# **Special Populations**

Mary Hickok DDAP Program Representative Division of Program Support and Quality Improvement

Gloria Gallagher DDAP Program Representative Division of Program Support and Quality Improvement

Gregg Hummel DDAP Program Representative Division of Program Support and Quality Improvement



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# Reminders

• Questions should be submitted 7 days in advance of the call to <u>RA-DAASAM@pa.gov</u>. If you want to submit a question in the chat, DDAP will record the question and post responses to all questions received during this call to the DDAP ASAM website. <u>Questions will not be addressed during</u> <u>the meeting.</u>

This call is being recorded. Please exit now if you do not want to be recorded. You will be able to review the video in its entirety on the DDAP webpage following this event.
Suggestions for future call topics should be submitted to <u>RA-DAASAM@pa.gov</u>.



# 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.

The information presented today provides an overview and summary of the concepts of special populations across all levels of care. 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.



#### Updates to DDAP ASAM Transition Website



# Learning Objectives

By the end of this presentation, you will have an
Increase in understanding of the special
populations identified within the ASAM text
Increase in knowledge of additional
considerations related to special populations



#### **SPECIAL POPULATIONS**

- ≻Older Adults
- Parents or Prospective Parents Receiving Addiction Treatment Concurrently with Their Children
- Persons in Safety-Sensitive Occupations
- Persons in Criminal Justice Settings



# Older Adults (ASAM pp. 307-317)

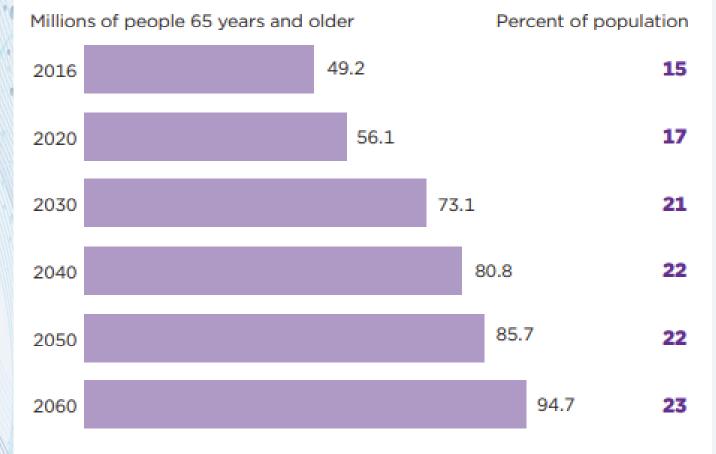


## **Older Adults**

Over the age of 60
 Rapidly growing population
 Modifications to Application



By 2060, nearly one in four Americans is projected to be an older adult.





U.S. Census Bureau, 2020

# **SETTING Across Levels of Care**

Mobility limitations
 Reimbursement Considerations
 Medicare/Part B Premiums
 General Hospital Affiliation
 Level 2 with housing option



SUPPORT SYSTEMS Intake and Assessment Comprehensive older adultfocused H&P Geriatrician Medications Social Isolation > Spouse Discharge planning Recovery support groups

Staff General attitude  $\succ$  Training in: Physical Ο o Psychological Social Spiritual Countertransference



# Therapies

> Age-specific Individualized > CBT Educational component Social support Family counseling Avoid Confrontation



# **Assessment/Treatment Plan Review**

Sensory limitations
 Depression and anxiety
 Shame and guilt
 Religious beliefs
 Documentation
 Consistent with level of care



# **Diagnostic Criteria**

- DSM-5 limitations
  - Review pp. 311-313 of ASAM text (2013)
    - Variables in Older adults could limit the severity of SUD
       ICD-10

Refer to page 313 of the ASAM (2013) text for problem severity and suggested interventions.



### **Nuances across the 6 Dimensions**

1Longer2Chronicity3Anxiety/Depression/Dementia4Age of onset5Mood/Social Pressure6Most Needs

Refer to pages 314-316 of the ASAM (2013) text for Dimensional information.



