INTENSIVE OUTPATIENT TREATMENT AND THE CONTINUUM OF CARE

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“MAY THE STARS CARRY YOUR DARKNESS AWAY.
MAY THE FLOWERS FILL YOUR HEART WITH BEAUTY.
MAY HOPE FOREVER WIPE AWAY YOUR TEARS.
AND ABOVE ALL, MAY SILENCE MAKE YOU STRONG.”

-Chief Dan George

TRADITION AND INNOVATION

HOW CAN WE FOLLOW A MODEL SUCH AS PRESENTED BY ASAM AND INTEGRATE TRADITION AND CULTURE IN AN INNOVATIVE WAY?

ARE YOU DOING THIS ALREADY?

HOW CAN WE IMPROVE OR ADAPT WHAT WE ARE DOING?

ARE YOU COMMITTED TO MAKING THESE CHANGES?

SUBSTANCE ABUSE: CLINICAL ISSUES IN INTENSIVE OUTPATIENT TREATMENT.

- **What Is a TIP?**
- Treatment Improvement Protocols (TIPs), developed by the Center for Substance Abuse Treatment (CSAT), part of the Substance Abuse and Mental Health Services Administration, within the U.S. Department of Health and Human Services, are best-practice guidelines for the treatment of substance use disorders. CSAT draws on the experience and knowledge of clinical, research, and administrative experts to produce the TIPs, which are distributed to facilities and individuals across the country. The audience for the TIPs is expanding beyond public and private treatment facilities to include practitioners in mental health, criminal justice, primary care, and other health care and social service settings.

TREATMENT IMPROVEMENT PROTOCOL 61: BEHAVIORAL HEALTH SERVICES FOR AMERICAN INDIANS AND ALASKA NATIVES

- TIP 61 provides behavioral health professionals with practical guidance about Native American history, historical trauma, and critical cultural perspectives in their work with American Indian and Alaska Native clients. The TIP discusses the demographics, social challenges, and behavioral health concerns of Native Americans. It highlights the importance of providers' cultural awareness, cultural competence, and culture-specific knowledge. The TIP also helps administrators, program managers, and clinical supervisors foster a culturally responsive environment for American Indian and Alaska Native clients. Specific topic areas include workforce development strategies, program and professional development considerations, and culturally responsive policies and procedures 2/2019

TIP 61BEHAVIORAL HEALTH SERVICES FOR AI/AN

Audience

- This TIP can serve as a resource to both native and non-native behavioral health professionals who wish to provide culturally appropriate and responsive services. This TIP is for:
- Addiction treatment/prevention professionals.
- Mental health service providers.
- Peer support specialists.
- Behavioral health program managers and administrators.
- Clinical supervisors.
- Traditional healers.
- Tribal leaders of governance.
- Other behavioral health professionals (e.g., social workers, psychologists).
- Researchers and policymakers.

TIP 61BEHAVIORAL HEALTH SERVICES FOR AI/AN

Objectives

Addiction and mental health professionals will improve their understanding of:

- American Indian and Alaska Native demographics, history, and behavioral health.
- The importance of cultural awareness, cultural identity, and culture-specifc knowledge when working with clients from diverse American Indian and Alaska Native communities.
- The role of native culture in health beliefs, help-seeking behavior, and healing practices.
- Prevention and treatment interventions based on culturally adapted, evidence-based best practices.
- Methods for achieving program-level cultural responsiveness, such as incorporating American Indian and Alaska Native beliefs and heritage in program design, environment, and staff development.

OVERALL KEY MESSAGES

- **Importance of historical trauma.** Providers should learn about, acknowledge, and address the effects of historical trauma when working with American Indian and Alaska Native clients. Most American Indians and Alaska Natives believe that historical trauma, including the loss of culture, lies at the heart of substance use and mental illness within their communities.
- **Acceptance of a holistic view of behavioral health.** Among many American Indian and Alaska Native cultures, substance use and mental illness are not defned as diseases, diagnoses, or moral maladies, nor are they viewed as physical or character faws. Instead, they are seen as symptoms of imbalance in the individual’s relationship with the world. Thus, healing and treatment approaches must be inclusive of all aspects of life—spiritual, emotional, physical, social, behavioral, and cognitive.

