

The ASAM Criteria



Addiction Care and Safety Sensitive Workers

Paul H. Earley, M.D., FASAM
Medical Director, Georgia PHP, Inc.
Principal, Earley Consultancy, LLC

Disclosures


- Salaried Medical Director of the Georgia Physicians Health Program, Inc. , a 501c3 non-profit foundation.
- Principal, Earley Consultancy, LLC a consulting firm to treatment programs across the U.S.
- Speaker for Alkermes, Inc.

The ASAM PPC

- The ASAM Patient Placement Criteria
 - Defined levels of care intensity (not duration).
 - Delineated areas of care across six Dimensions.
 - Excellent concept, difficult to fully comprehend and implement.
 - Has morphed into hundreds of clone criteria to varying degrees in all 50 states of the U.S. and across the world.
 - Spawned a reliable body of research that evaluates outcome when matching patients with levels of care.
 - Has produced a comprehensive assessment software studied in over six countries across the globe. Recently released as the ASAM Continuum.

ASAM Criteria



- The ASAM PPC was recently re-written and renamed the **ASAM Criteria**.
- Reorganization of the previous text with a better organization and presentation
- The Adolescent and Adult Criteria were combined.
- In the latest version of the Criteria, a new section focuses on several special populations.
- Safety sensitive workers are one such special population.

Special Populations – Safety Sensitive

- Examples of Safety Sensitive Workers:
 - Power company employees, especially in the nuclear power industry.
 - Defense contractors in selected areas (e.g., missile defense, drone and aircraft manufacture and highly classified weapons systems).
 - Public servants in the police and fire areas
 - Special attention must be paid to officers in undercover and drug enforcement
 - Airline Pilots
 - Even private pilots must be identified and treated with special attention
 - Attorneys and Judges
 - Healthcare workers (Physicians, PAs, nurses, pharmacists and nuclear medicine staff)
 - Employees of pharmaceutical companies (especially in manufacturing)
 - Politicians (?) **There is no justification for these, completely fabricated**

Special Populations – Safety Sensitive

- Safety Sensitive workers have four qualities that create distinct treatment needs
 1. A responsibility to the public.
 2. The need to balance the individuals right to privacy with the public's need for safety.
 3. One group, healthcare workers, have the potential to divert abusable substances from the workplace.
 4. Safety sensitive workers who are placed in roles of authority as a part of their profession have problems adopting the patient role.

SOME h.c. workers have the ability to divert. However, they are NOT safety-sensitive workers except to ASAM/FSPHP!

ASAM Criteria

- The ASAM Criteria is built on several premises:
 - Patients should be motivated along a change continuum. The Transtheoretical Stages of Change Model of Prochaska and DiClemente is used.
 - The motivational model induces a naturalistic "Fail First" paradigm
- These premises do not always apply to Safety Sensitive Workers (SSW) because:
 - Failed treatment in SSWs decreases the perception of safety.
 - Failed treatment can "bring down the house" in a safety-sensitive industry (airline pilots, police officers, **physicians**). **physicians are NOT "safety-sensitive"**
 - PHPs, in specific, rely on the trust of their medical boards.
 - Most SSW Cohorts are "relapse averse" for the above reasons.

Special Populations – Safety Sensitive

- Because all patients affect the safety of those around them it may be difficult at times to differentiate this population.
- The extent of the effect on the public comes from three factors:
 1. The size of the population they affect,
 2. The depth of damage on a single person that arises from potential impairment, and
 3. The amount of public trust that is implied in that worker's occupation.

Elements of Effective Treatment

- In the ASAM Criteria, each Level of Care or Treatment Setting delineates the following elements:
 - Issues related to the Treatment Setting
 - Issues related to Treatment Staff
 - Special Therapies that are needed
 - Issues about Reentry
 - Special Documentation needs
- The section on SSWs also provides a rough overview of the elements of effective evaluation of this population.
- The next section of the talk will cover these elements as they relate to the safety sensitive worker.

Treatment Setting

Safety Sensitive Workers

- The setting should provide varying levels of protection from the media and the sector of society to whom they are responsible. The setting may need to be in a different geophysical location for privacy.
- The setting should include peers who:
 - Help reduce shame
 - Provide collegial support
 - Model of how a **physician** pilot or law officer in recovery should comport themselves as an individual in recovery.
 - Provide confrontation of cohort-specific violations of moral and ethical values specific to that group.
- Have the capacity to manage specific medical needs of that cohort.