### **Levels of Care**

# Specific Older Adult Program Integrate Older Adult Elements Late Onset Addiction Early Onset Addiction



**Continued Service/Transfer/Discharge** Longer/Slower New problems Dimensions 2 & 3 Assess for transfer or different intensity **Community resources Continued support** 



**Parents or Prospective Parents Receiving Addiction Treatment Concurrently with Their Children** (ASAM pp. 318-339) Including (5) Subpopulations



#### -SUBPOPULATIONS-

- 1) Parents with young children or pregnant women in specially designed residential substance related or co-occurring disorders treatment
- 2) Parents with young children or pregnant women in specially designed intensive outpatient or partial hospitalization services for substance related or co-occurring disorders treatment
- 3) Factors involved in serving the accompanying child
- 4) Unique needs of pregnant and postpartum women
- 5) Needs of a parent and child connected with the court for reunification



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Special Population	Parents with young children or pregnant women in specially designed services for substance related or co- occurring disorders treatment	
	Residential (p. 319-324)	Intensive outpatient or Partial hospitalization (p. 325-330)
Qualifier	Population appropriate for Level 3 services & imminent danger	Population appropriate for Level 2 services & adverse affects
	May need special licensure that is required when services are provided to parents when children are not in the same roor	
Setting	Conducive to parent child routines, i.e., sleeping arrangements, food preparation, mealtimes, bathrooms and common rooms	Single gendered groups may be appropriate given possible sexual abuse or domestic violence history
	Bringing in supportive resources as soon as possible, continuation throughout treatment, and upon transfer or discharge Concrete supports, i.e., emergency funds, food, clothing, etc. Case management as needed, i.e., signing up for MA, work force services, vocational rehabilitation, etc.	
Support Systems		
	Clinical staff trained in child development, positive parenting, trauma informed care, gender specific treatment, etc.	
Staff	Staff trained or have skills in couples and/or family therapy; current life partners and non-custodial parents included when appropriate	
	Staff have training or skills around providing trauma informed parenting training	Staff have training or skills around providing parenting training



pecial Population	Parents with young children or pregnant women in specially designed services for substance related or co- occurring disorders treatment		
	Residential (p. 319-324)	Intensive outpatient or Partial hospitalization (p. 325-330)	
	Interventions aimed at increasing understanding of child development		
	Staff observe to coach and encourage non-critical, consistent disciplinary techniques that increase positive interactions between the parent and child		
Therapies	Family Centered goals, counseling for parenting couple, extended family, and non-custodial parent when appropriate		
	Focus on improving and implementing parenting skills, motivate the parent to provide nurturing care for the child or children	Focus on acquiring, improving and implementing parenting skills needed to address the demands of recovery	
Assessment & Treatment Planning	Determine the extent to which the parent child relationship has been affected by SUD and/or co-occurring disorders		
	Stresses of parenthood related to recovery		
ocumentation	Separate clinical record maintained for the child or children		



# **3-Factors involved in serving the accompanying child**

- Focus on Managing lifelong risk for the child
  - Provide concurrent treatment to both parent and child
     Improve Health and Well Being of Family System



# Setting

Residential or Level 2 Child Safety Specialized for this population Other Environmental Factors Age Diverse Environment Empathy



Support Systems Increased focus on Child needs Pediatric care 24/7 Infection Control Educational Needs Case Management Transportation



# Staff Appropriately Credentialed Familiar with Developmental Needs of Infants and Children



# **Therapies - Child**

Developmental Perspective

- Positive Parent/Child Interactions
- >Individualized
  - Age appropriate
  - Awareness of Developmental Issues



#### **ASSESSMENT/TREATMENT PLAN REVIEW**

# Utilize Age-Appropriate Tools Individualized for Both Parent and Child



## DOCUMENTATION

## Individualized Records for Both Parent and Child



# **Dimensional Admission Criteria**

- Dimension 1-Not generally applicable but....
- Dimension 2-Current & Historical Medical
- Dimension 3-Possible Cognitive
  - and Emotional Developmental Impact
- Dimension 4-Risk and Protective Factor Assessment
- Dimension 5-Related to Parent's Problem Potential
- Dimension 6-Living Environment and Supports



4. Unique Needs of Pregnant and Postpartum Women

Targeted Interventions Improve Outcome Improved outcomes Prenatal visits Treatment engagement Ability to parent Drug-free 0 CPS