- **Role of culture and cultural identity.** Providers need to understand how clients perceive their own cultural identity and how they view the role of traditional practices in treatment. Not all American Indian and Alaska Native clients recognize the importance of culture or perceive a need for traditional practices in their recovery. Nonetheless, providers and administrators must be ready to address their clients' cultural identity and related needs. Helping clients maintain ties to their native cultures can help prevent and treat substance use and mental disorders. Through reconnection to American Indian and Alaska Native communities and traditional healing practices, an individual may reclaim the strengths inherent in traditional teachings, practices, and beliefs and begin to walk in balance and harmony.

- **Recognition of sovereignty.** Tribal governments are sovereign nations. Each nation adopts its own tribal codes and has a unique history with the U.S. federal government. Providers in native and non-native programs need to understand the role of tribal sovereignty and governance systems in treatment referrals, planning, cooperative agreements, and program development.
- **Significance of community.** American Indian and Alaska Native clients and their communities must be given opportunities to offer input on the types of services they need and how they receive them. Such input helps match services to clients, increase community use of services, and use agency and tribal financial resources efficiently. Providers must involve themselves in native community events and

- **Value of cultural awareness.** If providers are aware of their own cultural backgrounds, they will be more likely to acknowledge and explore how culture affects their interactions, particularly their relationships with clients of all backgrounds. Without cultural awareness, providers may discount the influence of their own cultural contexts— including beliefs, values, and attitudes—on their initial and diagnostic impressions of clients and selection of healing interventions.
- **Commitment to culturally responsive services.** Organizations have an obligation to deliver high-quality, culturally responsive care across the behavioral health service continuum at all levels—individual, programmatic, and organizational. Not all American Indian or Alaska Native clients identify or want to connect with their cultures, but culturally responsive services offer those who do a chance to explore the impact of culture, history (including historical trauma), acculturation, discrimination, and bias on their behavioral health.

- **Significance of the environment.** An environment that reflects American Indian and Alaska Native culture is more engaging for, and shows respect to, clients who identify with this culture. Programs can create a more culturally responsive ethos through adapted business practices, such as using native community vendors, hiring a workforce that reflects local diversity, and offering professional development activities (e.g., supervision, training) that highlight culturally specific American Indian and Alaska Native client and community needs.
- **Respect for many paths.** There is no one right way. Providing direction on how something should be done is not a comfortable or customary practice for American Indians and Alaska Natives. For them, healing is often intuitive; it is interconnected with others and comes from within, from ancestry, from stories, and from the environment. There are many paths to healing.

CONTINUUM OF CARE

- **Let’s think about and talk about these key messages, the framework offered in the continuum of care approach, with a focus on culture and innovation.**

- The conception of Continuum of Care as well as Intensive Outpatient goals, intensity, duration, stages of treatment, and the transition to outpatient and community care will be covered in the session. A focus on the incorporation of or focus on tradition and innovation will be included.

* Continuum of Care and all of its components are in place to support our patients, to help them feel empowered, and to ensure that we are doing our part to help them succeed at every level of care.

- “Continuum of care” refers to a treatment system in which clients enter treatment at a level appropriate to their needs and then step up to more intense treatment or down to less intense treatment as needed. As outlined by Mee-Lee and Shulman (2003), an effective continuum of care features successful transfer of the client between levels of care, similar treatment philosophy across levels of care, and efficient transfer of client records.

* How do we ensure access to care, consistency in care, and provide a constant/uncanned treatment philosophy with our network of services?

THREE LEARNING OBJECTIVES

-THE AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM) HAS ESTABLISHED FIVE MAIN LEVELS IN A CONTINUUM OF CARE FOR SUBSTANCE ABUSE TREATMENT, THESE WILL BE PRESENTED AND LEARNED, AS WILL THE SEQUENTIAL STAGES FOR OUTPATIENT TREATMENT.

