

Practicum at Foundations Medical Services

Summer 2021

B.S. in Psychology (May 2022)

Robert Morris University

HOURS OF OPERATION

MONDAY – FRIDAY 5:30 AM - **10:30AM** DOSING

GROUPS/SESSIONS 5:30 AM - 2:00PM

SATURDAY 5:30 AM - **9:00AM** DOSING

DOORS ARE LOCKED PROMPTLY!

SUNDAY CLOSED

IF THIS IS AN EMERGENCY, CALL 911 OR PROCEED
TO THE NEAREST EMERGENCY ROOM

The doors to the clinic are closed right at 10:30 each day, and no more clients may be permitted in to dose after that. Often times, the rush to dose is between 6 and 7:30 am, and 9:30 to 10 am. When walking through the door, they check in with the secretary, are told if they have an upcoming session or drug screen, and then given a ticket to wait in the queue to dose. The process is similar to that of the DMV, where they call numbers and you go up to a booth.



**Foundations
Medical Services**
Managed by Pyramid Healthcare, Inc.

*Medication Assisted Therapy
for Opiate Addiction*



Methadone is a synthetic narcotic agent that is used legally as both a pain medication and a blocking agent for the effects of heroin and other opiates, including Oxycontin.

Methadone is used to treat narcotic addiction by suppressing withdrawal symptoms for 24 - 36 hours. Individuals who are prescribed methadone for treatment of heroin addiction experience neither the cravings for heroin or the euphoric rush typically associated with the drug.

Methadone maintenance is not a cure for heroin addiction but has been called the most effective treatment method for opiate addiction.

When combined with behavioral therapy, medical care and support groups, methadone offers the best chance for long-term recovery from heroin/opiate addiction.

Is Methadone Right For Me?

- Are you addicted to heroin or other opiates?
- Have you unsuccessfully attempted other methods of treatment and failed?
- Are you pregnant?

Our assessment will determine if Methadone is an appropriate treatment method for you.

Methadone is used to manage the withdrawal symptoms of narcotic addiction, as well as blocking the opiate receptors that allow the person to get a high from using. This brochure goes on to say that when combined with behavioral therapy, methadone treatment has been proven to be the best treatment for long-term addiction to opiates.

SUBSTANCE ABUSE TREATMENT CENTERS

FACILITY	PHONE #	FAX #
Discovery House	724-779-2010	724-779-2011
Cranberry		
Discovery House	412-661-9222	412-661-9395
Pittsburgh		
Discovery House	724-981-9815	724-981-2293
Hermitage		
Discovery House <i>212 Airport Rd</i>	<i>814-768-7575</i>	<i>814-768-9754</i>
<i>Clearfield Pa</i>		
VA of Pittsburgh Healthcare	412-365-5011	412-365-5009
Pittsburgh		DON'T FAX DUAL
Progressive Medical Specialists	412-391-6384	412-391-7882
Pittsburgh		
Tadiso	412-316-1000	412-322-3352
Pittsburgh		
Alliance Medical Services	412-488-6360	412-488-6344
Pittsburgh 729		
Alliance Medical Services		412-697-0588
Pittsburgh 739		
Alliance Medical Services	814-269-4700	814-269-4800
Johnstown		
Meridian Services		330-797-9148
Youngstown, OH		
RHJ Medical Center	724-696-9600	724-696-9699
Hunker		
RHJ Medical Center	724-842-0357	724-842-0358
VanderGrift, Pa		
Addiction Specialists	724-437-2776	724-437-2227
Uniontown		
Healthmasters	724-857-9640	724-857-9653
Aliquippa		
SPHS	724-459-0112	724-459-0686
Torrance, Pa		
Esper Treatment Center	814-459-0817	814-455-2371
Erie		
UPMC Narcotic Addiction	412-363-7383	412-363-2144
Pittsburgh		
CRC Health Group, INC	304-547-3737	
Triadelphia, WV		

Sometimes, facilities in places where drugs are rampant like Butler, can be full. Also, some centers are known as Dual-Diagnosis, where they take care of the patients' addiction and mental health needs. Other clinics can also be specialized in pain management.