# Setting

# Residential Level 2 Ability to accommodate physical stresses

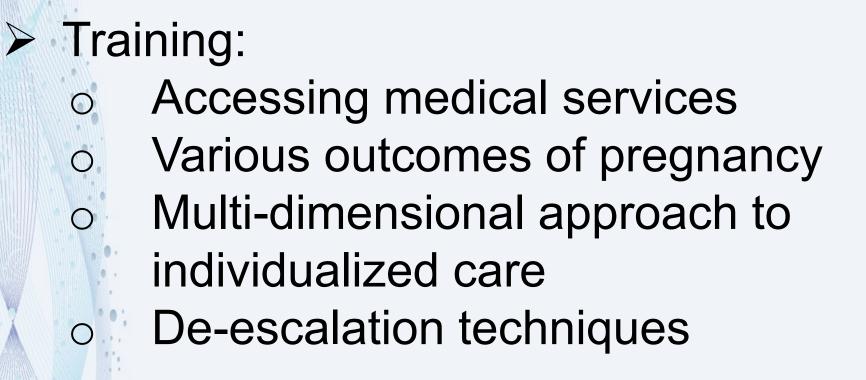


## Support Systems

Healthcare needs
 Access to MAT
 Neonatal Abstinence Syndrome
 O Delivery



Staff











### **Assessment/Treatment Plan Review**

# Physical needs and wellbeing Woman & fetus



## **Dimensional Admission Criteria**

Review the 6 dimensions in ASAM (2013) text

## **Continued Service/Discharge/Transfer**

- Stressors
- Services after delivery
   Continued support



## >5) Parent and Child Connected with the Court for Reunification(p. 339)

Collaboration with Court System

- Timelines May Differ
- Staff Training



## Safety Sensitive Occupations (ASAM pp. 340-349)



Police Officers
Healthcare Professionals
Airline Pilots
Attorneys



## Four Distinctive Qualities

- >1. Responsibility to the Public
- ≥2. Cohort-Specific Treatment
- 3. Direct Access to Addicting Substances
- 4. Difficulty Accepting the Role of 'Patient'



## > SETTING

- Cohort Specific is Best- Departure from "Least Intensive LOC That is Effective"
- Discontinue Work Until:
  - Public Risks have Been Addressed and Managed
  - Work Regulations, Licenses, and Legal Issues Are Addressed and Permit a Return to Work
  - Work Cues Have Been Delineated and a Management Plan is Established
  - Work Environment has Made Alterations to Support Sustained Recovery
  - Supervisory Staff Have Training to Address Potential Issues

<sup>•</sup> ASAM Monthly Technical Assistance Series

SUPPORT SYSTEMS
 Professional Associations
 Occupation-specific Support Groups
 Geographic Considerations



# STAFF Profession-Specific Awareness Training and Supervision Trauma Recognition



## >THERAPIES

Profession-Specific Group Therapy
 Profession-Specific Support Groups
 Job and Career Issues
 Drug Safety & Drug Refusal Skills
 Medication Management



#### <sup>•</sup> ASAM Monthly Technical Assistance Series

## ASSESSMENT/TREATMENT PLAN Privacy or Public Safety? Increased Need for Cognitive Testing Implications Across the 6 Dimensions



## **>DOCUMENTATION**

SAFE/UNSAFE to work? Employer and Licensing/Credentialing Boards

## Limitations of 255.5 with Employers



## Persons in Criminal Justice Settings (ASAM pp. 350-356)



Who are we talking about? Individuals with a substance use disorder who are incarcerated or under community-based supervision.



Where can we find them? Jails, prisons, work release centers, and other settings within the community.



Factors Identified within the ASAM >Assessment Mandated treatment ➤Treatment Readiness to change...



Factors Identified within the ASAM Before incarceration >MAT: What to do? After incarceration Employment ≻Naloxone Medical records

## Factors Identified within the ASAM Working together Educating



Key Takeaways Complexities >Ways to impact >Employment Naloxone Assessments Communication



## Q&A



Question: The ASAM talks about providing services for parents and parents with children. The residential programs we are contracted with only permit pregnant individuals or women with children into their programs. Is there any consideration of what to do with men who are the primary caretakers of children but need residential treatment?



## Announcements/Reminders

 Next ASAM TA Call is on Monday April 4, 2022, from 10am-11am. Topic is TBD.
 Questions or need TA? Email <u>RA-</u> <u>DAASAM@pa.gov</u>.



## References

- Mee-Lee D, Shulman GD, Fishman MJ, Gastfriend DR, Miller MM, eds. The ASAM Criteria: Treatment Criteria for Addictive, Substance -Related, and Co-Occurring Conditions. 3rd ed. Carson City, NV: The Change Companies©; 2013
- Merrall EL, Kariminia A, Binswanger IA, Hobbs MS, Farrell M, Marsden J, et al. Metaanalysis of drug-related deaths soon after release from prison. Addiction. 2010;105(9):1545–1554. doi: 10.1111/j.1360-0443.2010.02990.
- US Census Bureau. (Revised in 2020). Demographic Turning Points for the United States: Population Projections for 2020 to 2060. https://www.census.gov/content/dam/Census/library/publications/2020/demo/p25 -1144.pdf
- Waddell, E. N., Baker, R., Hartung, D. M., Hildebran, C. J., Nguyen, T., Collins, D. M., Larsen, J. E., Stack, E., & the ROAR Protocol Development Team. (2020). Reducing Overdose After Release from incarceration (ROAR): Study protocol for an intervention to reduce risk of fatal and non-fatal opioid overdose among women after release from prison. Health & Justice, 8(18), 1-19. https://doi.org/10.1186/s40352-020-00113-7.