-INTENSIVE OUTPATIENT THREE FUNCTIONS WILL BE PRESENTED AND LEARNED WITH REGARDS TO SERVING AS AN ENTRY POINT, STEP-DOWN LEVEL OF CARE, OR STEP-UP LEVEL OF CARE.

-THE 4 STAGES AND RELATED GOALS OF TREATMENT FOR OUTPATIENT AND INTENSIVE OUTPATIENT SERVICES WILL BE PRESENTED AND LEARNED.

(ASAM) FIVE MAIN LEVELS IN A CONTINUUM OF CARE FOR SUBSTANCE ABUSE TREATMENT

- Level 0.5: Early intervention services
- Level I: Outpatient services
- Level II: Intensive outpatient/Partial hospitalization services (Level II is subdivided into levels II.1 and II.5)
- Level III: Residential/Inpatient services (Level III is subdivided into levels III.1, III.3, III.5, and III.7)
- Level IV: Medically managed intensive inpatient services

(ASAM) THE SEQUENTIAL STAGES FOR OUTPATIENT TREATMENT.

- Stage 1—Treatment engagement
- Stage 2—Early recovery
- Stage 3—Maintenance
- Stage 4—Community support

* These stages are engaged in no matter the level of care that the client enters treatment.

(ASAM) INTENSIVE OUTPATIENT THREE FUNCTIONS

- **An entry point into substance abuse treatment.** The client comes to the IOT program, an assessment reveals that the client would benefit from IOT, a treatment plan is developed, and services are begun.
- **A stepdown level of care.** The client is transitioned to the IOT program from an inpatient or residential facility. In this case, the client may have been stabilized in a hospital facility or residential treatment program and now needs intensive treatment services to achieve or maintain abstinence as well as address other problems.
- **A step-up level of care.** The client is referred to the IOT program if he or she has been unsuccessful in outpatient treatment or continuing community care and is assessed as needing an intensive and structured level of care to regain abstinence, work on relapse prevention skills, and address other issues.

IOT GOALS

Goals of IOT programs vary based on such factors as the treatment population, program comprehensiveness, and the program's philosophy. Although programs differ, all IOT programs attempt to address the following general goals:

- To achieve abstinence
- To foster behavioral changes that support abstinence and a new lifestyle
- To facilitate active participation in community-based support systems (e.g., 12-Step fellowship)
- To assist clients in identifying and addressing a wide range of psychosocial problems (e.g., housing, employment, adherence to probation requirements)
- To assist clients in developing a positive support network
- To improve clients' problem solving skills and coping strategies

Intensity of Treatment

- Relative to traditional outpatient treatment, IOT provides an increased frequency of contact and services that respond to the chronicity and severity of substance use disorders and other problems experienced by clients. The actual number of hours and days per week that clients participate in IOT varies depending on individual client needs. State licensure bodies may require 9 treatment hours; ASAM defines IOT as 9 hours of treatment per week for adults (Mee-Lee et al. 2001). Although IOT programs generally provide structured programming for 9 hours or more per week spread over 3 to 5 days, some IOT programs provide fewer hours. The consensus panel recommends that the number of programming hours be 6 to 30 hours, based on client needs. Some clinicians find that more frequent, shorter visits are of greater benefit to the client than less frequent but longer sessions. However, some clients require longer treatment sessions, similar in intensity to partial hospitalization.

Duration of Treatment

- The recommended minimum duration of the IOT phase often is cited as 90 days. Low-intensity outpatient treatment over a longer period may be a cost-effective means to enhance treatment outcomes because this approach is associated with less substance use and better social functioning in clients (Moos et al. 2001).