Codes:
There was only one code called while I was completing my practicum, which was a situation where someone came in pleading for help because they were experiencing extreme withdrawal from heroin.

Code Description



RED
Fire, Explosion,
Gas Leak, Flood,
Electrical Situation,
etc.



WHITE
Staff Member in
Need of Assistance



BLUE
Medical
Emergency
(Staff or Client)

REMEMBER: Stay Calm. Speak clearly when calling the code. Give the area where the code is needed.

REPEAT THE CODE AT LEAST 2 TIMES



This is the lobby where clients would wait after being checked-in. They would wait for their number to be called on the prompter, and then head back to dose.

When a clients' number is called, they go to the corresponding cubicle, meet with the nurse, sign their name, and receive their dose of methadone for the day.



All
LIS results
Are to be
Discussed
with
counselors

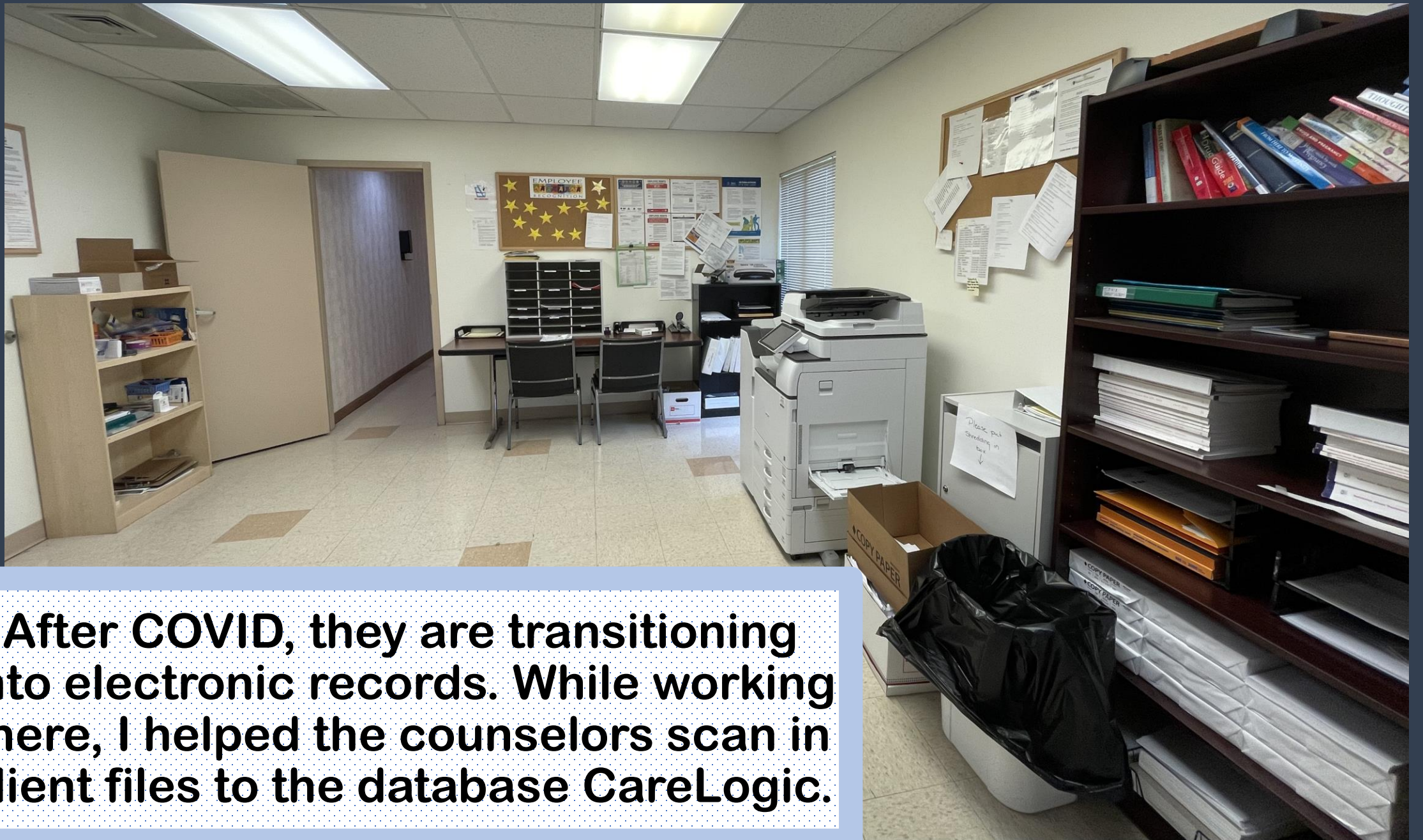
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When they walk up, the nurse inputs their name, and the machine dispenses their dosage. It is a red liquid in a dixie cup, and the nurse fills it with water two times after they drink it to ensure they are receiving the entire dose.



