

Client Name:

Date:

EMR Client ID#:

Protective Factor Question	Client Quotes / Response
Let's talk about how you're doing overall – how has your methadone treatment improved your life or helped you reduce your substance use?	
In what ways does having take-home doses help support your recovery?	
Can you tell me about something that's going well right now or that you're proud of with your recovery?	

DSM CRITERIA GRID:

Substance(s) Reviewed:

Primary:

Secondary:

Tertiary:

DSM Criteria	Description	Client Quotes / Response	Criteria Met? Y/N
1	Substance is taken in larger amounts over longer period than was intended		
2	Persistent desire, or unsuccessful efforts to reduce or control use		
3	A great deal of time spent in activities necessary to obtain, use, and recover		
4	Craving, strong urges to use		
5	Failure to fulfill obligations (work, school, home) as result of substance use		
6	Continued use despite experiencing social/interpersonal problems caused by or increased by the effects of substance use		
7	Important social, occupational, or recreational activities are given up or reduced because of substance use		
8	Recurrent substance use in situations in which it is physically hazardous		
9	Substance use is continued despite knowledge of having a persistent physical or psych problem that is likely to have been caused or increased by the substance use		
10	Tolerance (a need for increased amounts to achieve desired effect OR reduced effect from using same amounts)		
11	Withdrawal		

SUD Assessment Result:

(Select One)

☐ 0-1 Criteria= No Active Substance Use Disorder

☐ 4-5 Criteria= Moderate Substance Use Disorder

☐ 2-3 Criteria= Mild Substance Use Disorder

☐ 6 or more Criteria= Severe Substance Use Disorder

Potential Risk Factors:

(any YES response will warrant a comment)

Y / N Active Substance Use Disorder (see above assessment result)

Y / N Concern for inconsistent dosing attendance

Y / N Serious behavioral problems that endanger the patient, the public, or others

Y / N Known recent diversion activity

Y / N Concern for client ability to safely transport and store Take Home Medication

Y / N Other: _____

Additional Considerations (if applicable)

Please describe any pertinent circumstances in the patient's life, that came up during this conversation, that would lead to significant disruption in their ability to continue methadone should their Take Home Doses (THD) be reduced

Determination:

(select one)

- ☐ Client's THD privileges will be reduced at this time due to clinical concern for risk factors.
- ☐ Client's THD privileges will remain intact at this time due to therapeutic benefits of THD outweigh the risks.
- ☐ Client's THD privileges will be sent up to Multidisciplinary Team (MDT) Meeting for review at this time. Please see MDT note for determination.

PLAN:

JOB AID

- Please note: the following prompts and/or questions are general suggestions clinicians may use as they personally attempt to make this conversation as organic between them and their client as possible. Please consider level of rapport with your client and proceed with your discussion as appropriately / as you determine.
- Also, not all assessment questions will necessarily need to be asked depending on responses to other questions and client's indicated level of substance use – please use your clinical judgment to determine as you assess the client which questions may not be appropriate to ask, or ways to modify certain questions accordingly.

Introducing the assessment if it is conducted in response to positive tox screen result:

We are here to meet today because there was a recent change on your drug screening and I just wanted to verify with you how things are going, if you need more support from me, or how much you may or may not be concerned about your drug screen results. This conversation & the questions I will ask you are really just to help reflect on your relationship with substances and whether that feels problematic or not. Do you have any questions for me before we begin?

**** (Begin with Protective Factor Questions from THB Policy Assessment)**

DSM Criteria Assessment Questions (fill in blanks with the substance client is using)	DSM Criteria
When was it that you recently used ____? Have you used any other times in the past month? (if yes, gather details of uses and ask-) How much were you using at the beginning, and how much had you used most recently? (if they report an increase) Is there a reason you think you have used a larger amount? (look for indications of tolerance)	Criteria 1 Criteria 10
How often are thoughts about using ____ crossing your mind? / Do you experience cravings?	Criteria 4
Have you recently tried to stop using ____ and found it difficult to?	Criteria 2
Have you noticed any withdrawal symptoms if you haven't used in a while? (if yes) Have the withdrawal symptoms effected your ability to perform at work, or complete your daily activities?	Criteria 11
Tell me a little about the places you've used, or people you've used with; are there any harm reduction strategies you currently use?(If opioids:) are there any strategies you use to avoid overdose? Have you ever felt unsafe in the environment you're using or the people you're using around?	Criteria 8
Are you having any physical or mental issues or concerns currently? (List for example Anxiety, hallucinations, paranoia, or abscesses/ wounds from use, cirrhosis, heart or lung issues related to using, recent blood infections) Have you been treated by a doctor for these? Do you see ways in which your use impacts your mental health or puts your physical health at risk?	Criteria 9
About how much time are you spending on getting your supply? Do you spend any extra time working in order to get the money that you need to buy ____?	Criteria 3
What times of the day or week are you using? Has it ever effected your ability to work or get things accomplished at home?	Criteria 5/3
(hopefully you have some knowledge of this client's typical activities and you can ask them how they are going, how often they are engaging in them, assess for any reduction directly due to increased substance use) (if no knowledge of typical activities, inquire) Tell me about your hobbies or things you like to do... How often are you able to participate in these things? Has there ever been a time recently that you missed these activities because you had an opportunity to use ____ instead? Have you recently missed an activity because you were busy purchasing ____?	Criteria 7
Has anyone asked you recently if you were using, or suspected you were using ____? (if yes) What do you think made them ask? Has anyone recently asked you to stop using ____? Do you feel like your relationships are affected by using ____?	Criteria 6