Appendix 6

TEMPLATE: IMPACT ASAM SUD Assessment

Referred by:
Reason for consult:
Patient information:
Patient identified goal:

Use History: (Onset of substance use, Substance of choice, Severity of use disorder for substances used in the last 12 months)

Substance use treatment history: (periods of abstinence, MAT)

DSM-5 SUD diagnoses (usually from MD/ NP/ PA note)

Social Work Clinical Formulation: Using American Society of Addiction Medicine (ASAM), the following risks, barriers and protective factors were identified within these six dimensions:

Dimension 1: Acute Intoxication and/or Withdrawal Potential
(Experiencing withdrawal or at risk for withdrawal? Require detox services? Consideration for MAT? Strengths/protective factors; Barriers/risks)

Dimension 2: Biomedical Conditions and Complications
(Does patient have a Primary Care Physician; Chronic/acute medical conditions outside hospitalization; Insight into correlation between substance use and medical health; Strengths/protective factors
Barriers/risks)

Dimension 3: Emotional, Behavioral or Cognitive Conditions and Complications
(Previous diagnosis; previous treatment; mental health concerns; Insight into correlation between substance use and mental health; Trauma history; Strengths/protective factors; Barriers/risks)

Dimension 4: Readiness to Change
(Insight; Judgment; Internal/external motivators; Stage of change assessment; Strengths/protective factors; Barriers/risks)

Dimension 5: Relapse, Continued Use or Continued Problem Potential
(Previous factors supporting recovery; previous relapse experiences; triggers for use; factors supporting abstinence; Strengths/protective factors; Barriers/risks)

Dimension 6: Recovery Environment
(Living environment; financial resources/insurance coverage; Employment; Vocational and/or military history; support systems; stress systems; DCJ/probation)

Level of Care recommendations:

- Provider recommendation
- Patient preference (if discrepancy provide reasoning)

Plan: Might include

- Collaboration with other disciplines
- Patient Safety Care Plan
- Relapse prevention plan
- Approach to harm reduction

EXAMPLE: IMPACT Social Work SUD Assessment*

Referred by: Dr X, hospitalist
Reason for consult: opioid use
Patient information: Admitted to OHSU for septic joint infection and MSSA bacteremia.

IMPACT SW met with patient alongside IMPACT MD and medical student to discuss patient goals, substance use history, and develop treatment plans as related to substance use.

Patient identified goal: "I'm done with this [opioid use]"

Use History:
She endorses use of methamphetamine, benzodiazepine, opioids, and nicotine. She identifies heroin as her drug of choice. Heroin allows her to "forget and feel good." She first started heroin 2.5 years ago when she "was in a dark place." Started using IV, currently uses approximately 1g/day.

She reports regular illicit Xanax use. Anxiety and trauma trigger for benzodiazepine use.
She denies and recent methamphetamine use and reports to not like the substance.
She reports 0.5 pack/day cigarette use. Currently has access to nicotine patch, however continues to experience cravings. Poor efficacy with nicotine gum. Willing to consider lozenges.

D reports starting using drugs at age 13 with methamphetamine. She acknowledges a family history of substance use disorders including alcohol (parent), methamphetamine (sibling).

Substance use treatment history:
D reports outpatient substance use treatment and participation in 12-step groups, previously. She reports finding these settings as more triggering, noting listening to people's stories as frustrating.

She reports brief attempt to access illicit buprenorphine without benefit or disruption in her heroin use. Also reports trying Kratom to disrupt use patterns without effect.

She is interested in buprenorphine after discussion of MAT options with IMPACT MD, acknowledges understanding risk for precipitated withdrawal and the need to initiate bup while in withdrawal and denies any past experience of precipitated withdrawal.

She reports a 5-year history of abstinence, attributes her marriage and playing an active role in her niece/nephews lives as motivating factors during this time.

DSM-5 SUD diagnoses:
See IMPACT MD note outlining DSM criteria for Opioid Use Disorder, Severe.

Clinical Formulation:
Using American Society of Addiction Medicine (ASAM), the following risks, barriers and protective factors were identified within these six dimensions:

Dimension 1: Acute Intoxication and/or Withdrawal Potential
Patient endorses a history of opioid withdrawal which she identifies as a risk factor for continued and increased use. She was started on methadone during this hospitalization to manage withdrawal symptoms.
Conversations with patient re: continued MAT include:

- Patient goal to continue MAT
- Lives hours from nearest methadone clinic, making suboxone more viable option
- Patient interested in starting Suboxone for MAT. Will work with IMPACT MD re: recommendations for Suboxone induction. IMPACT SW to support continuation of MAT provider.

Dimension 2: Biomedical Conditions and Complications-
Patient acknowledges having met with a primary care provider (PCP) in an urgent care clinic near home once, however does not have regular PCP. Patient endorses chronic physical pain.
She has insight into the correlation between current hospitalization and substance use.

Dimension 3: Emotional, Behavioral or Cognitive Conditions and Complications
Patient acknowledges complex trauma history beginning in childhood. She endorses anxiety, nightmares, and flashbacks. She reports "being in therapy a lot" since childhood including medications and talk therapy. She identifies little benefits from the talk therapy or medications.
She described taking a number of medications that include Prozac (prescribed as an adolescent – "made me feel like a zombie"), Abilify ("I was chasing my partner with a fork") and Lexapro as ineffective medications.

She is willing to discuss and explore medications and resources that would support addressing emotional and mental health needs. She reflected upon the death of family last year and guilt/shame related to her continued opioid use as she promised she "wouldn't die a junkie".

She presents with insight into the correlation between mental health and substance use.

Dimension 4: Readiness to Change
D is in a preparation stage of change. She presents with insight into triggers to use and motivations for recovery.

Dimension 5: Relapse, Continued Use or Continued Problem Potential
D has identified physical pain, emotional/mental health, and family history of substance use.

Dimension 6: Recovery Environment
D lives in rural Oregon. She reports having Oregon Medicaid however confirmation of this coverage is still pending. She has the support and resources of family and her partner. She reports that her partner has discontinued his use, however is guarded about discussing this further at this time.

Level of Care recommendations:
D has no prior attempts at MAT to support efforts to disrupt opioid use. She would like to do suboxone induction now (see IMPACT MD note) and IMPACT recommends office based outpatient setting (OBOT) given that she lives in a rural area and and access to opioid treatment programs is a significant barrier. She is recommended to engage in outpatient co-occurring treatment in conjunction with MAT to support these recovery efforts.

Plan: (includes collaboration with other disciplines)

- See IMPACT MD recommendations re: MAT/ suboxone
- IMPACT SW will continue to follow over the course of hospitalization. Will offer brief treatment interventions, supports and coordination of connection with treatment resources to include but not limited to OBOT and outpatient treatment provider.
- During hospitalization, patient would likely benefit from peer recovery support. IMPACT SW will coordinate with IMPACT peer re: referral.
- IMPACT SW will follow up with financial Medicaid services re: patient OR Medicaid status

*details of this case have been modified to protect patient privacy.