



## Client Placement

### Psychology 470

#### Introduction to Chemical Addictions

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1

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### Steps

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- You have screened them
- You have assessed them
- Need to place the client in treatment
- appropriately
  - Ranges from
  - No treatment needed to Hospitalization in ICU

2

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### Past

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- Models
  1. Were based on what the counselor determined was good for the client
    - No scientific reasons for placement in some type of treatment
  2. All clients went through the same type of treatment regardless of problem
    - Assumed everyone entering treatment was an alcoholic

3

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### Classic Model

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- Begin with inpatient treatment for 60-90 days
- Intensive outpatient
  - Groups 2 times or more per week
  - Individual session once per week
  - AA at least one time per week
    - Usually more 3-4 per week
- Outpatient treatment
  - AA continues
  - Group once a week
  - Individual once a week
- AA

4

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### Problem

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- Cost
  - Is expensive for 60-90 days of inpatient treatment
- Treatment outcome data was not good
  - Similar to spontaneous remission
- Other models that did not use inpatient treatment had similar outcomes as clients with inpatient treatment
- Many clients did not need inpatient treatment and dropped out of treatment
- Government agencies could not afford the cost

5

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### Managed Care

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- Began to have an impact
- Required agencies to become more efficient
- Required agencies to document treatment progress
- Caused all sorts of uproar in the treatment field

6

### Result

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- Required agencies to become accountable to government agencies and ultimately the tax payer
- Had an impact not only on government agencies but across the entire health care system.
- Sometimes clients were within the criminal justice system
  - Needed alternative types of treatment

7

### American Society of Addiction Medicine

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- Developed a manual to help place clients in treatment
  - Patient Placement Criteria for the Treatment of Substance-Related Disorders
    - Currently in the second edition
- Uses diagnostic information found in the DSM and from assessment information to place clients in treatment

8

### Crosswalk - Dimensions

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#### Runs Vertical

- Biomedical Conditions and Complications
- Emotional, Behavioral, or Cognitive Conditions and Complications
- Readiness for Change
- Relapse, Continued use, or Continued Problem Potential
- Recovery Environment

9

### Crosswalk - Levels of Care

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- Runs Horizontal
- Ranges from Early Intervention
  - (Level .5) Minimal Intervention Needed
- Through
  - (Level IV) Medically Managed Intensive Inpatient Care
- Many other levels in between

10

### Result

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- Based on the clients symptoms, the client is accurately placed in an appropriate treatment agency
- Information can be given to a gatekeeper who makes the final decision
  - Forces the assessment evaluator to justify why a particular type of treatment is needed.
  - Also allows the individuals at the treatment site to reevaluate and determine if the treatment is appropriate.
- Makes for a cleaner and clearer placement

11

### Following Placement

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- Ongoing evaluations are ongoing
- May result in
  - Moving a client from an ICU where they were experiencing hallucinations and seizures during the assessment to less intense inpatient medical treatment
  - Ultimately, moving the client to an inpatient addictions center or an intensive outpatient site
- As treatment progresses, additional evaluations and assessments will be conducted [Some assessment instruments have validated follow-up versions (ASI)]
  - Often occur every 30 days

12

### General Conclusions Regarding ASAM

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- Overall, a major improvement
- Requires counselors to justify their decisions WITH DATA
  - I believe they should have \_\_\_ treatment does not cut it anymore.
- Requires counselors to be competent in the assessment process
- Requires counselors to reevaluate their clients on a periodic basis
  - Major improvement

13

### Drug Court

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- Is an alternative to treatment placement
- Usually involves a person who has committed a drug related crime or is involved within the criminal justice system
- Requires the client to be involved within the probation and parole system, working with treatment agencies, participating in cognitive self change groups, and other aspects

14

### Other Variables

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- Often requires random urinalysis testing
- Often ties the client into other agencies
- Client does not get lost in the cracks
- Result, significant reduction of recidivism for criminal activity

15

### Overall

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- Is a different model from traditional treatment.
- Appears to be having good results
- Has caused a lot of controversy among certification boards

16

### Now What?

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- Screened them
- Assessed them
- Placed them in treatment or alternative model
- Assessment does not stop
  - Need to have ongoing assessment
    - Usually at 30 day intervals
  - Is the person improving, remaining the same, or increasing use.
  - If remaining the same or increasing use, how do treat the client

17

### Past

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- Client was "Undergoing Resistance"
  - Client is not doing what I want
  - Obviously it is their fault

18

### Today

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- Reevaluate the treatment plan
  - What has worked,
  - What is not working
- What changes do we need to make
  - May require using a different treatment approach or change the assumptions of the model
    - May causes us to conclude some models do no give good treatment outcomes

19

### Bottom Line

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- Treatment agencies are now being held accountable for the client outcomes
  - If your agency is not successful at treatment, you will not be receiving third party or government payments
- Will take on greater importance in the future

20

### Conclusions

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- Clients enter a process
- They progress from screening through placement
- If the process is successful and well done, clients should be able to complete a treatment program successfully.

21