Treatment Settings

- IOT can be provided in any setting that meets State licensure or certification criteria (Mee-Lee et al. 2001). Programs offering IOT only and comprehensive programs offering several levels of care may differ in structures and services provided. IOT programs that are part of a large hospital setting can provide medical detoxification services, pharmacotherapy, and treatment for other medical and psychiatric conditions. IOT programs located in prison facilities treat offenders with alcohol and drug problems and successfully link offenders with stepdown services in the community on release. Other IOT programs may be located near vocational training sites so that welfare recipients and others easily can attend both treatment and training sessions in homeless shelters and in modified therapeutic community programs.

(ASAM) THE 4 STAGES AND RELATED GOALS OF TREATMENT FOR OUTPATIENT AND INTENSIVE OUTPATIENT SERVICES

- **Stage 1—Treatment engagement**
- **Goals and duration -** One of the most critical tasks for the counselor and clinic is encouraging the client to remain in treatment. Many clients drop out of treatment after attending only a few sessions. During this initial stage, the counselor determines the client's presenting problems with respect to substance abuse; physical, psychological, and social functioning; and social support network. Also, the counselor explains program rules and expectations and works to stabilize any crises.

- **Stage 2—Early recovery**
- **Goals and duration-** This stage is highly structured with educational activities, group involvement, and new behaviors to help the client develop recovery skills, address lapses, and build a substance-free lifestyle.

- Maintain abstinence.
- Demonstrate ability to sustain behavioral changes.
- Eliminate drug-using lifestyle and replace it with treatment-related routines and drug-free activities.
- Identify relapse triggers and develop relapse prevention strategies.
- Identify personal problems and begin to resolve them.
- Begin active involvement in a 12-Step or other mutual-help program.

DURATION OF THE EARLY RECOVERY STAGE: 6 WEEKS TO ABOUT 3 MONTHS

Counselor activities of the early recovery stage:

- Assist clients in following their individual plans to achieve and sustain abstinence.
- Assist clients in identifying relapse triggers and developing strategies to avoid or cope with triggers.
- Support evidence of positive change.
- Initiate random drug tests and provide rapid feedback of results.
- Assist clients in successfully integrating into a 12-Step fellowship or other mutual-help program.
- Help clients develop and strengthen a positive social support network.
- Encourage participation in healthful recreation and social activities.
- Continue pharmacotherapy, if appropriate, and other medical and psychiatric treatments.
- Offer education on topics such as hepatitis C and HIV infection, anger management, and parenting.
- Continue assessments for other issues requiring intervention.
- Educate clients and family members on addiction, the recovery process, and relapse.
- Provide family and multifamily counseling.
- Introduce families to 12-Step and other mutual-help programs appropriate for

Completion criteria: Clinical indications that support the client's transition from the early recovery stage of IOT to the next level of care include the client's having:

- Sustained abstinence for 30 days or longer
- Completed goals as indicated in the treatment plan
- Created and implemented a relapse prevention and continuing care plan
- Participated regularly in a support group
- Maintained a sober social support network
- Obtained stable, drug-free housing
- Resolved medical, psychiatric, housing, and peer situations that may trigger relapse

Stepdown Treatment

- Clients who have completed stages 1 and 2 of their treatment at the IOT level of care can step down to outpatient treatment programs and enter stage 3—maintenance, having demonstrated a commitment to change, been stabilized, become abstinent, and developed relapse prevention skills.
- **Stage 3—Maintenance**
- **Goals and duration-** Stage 3—maintenance helps the client build on gains made during stages 1 and 2. The goals, duration, counselor activities, and completion criteria of this stage of treatment are presented in

Goals of the maintenance stage:

- Solidify abstinence.
- Practice relapse prevention skills.
- Improve emotional functioning.
- Broaden sober social networks.
- Address other problem areas.

Duration of the maintenance stage: About 2 months to 1 year

Counselor activities of the maintenance stage:

• Continue teaching and helping clients practice relapse prevention skills and refine plans to address relapse triggers.

• Help clients acknowledge and quickly contain “slips” to keep them from becoming full-blown relapses.

• Support clients as they work through painful feelings (e.g., sadness, anxiety, loneliness, shyness, shame, guilt).