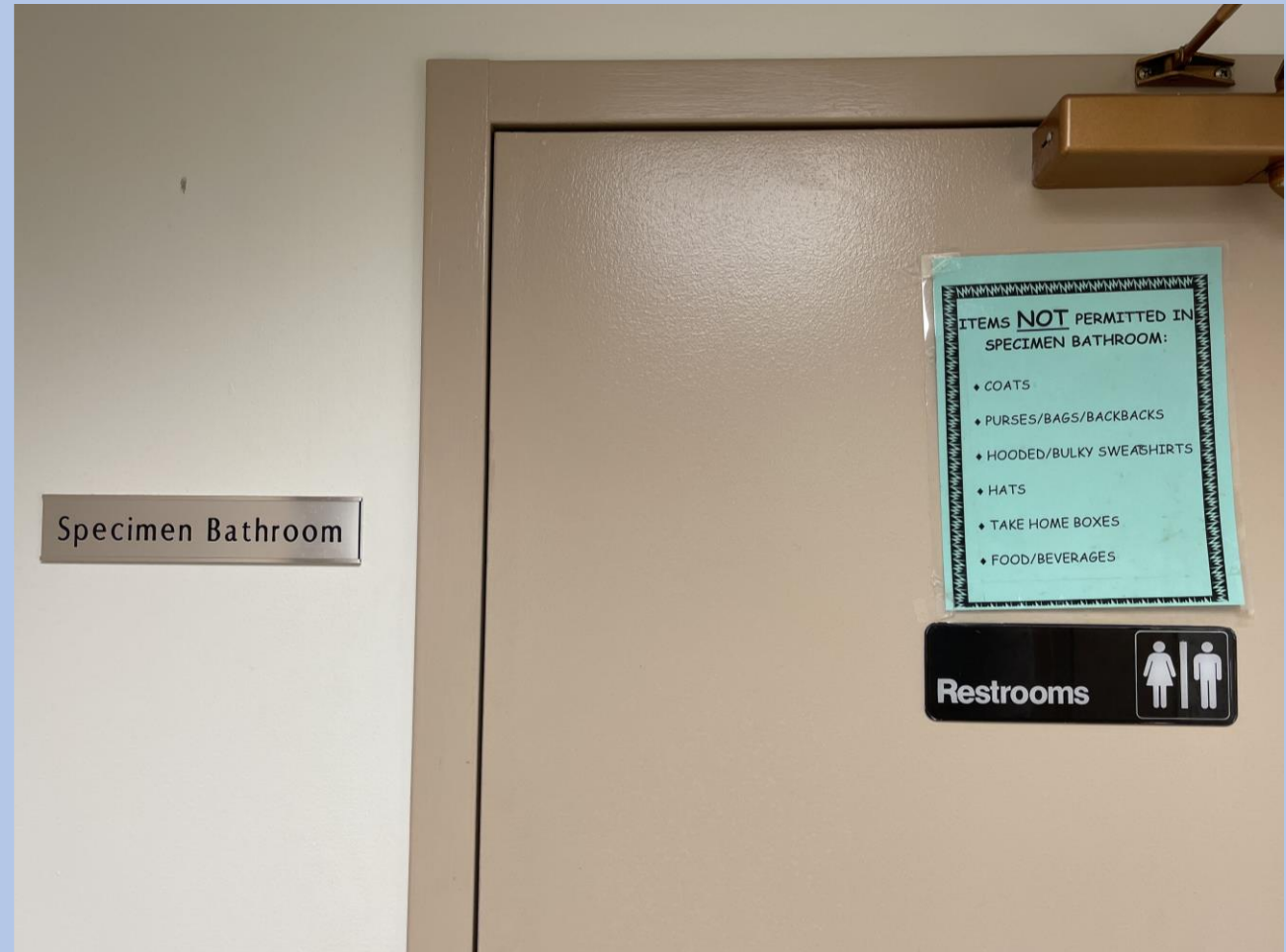


Once a month, the entire team would meet to discuss certain clients, initiatives, and how everyone was doing. One initiative they started while I was there was punch cards, where each patient would receive a punch for every session they attended. And those cards would be turned in for gift cards.



