INTEGRATED CARE DC
A learning community for District of Columbia Medicaid providers

# ASAM Vignettes

## Carrie

Carrie is a 42-year-old cis-female with a 30-year history of cocaine use (last use this morning), 25-year history of opioid use, mostly heroin but also some oxy pills (last use this morning) and 15-year history of benzodiazepine use (last use yesterday). She resides with her partner who is also actively using. Their children (aged 12 and 8) had lived with them until they were placed in care five days ago. They are currently residing in a foster home as a case worker reports she has no family who is supportive of her recovery. She has three older children who were adopted through foster care.

Carrie has attended treatment in the past, both detoxification and outpatient methadone maintenance in her community and remained abstinent for three years. She relapsed one year ago following the death of her mother. Her partner does not have sustained periods of abstinence and she knows if she remains in her environment, she will not be able to attain abstinence. She reports a history of severe withdrawal symptoms, including seizures when she has abruptly stopped using benzodiazepines. Carrie also reports high blood pressure and diabetes, neither of which she has received treatment for in the past year.

Carrie reports feeling constant feelings of anxiety and the only thing that helps is benzodiazepines.

Carrie reports she is presenting voluntarily as she wants to regain custody of her children. She learned of your program from the caseworker assigned by CPS. She reports she wants a strong relationship with her children and knows her substance use caused her to be separated from her older children. She is scared to stop using as she says she is in a constant state of sadness and anxiety when not using.

## Questions

Based on an assessment in each dimension what level of care would you recommend?

- Dimension 1: Acute Intoxication or Withdrawal Potential
- Dimension 2: Biomedical Conditions and Complications
- Dimension 3: Emotional, Behavioral or Cognitive Complications
- Dimension 4: Readiness to Change
- Dimension 5: Relapse, Continued Use, or Continued Problem Potential
- Dimension 6: Recovery Environment

Do you offer that level of care? If yes, what is the next step? If no, what is the next step?

How do you document and justify the level of care selected?

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**John**

John is 50 years old and seeking treatment at your program. He was referred by a withdrawal management program where he received medically supervised withdrawal for alcohol and opioid use.

He is now maintained on buprenorphine. John is referred to treatment through treatment court. Prior to being arrested he moved through multiple residences, all with people who would use substances with him.

John reports using 3 bundles of heroin daily and drinks a liter of vodka several times per week. John reports he began using heroin and alcohol at 11 years of age and progressed to this pattern of use by his early twenties.

John reports little contact with his family of origin as he was raised in foster care, and they frequently lose touch. John has 4 children, 2 who are adults and with whom he has no contact and 2 who are in the final stages of adoption to a maternal relative. John states he was told he has diabetes at the MSW program, and the medical records show there is no acute risk. He has never been diagnosed with a mental health disorder.

John reports he does not want to go to jail but has little desire to stop using so he plans to just complete his mandated treatment. He has received treatment in the past and frequently returns to use within a few weeks. He reports he has no idea how to exist in the community.

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**Blanche**

Blanche is 55 years old and seeks services at your program. She just completed a residential program following a 45-day stay to address her use of crack/cocaine and alcohol. Blanche reports using $50 per day of crack cocaine and a liter of alcohol daily beginning in her early twenties. Blanche reports this pattern of use since high school. During her first week in residential treatment, she underwent a medically supervised withdrawal from alcohol. She reports cravings have greatly reduced and medical records show acute withdrawal has greatly reduced.

Blanche has been in treatment once before three years ago and maintained her goal of abstinence for one year. She struggled to begin integration into the community, had a difficult time paying her housing costs timely and ultimately returned to use due to the multiple frustrations and feelings of not succeeding. She has been unhoused since that time, sleeping with acquaintances and in an encampment for a period of time.

Blanche reports she received a mental health diagnosis as a teenager but has received no services since then.

Blache has an adult daughter with whom she has an inconsistent relationship. Her daughter was largely raised by other family members. She would like to resume a relationship. She has sporadic contact with her family who all express great concern for her use. Blanche reports she really wants to stop or reduce her use but states she has “no idea” how to apply what she learned in residential treatment “in the real world.”

**Questions**

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**Rose**

Rose presents to your program having been referred from a Level 3.7 program where she had been admitted for a medically supervised withdrawal from alcohol, benzodiazepines, and opioids. Rose had been using opioids, benzodiazepines, and alcohol daily for the past year, building up to daily use over the past 3 months. She reports she returned to use following the death of her grandmother which had been preceded 2 months prior by the death of her mother. Prior to that Rose had maintained abstinence for 3 years and attended an OTP where she has been re-enrolled while at the Level 3.7 program. Rose entered treatment as her sister came to visit and found her nodded out and her children unsupervised. She stated if Rose did not stop use she would seek custody. Rose stopped use and experienced a seizure, necessitating Level 3.7 for withdrawal management.

Rose expresses that her sister overreacted, and her use is not “out of control” and she was just tired. She expresses an understanding of the need to reduce her use but minimizes the impact. Upon meeting with her she discloses a decrease in ADLs such as food shopping and she missed some appointments for her children. She attributes these issues to being tired.

Rose resides with her children in her own apartment. She reports people with whom she used to live reside in her building and will likely continue to seek her out to coerce her to use with them. Her children live with one of her sisters while Rose is in treatment and can remain there as long as needed. Her children are in school and then after-school programs, and her sisters have agreed to spend time in the evenings helping with the children’s care when Rose returns home.

Rose reports she can reduce use but did not seem able to articulate what might lead to return to use or tools she has to avoid triggers or situations that might lead to use.

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**Sophia**

Sophia is a 32-year-old female who presents to your program having been referred by her EAP program. Sophia reports using cocaine and cannabis since high school, progressing to using $50 of cocaine per day, and 10 joints of cannabis over the past year. She reports she last used before coming to the appointment. She lost her employment at a construction site due to having cocaine and cannabis in her system after being tested as her employer stated she was frequently late to work, did not complete tasks and there was money missing on her shift. Her union referred her to treatment, which she must complete before the union will support her in seeking new employment.

She had been working at this job for five years. She maintains her own apartment and none of the people with whom she used live in her building, though most of her social circle does use. Her family resides in the community and have expressed concern about her escalating use. Sophia has greatly reduced her contact with them.

Sophia feels her employer overreacted as she very rarely used during the workday and was more productive than her co-workers. She reports she feels more focused when using and is not sure she would perform better if she stopped using.

Sophia is willing to try treatment. She is unable to identify triggers or tools to prevent future use.

Sophia reports no history of mental health diagnoses, and she presents with no acute withdrawal symptoms. She has high blood pressure that is managed with medication.

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**Dorothy**

Dorothy presents to treatment at your program. She is self-referred and reports using $50 of cocaine four to five times per week. She also reports smoking cannabis or drinking alcohol when she needs to "come down." Dorothy reports she used to use cocaine only in social situations, but her use has progressed over the past year, and she has been using at this level for about three months. She reports the use has caused her to lack sufficient financial resources to meet her needs and she has been calling out sick more frequently.

Dorothy reports no mental health diagnoses or medical conditions.

She reports that she became worried about her use because when she tried to stop using to save money she found it very difficult to reduce use. She lives in her own apartment close to family members who do not use. Some of her friends use cocaine and alcohol with her in social situations but she does not think any of them know the extent or amount she is using and think they would be concerned if they did.

She is able to identify her use increased after breaking up with her partner of three years. She was able to identify that being alone caused her to use more as well as some other triggers. She would like to either reduce or stop use.

**Questions**

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