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DIPLOMATE IN GENERAL, FORENSIC, AND ADDICTION PSYCHIATRY
AMERICAN BOARD OF PSYCHIATRY & NEUROLOGY

January 27, 2022

RE: Aticha Jittaphol

REFERRAL SOURCE: Keith Halpern Esq.

REASON FOR REFERRAL

General description of criteria and standard of care re inpatient residential treatment.

SOURCES OF INFORMATION

- 1) Carlson Recovery Center records, 12/6/21-12/13/21
- 2) Hope Center records, 12/13/21-12/27/21
- 3) Letter, Debi Dennis, Clinical Supervisor, Carlson Recovery Center, 1/15/22
- 4) Letter, Erin Hall, Hope Center, 1/26/22

SUMMARY

Aticha Jittaphol is a 32-year-old transgender female with the primary diagnosis of stimulant use disorder, most recently treated at the Hope Center. She is on federal probation and in ongoing communication with her probation officer while simultaneously being engaged in recovery-oriented treatment for her addictive illness. Recent records detail that she has acknowledged her illness, rents her own apartment, owns her business, and is making progress in recovery.

Recent records clarify the absence of any withdrawal symptoms, the absence of dangerous symptoms such as suicidality or psychosis, and the absence of any functional impairment. There have been no acute medical or psychiatric findings, and all cognitive function has been documented as being intact, both at the Carlson Recovery Center and the Hope Center. Ms Jittaphol completed her detox on 12/13/21.

Records from Carlson Recovery Center do not document withdrawal symptoms from admitted methamphetamine addiction. At discharge, Ms. Jittaphol denied withdrawal symptoms. She denied ever having suicidal ideation or making any suicide attempt. The record and letter from Ms. Denis, Clinical Supervisor, establish that Ms. Jittaphol was functionally intact without cognitive dysfunction, and without any acute medical or psychiatric findings.

Records from the Hope Center similarly indicate that Ms. Jittaphol did not suffer withdrawal symptoms, denied suicidal ideation or attempts, and was functionally intact without cognitive dysfunction, and without any acute medical or psychiatric findings.

The applicable standard of care in the evaluation of appropriate drug treatment placement relies upon two major criteria sets: InterQual and ASAM. These criteria similarly provide that determinations as to the proper level of care are to be made on a daily basis, based on clinical findings. While certainly it is reasonable to estimate in advance

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what level of care might be needed, or to have such care made available should it be needed, it is inappropriate, and a breach of the standard of care, to determine that a level of care (e.g., inpatient residential vs. ambulatory) is actually warranted in advance, and without consideration of the patient's individualized progress and needs.

Both InterQual and ASAM consider essential criteria for the assessment of the need for inpatient treatment to include: medical and/or psychiatric acuity; presence of or potential for withdrawal symptoms; whether the patient is functionally intact; whether the patient is a suicide or homicide risk; whether the patient suffers from cognitive dysfunction; whether the patient acknowledges addiction; whether the patient acknowledges a desire to achieve and maintain sobriety; whether the patient has the availability of a safe recovery environment; whether there is evidence establishing a significant risk of relapse in the absence of inpatient treatment.

In the absence of a combination of a number of these criteria, and in view of the most recent treatment notes regarding Aticha Jittaphol, neither InterQual or ASAM would support a current treatment plan at the level of inpatient residential care.

Sincerely,

A handwritten signature in black ink, appearing to read "Stuart Gitlow MD". The signature is fluid and cursive, with the letters "S" and "G" being particularly prominent.

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