After COVID, they are transitioning into electronic records. While working there, I helped the counselors scan in client files to the database CareLogic.

When checking in to dose, clients will be subject to a random drug screen once a month. They only get to know minutes before taking it, and they can only use the specimen bathroom for it. They have to leave their belongings outside (coats, bags, hoodies, hats, take-home boxes, food/drink).



A lot of the clients have anxiety around group sessions, and opening up to strangers. Despite this, there are state minimums for each month that the clients must complete. When they do not show, they have to start dosing after 9am.

WARNING!!!!!!

A NO SHOW FOR GROUP COUNSELING WILL RESULT IN LATE DOSING EFFECTIVE IMMEDIATELY!!!

Previously, the clients were finding out their drug test results from the nurses, and reported being shamed for still testing positive for certain substances, usually fentanyl. I learned that fentanyl can stay in your system for longer than ninety days. From the feedback they received, they made a new rule where the nurses can no longer access drug screens, and they are to only be discussed between the client and their counselor.

**All
UDS results
Are to be
Discussed
with
counselors**

Each Monday and Thursday, the clients can decide to increase or decrease their dose. Which will then be effective on each Tuesday and Friday. They are to request a meeting with the doctor, where they complete a COWS, or Clinical Opiate Withdrawal Scale.

All assessments are done on Mondays and Thursdays Unless otherwise posted

If you have any concerns with your dose, you may request to schedule an appointment to meet with the doctor. Please speak with nursing to schedule with the doctor.

A Clinical Opiate Withdrawal Scale assesses their withdrawal symptoms, and lets the doctor see if they are in need of a change in dose. The C.O.W.S. examines their pulse rate, sweating, restlessness, pupil size, bone or joint aches, runny nose, GI issues, tremor, yawning, anxiety, and pale skin.

Clinical Opiate Withdrawal Scale

For each item, circle the number that best describes the patient's signs or symptom. Rate on just the apparent relationship to opiate withdrawal. For example, if heart rate is increased because the patient was jogging just prior to assessment, the increase pulse rate would not add to the score.

Patient's Name: _____		Date and Time ____/____/____:_____	
Reason for this assessment: _____			
Resting Pulse Rate: _____ beats/minute <i>Measured after patient is sitting or lying for one minute</i> 0 pulse rate 80 or below 1 pulse rate 81-100 2 pulse rate 101-120 4 pulse rate greater than 120		GI Upset: over last 1/2 hour 0 no GI symptoms 1 stomach cramps 2 nausea or loose stool 3 vomiting or diarrhea 5 multiple episodes of diarrhea or vomiting	
Sweating: over past 1/2 hour not accounted for by room temperature or patient activity. 0 no report of chills or flushing 1 subjective report of chills or flushing 2 flushed or observable moistness on face 3 beads of sweat on brow or face 4 sweat streaming off face		Tremor observation of outstretched hands 0 no tremor 1 tremor can be felt, but not observed 2 slight tremor observable 4 gross tremor or muscle twitching	
Restlessness Observation during assessment 0 able to sit still 1 reports difficulty sitting still, but is able to do so 3 frequent shifting or extraneous movements of legs/arms 5 unable to sit still for more than a few seconds		Yawning Observation during assessment 0 no yawning 1 yawning once or twice during assessment 2 yawning three or more times during assessment 4 yawning several times/minute	
Pupil size 0 pupils pinned or normal size for room light 1 pupils possibly larger than normal for room light 2 pupils moderately dilated 5 pupils so dilated that only the rim of the iris is visible		Anxiety or Irritability 0 none 1 patient reports increasing irritability or anxiousness 2 patient obviously irritable or anxious 4 patient so irritable or anxious that participation in the assessment is difficult	
Bone or Joint aches If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored 0 not present 1 mild diffuse discomfort 2 patient reports severe diffuse aching of joints/muscles 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort		Gooseflesh skin 0 skin is smooth 3 piloerection of skin can be felt or hairs standing up on arms 5 prominent piloerection	
Runny nose or tearing Not accounted for by cold symptoms or allergies 0 not present 1 nasal stuffiness or unusually moist eyes 2 nose running or tearing 4 nose constantly running or tears streaming down cheeks		Total Score _____ The total score is the sum of all 11 items Initials of person completing assessment: _____	