Treatment Staff

Safety Sensitive Workers

- The staff should be knowledgeable about the SSW's work environment.
- The staff needs to manage countertransference about addiction behaviors ("You performed that surgery after taking what?")
- The staff needs to manage defense structures specific to that cohort (e.g., intellectualization in highly trained professionals).
- Staff needs to understand work trauma specific to that cohort.
- Staff need to understand the political context of the group they treat.
- Staff need to understand and work with monitoring and licensing agencies.
- Staff needs to have a working knowledge of the types of drugs abused by that cohort.

Special Therapies

Safety Sensitive Workers

- Therapies should be adapted to the psychological structure of the cohort they treat (Treating pilots is very different than treating attorneys).
- Therapies should be provided to discuss problematic and painful boundary issues and moral dilemmas of their cohort.
 - Groups should promote disclosure, accepting responsibility, normalizing without minimization and steps to circumvent a repeat of the past target behavior.
- Profession-specific group therapy is imperative for maximal psychological repair.
- Specific drug safety and drug-refusal skills should be provided in populations that will have ready post-treatment access.
- Job and Career guidance should be provided.
- Some groups have specific limitations regarding medications.

Documentation Issues

Safety Sensitive Workers

- The medical records of some groups of SSWs have limited (or even no) privacy. Treatment centers should choose how to sequester sensitive parts of treatment records.
- Many centers will split records into two parts, the first being general treatment records and the second containing psychotherapy notes and evaluations focused on sensitive topics.

Evaluation Needs

Safety Sensitive Workers

- Neurocognitive testing should occur. Such testing should take into account the patient's ability to continue their work. Special attention should be placed on executive functioning in highly skilled workers.
- Evaluations of SSWs in positions that demand a high level of cognitive or physical skill must be proficient in evaluating abilities in these areas.
- The evaluation should understand the cohort they are testing. For example, physicians exhibit obsessive compulsive features that are normative to their cohort.
- The evaluation of some groups will include a determination as to safety to return to work.

Evaluation Needs

Safety Sensitive Workers

- For public safety, during evaluation safety sensitive workers should discontinue work. The evaluator's liability is exposed if this does not occur.
Besides being nonsensical.
- *this has nothing to do with the safety of public or patient, just the evaluator* Due to the risk of a false negative or false positive evaluation, the assessment process in SSWs should always include collateral data collection. Behaviors in the workplace that indicate work impairment should be addressed. With many professionals, work is the last thing to fail, thus home life and social information should also be reviewed.
- If a monitoring agency is available for the SSW cohort, the evaluation must coordinate care for the best outcome for all.

Reentry and Support Systems

Safety Sensitive Workers

- At the completion of the initial phase of treatment, step-down care and chronic disease management provides the best outcome while simultaneously ensuring public safety.
- The treatment center, in coordination with any available monitoring agency, should prepare the patient for a return to work. Options in this regard are:
 - Previous setting
 - Modified responsibilities in previous setting
 - A different setting that ensures the best outcome
- A written disease management plan and safety plan provide clear instructions to the safety sensitive worker.

Disease Management

Safety Sensitive Workers

- Chronic management is structured with an ongoing treatment plan (sometimes called a "contract").
 - This contract stipulates:
 - Disease management by an addiction medicine physician. The addiction physician is aware of all prescribed and OTC medicines.
 - Drug screening continues for years with swift and balanced responses to a breach in abstinence or the contracted status.
 - Screening is comprehensive and commonly uses urine, blood, hair and nail specimens.
 - Therapy sessions, support group attendance and medical conditions and procedures are tracked in a comprehensive database overseen by addiction management clinicians.
 - Peer-based support groups if at all possible.
 - The ability to continue in ones profession depends on compliance with the chronic disease management contract.

Manipulating/ Managing Public Opinion

Safety Sensitive Workers

- The public is very sensitive to the potential impairment that may occur in many Safety Sensitive Workers, including Physicians, **NOT SSWs**, Airline Pilots, and Nuclear Power Plant workers.
- Whether we like it or not, the public's addiction prejudice must be managed, especially in regards to Safety Sensitive Workers.
- We describe such occupations as "relapse averse."
- These groups obtain more treatment for more prolonged time and, in some cases, a slower return to work.
- Although treatment dose and resultant outcome has not been well-studied, excellent results are obtained with current protocols.