** Mark reports that he was diagnosed with depression and anxiety by his primary care provider when he was 20. He shared he was prescribed Celexa and took it for 8-10 months. He shared that he stopped taking it because he did not like taking a pill every day and could not remember to take it. He reports that when taking the medication he did not feel like himself. He reports that

currently he is worried about going to jail. He shared that he feels irritable and restless because his probation officer is threatening him. He reports that he feels sad sometimes but feels like “that’s just life right now”. He admits some trouble with mood and shared that when he uses cannabis he feels much better. Mark’s probation officer reports that Mark was diagnosed with “antisocial personality traits” while in prison. His probation officer reports that Mark has a history of a disregard for laws and the rights of others.

**Dimension 4 - Readiness to Change:** Mr. Smith shared that his biggest problem right now is his probation officer and the threat of going back to prison. He reports that he plans to stop using opioids but does not plan to stop cannabis at this time. He reports that he does not think he will need any assistance to stop using opioids because he has stopped in the past with little effort. He reports that he has been talking with a friend of his about getting a therapeutic cannabis card. His plan to stop using opioids is to “just stop” and not spend time with friends who use.

**Dimension 5 - Relapse, Continued Use or Continued Problem Potential:** Mark shared that he was able to stop using in prison due to the cost and risk associated with using while incarcerated. He was not able to identify any current skills in order to stop using and reports that he was going to “just stop” and avoid certain friends. He was unable to identify a clear reason for a return to opioid use, and states he “just wanted to get high”. He reports that he thinks about opioids 10-15 times per day but states it’s “no big deal”. His dimension 4 issues (lack of understanding) may contribute to problems in this dimension.

**Dimension 6 - Recovery Environment:** Mark is currently living alone in a studio apartment that he rents from his sister. He reports that he is employed as a line cook and that his boss does not know and is not concerned about his use as long as the work is done. Mark reports that he does have a few friends who do not use opioids but that he does not have any friends who do not use cannabis. He reports that he is close with his mom and she is supportive of him doing what he needs to do to get off probation. He shared that he enjoys playing video games. Mark reports that he limits whom he interacts with and does not trust many people. He reports that most people are fake so he “keeps a limited circle”. He reports that his probation officer is “out to get me” and that he should go worry about “the bad ones” and leave him alone.

**Strengths and Assets:** Mark is bright and thinks quickly. He is resourceful and is able to follow through when he makes a commitment. He reports he “sees everything” and can analyze people and situations.

# 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						
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: \_\_\_\_\_