Score: 5-12 = mild; 13-24 = moderate; 25-36 = moderately severe; more than 36 = severe withdrawal

The counselors were having issues with clients coming in for group, dosing, and then leaving before group starts.

While I was there, they created a rule where clients have to dose after group.

**After group please
exit building and re-
enter through the
front door to get a
ticket to dose
Unless otherwise
directed by staff**

Thank you

When a client has negative urine drug screens for a certain period of time, they get to do take-homes. When they have been in treatment for 90 days and have 60 days clean, they get their “weekends.” Meaning, they only have to come in Monday-Thursday. When they have clean urines 30 days after they receive weekends, they can come in triweekly. With 6 months of drug-free urine, they can come in biweekly. To come in once weekly, they have to have a year clean, and to come in twice monthly, they need 12 months clean.

Status

Weekends: 90 Days in tx; 60 days Negative UDS

Tri Weekly: Extended Panel; 30 Days from Weekends

Bi Weekly: 9 Months in tx; 6 months negative UDS

Weekly: 18 Months in tx; 12 months negative UDS

Privilege Requirements

Stable Dose/Dosing Daily

Negative UDS

Stable Home/Safe Storage

Absence of Criminal Activity

Counseling Requirements/Making Progress

No Monetary Balance

Rx Up to Date/Pill Counts

When a client is going out of town, they can request to guest-dose at a different clinic near where they are going. They have to give a two week notice, and have their counselor fill out the appropriate forms, and fax the new clinic.

Guest Dosing Here:

1. If they have MA in PA we cannot take them. Emergency?
2. We need at least a weeks' notice
3. Stable Dose? Dosing at home clinic at least 60-90 days
4. No illicit use, Prescribed Benzos?
5. Guest Dosing orders with their DR's Signature
6. Last 3 urine screens
7. Photo ID
8. Charge- \$20 Daily
9. If they are referral from Magees we take them free of charge until admission

PYRAMID HEALTHCARE INC.
Foundations Medical Services: 1016303310002

Funding Source: _____

Client MA ID #: _____

CLIENT SIGN-IN SHEET

Client Name: _____

Client Number: _____

Client Signature	Date of Service	Start Time	End Time	Service Offered	Counselor Signature

For every session, the client has to sign in, date it, and have the counselor sign. This is then scanned into their file.

"I certify that the information shown on this invoice is true, correct, and accurate. I understand that payment and satisfaction of this claim will be from federal and state funds, and that any false claims, statements or documents, or concealment of material facts, may be prosecuted under applicable federal and state laws."

GROUP SIGN IN SHEET

Name	Signature	Funding	Counselor	Client #

For each group, all clients have to sign in and put their client ID in, so that they can get credit for their group hours.

Topic: _____

Facilitator: _____

Date: _____

Recovery Dialects

	Mutual Aid Meetings	In Public	With Clients	Medical Settings	Journalists
Addict	✓	STOP	STOP	STOP	STOP
Alcoholic	✓	STOP	STOP	STOP	STOP
Substance Abuser	STOP	STOP	STOP	STOP	STOP
Opioid Addict	✓	STOP	STOP	STOP	STOP
Relapse	✓	STOP	STOP	STOP	STOP
Medication Assisted Treatment	STOP	STOP	STOP	STOP	STOP
Medication Assisted Recovery	✓	✓	✓	✓	✓
Person w/ a Substance Use Disorder	✓	✓	✓	✓	✓
Person w/ an Alcohol Use Disorder	✓	✓	✓	✓	✓
Person w/ an Opioid Use Disorder	✓	✓	✓	✓	✓
Long-term Recovery	✓	✓	✓	✓	✓

This poster covers the positive and negative ways people can talk about addiction.