• Teach clients new coping and problem solving skills that increase self-esteem and improve interpersonal relationships, including better communication skills, anger management skills, and making amends.

• Help clients identify vocational or educational needs, improve work-related functioning, resolve family conflicts, and initiate new recreational activities.

• Facilitate client linkages with community resources that foster clients' interests and offer needed services for accomplishing life goals.

- Assist clients in making and sustaining positive lifestyle changes.
- Encourage continuing participation in support groups and ongoing work with a sponsor.
- Emphasize the importance of spirituality or altruistic values that help clients see beyond themselves and work for community goals.
- Continue monitoring random drug test results and providing feedback on results.
- Continue pharmacotherapy, as needed, and other medical or psychiatric assistance.
- Avoid complacency.

Completion criteria: Clinical indications that support the client's transition from the maintenance stage to continuing care include the client's having

- Sustained abstinence (30 days or longer)
- Improved relationships with family, friends, and significant others
- Improved coping and problem solving skills
- Obtained drug-free, stable housing
- Continued participation in a support group
- Obtained ongoing assistance with other problems, if necessary

- **Transfer to Continuing Community Care**
- Having completed stage 3 of their treatment, clients are discharged from formal treatment to continuing community care. Clients who remain within a system of ongoing care relevant to their needs are more likely to maintain their gains in abstinence and overall lifestyle changes. Participation in continuing community care is related to an increase in positive outcomes (Miller et al. 1997; Ritsher et al. 2002). Continuing care planning is therefore a central task for IOT program staff whose clients remain in stepdown care within the program. IOT programs that refer clients to separate programs for a stepdown level of care must ensure, through their referral agreements and procedures, that the outpatient treatment program agrees to engage in continuing care planning.
- Continuing community care in the form of 12-Step support groups, faith fellowship, or other community-based organizations is sometimes neglected by treatment providers because of the difficulties of remaining engaged with clients after formal treatment is completed. Still, the benefits of carefully planning for transferring clients into community support groups are such that added attention should be given to these tasks. To ensure client access to a full continuum of care, treatment programs need to be aware of support groups and other community resources and introduce this information to clients early in the treatment process. Other key responsibilities for providers include ensuring transition of case management responsibilities, supporting clients' early engagement in continuing community care, contributing to the expansion of community services, and encouraging clients who drop out to reengage with treatment.

• Stage 4—Community support

Goals of the community support stage:

- Maintain abstinence.
- Maintain a healthy lifestyle.
- Develop independence from the treatment program.
- Maintain social network connections.
- Establish strong connection with support groups and pursue healthy community activities.
- Establish recreational activities and develop new interests.

Duration of the community support stage: Years, ongoing

Completion criteria: Clients may need community support for the rest of their lives to remain abstinent or recover from relapses.

Counselor activities of the community support stage:

• Assist clients in developing a realistic, comprehensive, and individualized plan for continuing recovery.

• Acquaint clients with local resources that allow them to:
Sustain abstinence

Continue in12 Step programs

Continue Psychotherapy

Continue Psychopharmacology

Start or continue vocational or educational training

Seek and obtain employment

Manage stress

Prevent or respond to relapse

Enjoy abstinence/sobriety

SUBSTANCE ABUSE: CLINICAL ISSUES IN INTENSIVE OUTPATIENT TREATMENT & BEHAVIORAL HEALTH SERVICES FOR NATIVE AMERICANS

- **Chapter 2. Principles of Intensive Outpatient Treatment**
- Chapter 3. Intensive Outpatient Treatment and the Continuum of Care
- https://store.samhsa.gov/product/tip-61-behavioral-health-services-for-american-indians-and-alaska-natives/sma18-5070

*samhsa/csat Treatment Improvement Protocols.

FOCUS DISCUSSION

- What is your community/program doing to provide culturally appropriate/focused services?
- What is your community/program doing to provide a continuum of care to clients that you serve?
- How can you advance both culture and innovation in the services that you provide?

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