Clinical Practice Guidelines

Practice Guideline Elements

Guideline	Key Clinical Elements
American Psychiatric Association: ***Practice Guidelines for the Psychiatric Evaluation of Adults*, *Third Edition*** Published 2016; Reviewed February 2018	North Sound BH-ASO recognizes that the utility of any assessment depends on availability of an effective treatment for the identified disorder or risk factor. Despite the limitations of the available research evidence (several of the recommendations within the Practice Guidelines carry moderate to weak levels of research support), there is consensus the benefits of a thorough risk assessment in an initial psychiatric evaluation clearly outweigh the potential harms, including unclear costs. ▪ Suicide assessments should be conducted at first contact, with any subsequent suicidal behavior, increased ideation, or pertinent clinical change; for inpatients, prior to increasing privileges and at discharge. ▪ The clinician who conducts the initial psychiatric evaluation of a patient who reports current suicidal ideas should document an estimation of the patient's suicide risk, including factors influencing risk. A standardized instrument for such an assessment is suggested. ▪ The assessment of risk factors as part of a comprehensive evaluation of suicide risk should include but not limited to: current suicidal ideation, prior suicide attempt(s), current psychiatric conditions (e.g., mood disorders, substance use disorders) or symptoms (e.g., hopelessness, insomnia, and agitation), prior psychiatric hospitalization, recent bio-psychosocial stressors, and the availability of firearms. ○ For Youths: ask parent/guardian about evidence of suicidal thoughts, plans, or behaviors, and changes in mood, behaviors or disposition ▪ It is suggested that a crisis response plan be completed for individuals with suicidal ideation and/or a lifetime history of suicide attempts.
American Academy of Pediatrics: ***Guideline for Adolescent Depression in Primary Care (GLAD-PC): Part I*** Published in *Pediatrics. 141(3):* 2018. [selected for information on the assessment of the suicidal adolescent individual]	
Department of Veteran's Affairs and Department of Defense: ***Clinical Practice Guideline Assessment and Management of Patients at Risk for Suicide (2019)***	
Substance Abuse and Mental Health Services Association [SAMHSA]: ***A Guide for Washington State. Health Care Authority 60-0015 (2019)*** https://www.hca.wa.gov/assets/billers-and-providers/60-0015-sharing-substance-use-disorder-information-guide.pdf	▪ Providers who treat patients with substance use disorder must know substance use-related disclosure rules and confidentiality requirements and adhere to CFR-42 Part 2.

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Department of Veteran's Affairs and Department of Defense: ***Clinical Practice Guideline for Management of Substance Use Disorders (SUD)*** Published 2015; Reviewed May 2017	Veterans with posttraumatic stress disorder (PTSD), co-occurring SUD was common and found to be associated with an increase in mortality. ▪ SUD commonly co-occurs with and complicates other conditions or issues. ▪ Good communication between healthcare professionals and the patient is essential and should be supported by evidence-based information tailored to the patient's needs. ▪ Coordinate addiction-focused psychosocial interventions with evidence-based intervention(s) for other biopsychosocial problems to address identified concurrent problems consistent with patient priorities. Screen for unhealthy use of alcohol and other drugs ▪ Develop a comprehensive discharge plan treatment plan in collaboration with the individual. ▪ Adjust treatment plan as needed.
American Society of Addiction Medicine: ***National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use and Synopsis*** Published 2015; Reviewed July 2018	▪ Consider all appropriate treatment options such as opioid agonists, antagonists ▪ Document the Clinician & patient's shared treatment option decisions ▪ Consider patient preferences & treatment history & setting to determine medication ▪ Advise patients medications alone for opioid withdrawal not a complete treatment method as they should be accompanied by supports such as: ○ Supportive counseling ○ Links to existing family support ○ Referrals to community services such as support groups (ex. 12 step programs)
American Psychiatric Association: ***Practice Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder*** Published 2018; Adopted February 2018	Conduct a face to face biopsychosocial evaluation for alcohol use disorder and for co-occurring disorders that be may exacerbate by alcohol use. ▪ Develop an individualize service plan ○ Document progress or lack of progress in medical record ○ Address treatment needs as identified by the individual or the individual's family ▪ Have a mechanism in place to monitor alcohol use. ▪ Develop a comprehensive discharge plan for additional services and community resources