Recovery Dialects
The words we use matter.

Positive

- Pharmacotherapy
- Accidental Drug Poisoning
- Person with a Substance Use Disorder

Negative

- Substance Abuser
- Relapse
- Medication-Assisted Treatment
- Overdose
- Addict
- Alcoholic
- Opioid Addict

While some negative language is okay to use in mutual aid meetings, its use should be avoided in public, when advocating and in journalism.

SOURCE: Ashford, R. D., Brown, A. M., & Curtis, B. (2018). Substance use, recovery, and linguistics: The impact of word choice on explicit and implicit bias. *Drug and Alcohol Dependence*, 189, 131-138.

While working at Foundations, I learned more about the appropriate language that you should use in a setting like that.

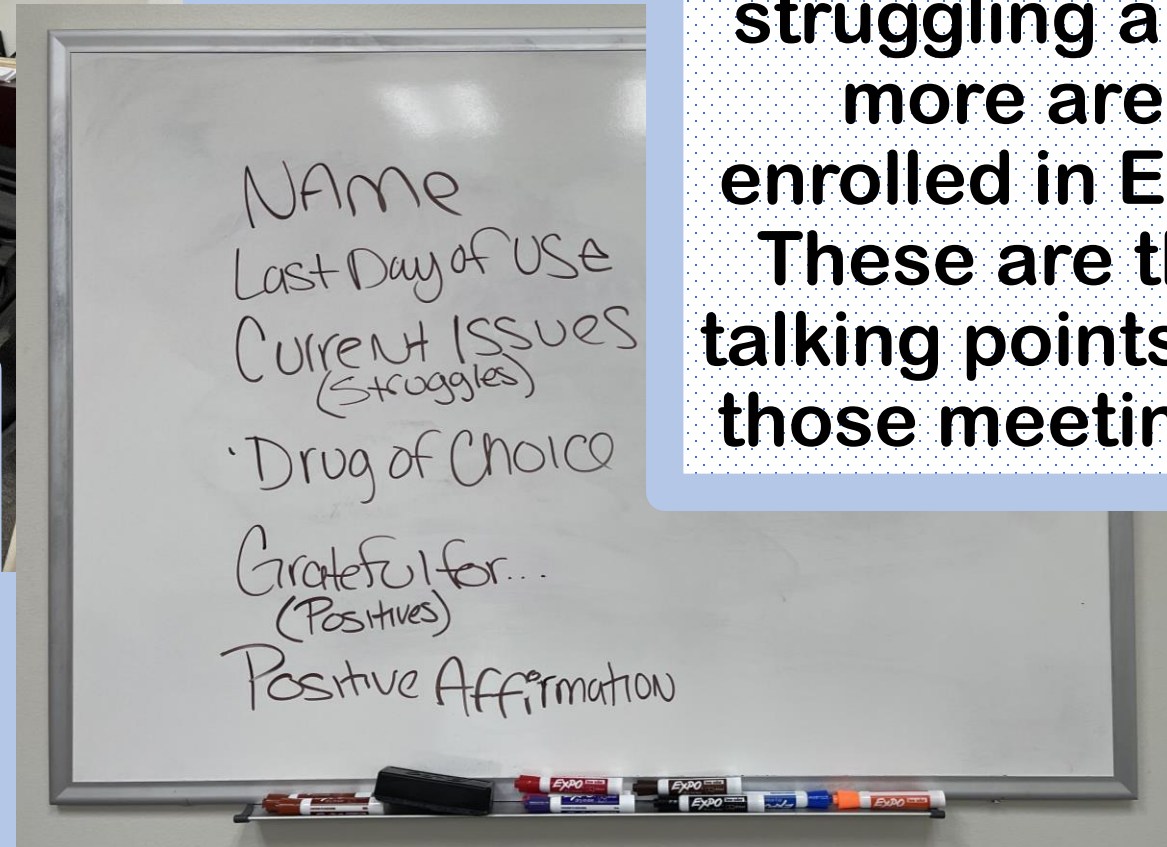
For each month, there are different group subjects that the clients can pick from. The director created a new rule where if a client misses their scheduled group, they are placed in a “catch-all” group at the end of the month.

July					2021
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
			1 EOP 7-8:30 & 9-10:30 (Courtney)	2 MAT Orientation 7-8:30 (Skye)	
5 Stress Management 8:30 (Karolyn)	6	7	8 EOP 7-8:30 & 9-10:30 (Courtney)	9	
12	13 Music Therapy 6:30-8 (Amanda)	14 Self-care Within Recovery 9-10:30 (Courtney)	15 EOP 7-8:30 & 9-10:30 (Courtney)	16 Working while in Recovery 5:30-7 (Karolyn) Creative Coping Skills 8-9:30 (Skye)	
19	20	21 Pregnancy Group 7-8:30 (Courtney)	22 EOP 7-8:30 & 9-10:30 (Courtney)	23	
26	27 Healthy Boundaries 6:30-8 (Amanda)	28	29 EOP 7-8:30 & 9-10:30 (Courtney)	30	



This is the group room where 10-12 clients would meet for a group therapy session. There are coloring sheets, a speaker for music, and rules posted around the room.

There are usually 2 EOP (Extensive Outpatient Program) groups per week. Clients struggling a bit more are enrolled in EOP. These are the talking points for those meetings.



Must
SIGN-IN!

1

2

Cell Phones :
shut off ★
- or -
keep on vibrate!
★ ★ ★
★ ★ ★

WHAT'S
DONE ^{OR} SAID
IN GROUP
STAYS IN GROUP

3

4

Must
Participate!
or no group credit!

**Group Rules
#1 - #4**

NO SIDE CONVERSATIONS

Shhhh

5

6

RESPECT

**Group Rules
#5 - #8**

NO SLEEPING

7

8

MUST PARTICIPATE

Be on time

FOR ALL

Sessions

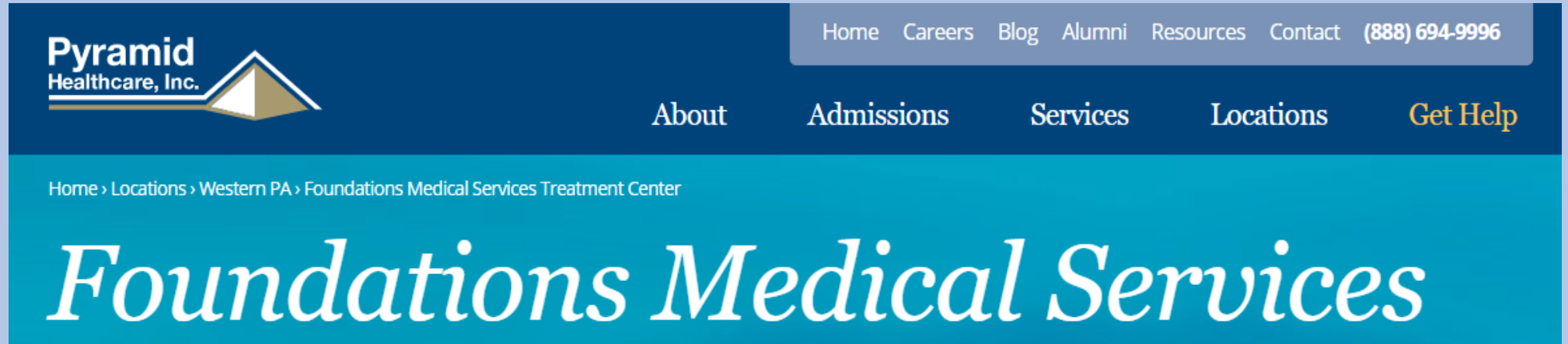
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10

ONE SPEAKER
AT
A TIME

**Group Rules
#9 & #10**

Conclusion



During my time at *Foundations Medical Services*, I gained experience in a therapy setting, as well as learned more about the process of medication-assisted treatment (methadone). Everyone I worked with was very welcoming, and wanted to do everything possible to teach me more about what they do. Working with the demographic I did was a very rewarding experience, and I am so grateful to have met the people, and heard the stories I did.