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Substance Abuse and Mental Health Services Association [SAMHSA]: ***Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants*** Published 2018, Adopted May 2018.	Pregnant and Parenting Women (PPW) ▪ Women with Substance Use Disorder who are Pregnant, Post-Partum, and/or Parenting have unique treatment needs and often face increased social stigma, including within the medical and treatment community. ▪ Best practices include (as indicated) attempts to keep families intact, to maintain contact between mothers and infants/children, and to utilize a variety of interventions, including medication assisted treatment, as part of a holistic person-centered treatment model that seeks to encourage treatment and strengthen families.
Substance Abuse and Mental Health Services Association [SAMHSA]: ***TIP 62 Medications for Opioid Use Disorder*** https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Document-Including-Executive-Summary-and-Parts-1-5-/SMA19-5063FULLDOC	Use of Medication Assisted Treatment (MAT) ▪ Medications for opioid use disorder (OUD) are safe and effective when used appropriately. There is no "one size fits all" approach to OUD treatment. ▪ Many people with OUD benefit from treatment with medication for varying lengths of time, including lifelong treatment. ▪ Ongoing outpatient medication treatment for OUD is linked to better retention and outcomes than treatment without medication. ▪ FDA-approved medication, such as Methadone, Buprenorphine, and Naloxone, should be considered and offered to patients with OUD as indicated as part of their treatment.
Substance Abuse and Mental Health Services Association [SAMHSA]: ***Opioid Overdose Prevention Toolkit*** Publication ID: SMA18-4742 Publication Date: 6/2018 https://store.samhsa.gov/system/files/sma18-4742.pdf	Preventing Opioid-Related Overdose ▪ Naloxone is the primary medication for opioid overdose reversal ▪ Every patient who misuses opioids or has OUD should receive opioid overdose prevention education and a Naloxone prescription. ▪ Healthcare professionals should educate themselves, their patients and, as appropriate, patient social networks about overdose risk, prevention, identification, and response, including the proper use of Naloxone.
Substance Abuse and Mental Health Services Association [SAMHSA]: ***TIP 42 Substance Abuse Treatment for People with Co-Occurring Disorders*** Publication ID: SKU: SMA13-3992 Publication Date: 7/2013 https://store.samhsa.gov/system/files/sma13-3992.pdf	Co-Occurring Disorders ▪ A significant percentage of people living with mental health conditions, also experience substance use disorders. These individuals will benefit from treatment that takes both behavioral health concerns into account.

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Substance Abuse and Mental Health Services Association [SAMHSA]: ***Federal Guidelines for Opioid Treatment Programs*** Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015 https://store.samhsa.gov/system/files/pep15-fedguideotp.pdf	Opioid Treatment Programs (OTP) ▪ OTPs are Federally licensed to dispense Methadone, a form of MAT. OTPs must provide adequate medical, counseling, vocational, educational, and other assessment and treatment services. ▪ Well-run methadone maintenance programs (with programming that includes counseling services, vocational resources, referrals, and appropriate drug monitoring) have been shown to decrease opioid use and related crime, increase employment, and decrease the incidence of human immunodeficiency virus (HIV) related to needle sharing. ▪ In addition, treatment in such programs improves physical and mental health and decreases overall mortality from opioid addiction. The necessary first steps in the medical management of opioid addiction are (1) the use of validated screening tools to identify patients who may have an opioid use problem and (2) further assessment to clearly delineate the scope of an opioid addiction problem when one is identified. OTP Treatment of Adolescents ▪ Adolescents are defined as youth ranging in age from 13 to 18. ▪ Programs develop and implement policies to ensure that adolescents are provided with developmentally appropriate treatment and evidence-based psychosocial support, such as family involvement, for that treatment. ▪ Screenings and assessments tailored to adolescents ensure that medication-assisted treatment is the most appropriate treatment for these patients. Medically Supervised OTP Treatment ▪ Detoxification treatment. An OTP shall maintain current procedures that are designed to ensure that patients are admitted to short- or long-term detoxification treatment by qualified personnel, such as a program physician, who determines that such treatment is appropriate for the specific patient by applying established diagnostic criteria. Patients with two or more unsuccessful detoxification episodes within a 12-month period must be assessed by the OTP physician for other forms of treatment. A program shall not admit a patient for more than two detoxification treatment episodes in 1 year.

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Continued from above	OTP Treatment of Pregnant Women ▪ Any pregnant women seeking treatment from an OTP must be given priority both for interim maintenance therapy and in the context of transfers from interim maintenance to comprehensive maintenance therapy. ▪ Reasons for denying admission to a pregnant applicant should be documented in the OTP's intake log or other enduring program records.
Substance Abuse and Mental Health Services Association [SAMHSA]: ***Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail and Prison: Implementation Guide*** (SMA)-16-4998 (2017) https://store.samhsa.gov/system/files/sma16-4998.pdf	Substance Use Disorder within the Criminal Justice System ▪ Individuals involved in the criminal justice system often also experience substance use disorders. This impacts those within the jail and prison systems and can complicate the transition out of these systems and contribute to recidivism, and other negative outcomes. ▪ For individuals with OUD within the criminal justice system, the utilization of MAT is recognized as best practice.
Substance Abuse and Mental Health Services Association [SAMHSA]: ***Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings*** HHS Publication No. PEP19-MATUSECJS (2019) https://store.samhsa.gov/system/files/guide_4-0712_final_-_section_508_compliant.pdf	
Substance Abuse and Mental Health Services Association [SAMHSA]: ***TIP 54 Managing Chronic Pain in Adults with or in Recovery from Substance Use Disorders*** HHS Publication No. (SMA) 12-4671 (2011) https://store.samhsa.gov/system/files/sma13-4671.pdf	Chronic Pain and Substance Use Disorders Individuals with chronic pain conditions are at risk for developing substance use disorders and such conditions can result in complicating the treatment of the SUD.
CDC Guideline for Prescribing Opioids for Chronic Pain (2016) https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6501e1.pdf	