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**INTENSIVE OUTPATIENT TREATMENT**

**Substance Abuse:**



**Clinical Issues in Intensive Outpatient Treatment**

**A Treatment**

**Improvement Protocol**

**47**

**TIP**



**Substance Abuse: Clinical Issues in Intensive**

**Outpatient Treatment**

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# A Treatment Improvement Protocol

**TIP**

47

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES** Substance Abuse and Mental Health Services Administration Center for Substan ce Abuse Treatment

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**1 Introduction**

The current volume add resses clin ical issues and a com pa n ion vol­ u me, TIP 46, *Substan ce Abuse: Administrati ve Issues in Out patient Treatment* (CSAT 2006.1), di sc u sses a dm ini s tra t ion. Togeth er, th ese TIP s break new ground as th e first two-volum e TIP issued by the Cen ter for Sub sta nce Abuse Trea tment (CSAT ). Th is volume rep­ rese n ts th e most extensive di sc ussion in a TIP of clini cal issues for intensive outpa tient treatm ent (I OT) pro gra ms.

**In This Chapter...**

Forces Affecting IOT and

the Content · of This TJP

Terminology and Definitions

Swnmary of This TIP

Seve ral d e velopm e n ts in health care and th e trea tm en t of su bsta n ce use disorders have p r ompted thi s full revi s ion of TIP 8 , *Int ensive Outpati ent Treatm ent for Alcohol and Oth er Drug Abus e* (CSAT

1994 c). Sin ce th e original TIP wa s pub lished, substa ntial changes

have occurred in alm o t evre y aspec t of h ow tr ea tm ent services are

conceptu aliz ed and delivered. By th e la t e 1990 s, lOT had moved from being a periph eral and re lativ ely cir cu mscri b e d cli nica l se r­ vice, sen rin g a small ra nge of clients, to a robu st, multi dimensional treatment modality that plays a ce ntr al role in the care of many individu als with substa nce use disorders. TIP 46, *Substan ce Abus e:*

*Administrative Issues in Outpati ent Treatment* (CSAT 2006/) , pro vides a full history of IOT.

As ",jth all TIPs sponsored by CSAT, th is volu me repr esents the thin king, experience, and work of a consensus panel. The ra pidity of re ce nt ch a nges in th e IOT field and th e variety of chall enges and oppor tun i ties that accompany th e m compelled this TIP 's consen­

sus pa nel to draw on its clinical experience and curr en t rese arch to creat e a TIP that is both practical and evidence ba sed. *Substan ce Abus e: Clini cal Issues in Int ensive Outpati ent Treatment* exa min es significant and sometimes perplexing i ·s u es fa cin g lOT provid ers

and offer a nalytical di cu ion and in ci ive opini on . In writing the TTP , t he consensus panel a tt e m pt e d to re flec t th e changes of the pas t d eca de a nd anti ci pate dir ec ti ons that TOT may ta ke .

**1**

### Forces Affecting IOT and the Contents of This TIP

#### Chronic Disease Management

R ec ognizing th at sub ta nce abuse is a ch ron­ ic disord er simi la r to dia betes, hypertension , and asth ma led th e panel to qu estion th e

acute care model of se rvi ce delivery th at ha chara cteriz ed su b ta n ce abuse treat­ ment for the past 50 year (McLclla n ct al. 2000). Panel member felt trongly that IOT providers- like providers in th e rest of th e h eal th ca re system- should reth ink th e acute care app roach to treatin g ubsta nce u e di orders. In creasingly, 1OT progra m ar involved in uh ta nce abu e tr ea tm ent

beyond the initial 4 to 12 wee ks. Mu ch of th e disc ussion in this vol ume is d evoted to con­ tinuing care and to findin g ways to in clud e case management service providers, fa milies, commun ities, and mutual-help group s in th e ongoing care of ind ividu al with substance use disorders.

#### Practice-Research Collaboration

In the past decade, empha is on the blend­ ing of evidence-based in te rv en tions with community-ba sed service d e l ive ry h a s

in c r e a sed. The longsta ndin g divide be twee n pra ctiti oners and researcher · n ee d ed to b e brid ged. Thi s dispa rity, described in th e

.1.n ·titute of Medicin e 1998 report, *Bridging the Gap Between Practice and Research,* was a ma jor im petu s behi nd the crea tion of th e a tion al Institu te on Drug h use's

(NIDA' s) Clinical Trials etwork and CSAT's Addi ction Tech nology Tra nsfer Centers and Pra ctice Improvemen t Cent ers. Rese arch

h as res ul ted in new knowledge about how biochemical processes, learn ing, spiritu alit y, and e n vironm en t affec t p ople who ab use ubsta nces. Th ese adva n ces may make it

ea i r for clin icia ns, clients, family members, and the public to under tand that uh tance

use di order are complex illne e with important biological- a well a · ocial, psy­ chological, and pir it ual- d imension . IOT progra ms pla y a ce n tr al role in tr ansl a t ing scientifi c find ings into clin ically meaningfu l information and treatments.

The disc u ss ions of tr ea tm ent and th e clinical r ec ommenda tion s in th is TIP are in form ed by th e lin ks between pra ctice and resea rch that are becoming th e norm in th e IOT field.

#### New Treatment Approaches

A growin g int erest in evidence-·up p orted int erventions has led pra ctitioners to exam­ ine l ng-held a um pti ons ab out treatment

and th e recovery process. everal th era peutic approaches, previou s ly app lied prima ri ly

in u niversity-base d resea rch ce nt ers, h ave begu n to emerge as viable and effec ti ve

interven tion s that can be implemented suc­ ces ful ly in community-ba se d treatment

ettin gs. Discussions on cogni tive- b e h a vioral int erven tion s, relapse preven tion train in g, moti va tional enhancemen t thera py, th e

use of in ce n tiv es, and case man agemen t

approa che have been in corporated into this TIP. i milarly, th e TIP de crib e th e b e nefit of i ntegrating pharmacothera pies into IOT to he l p ma nage wit hd rawa l and s ta bi l iz e

people with co-occurring di orders.

#### Convergence of Systems

Ap p roxim a tely 10 ye a rs a g , ub s ta nce

abu e tr eat ment se rvices were viewe d ,videly a s s p ec ia l ty se rvices that interacted with a

vari ety of other important takeholders, such a the rn nta l health, welfa re, a nd crim i nal ju s t ice systems. A profound and import ant cha nge affec ting the delivery of TOT services

i th e convergence of th ese pr eviously distin ct systems and th e substa nce abuse treatment ystem. Th e divisions among ervices have

lon g been ba sed on admini trative conve­

ni en ce and fun din g str eam , not the clin ical n ed of clien ts. Progra m mu t be prepa red to treat clients who sim ultaneously may b e

r ece ivin g pub lic welfa re, h ave ch ildr en in

protective se rvi ces, and b e u n d er crim in a l ju s ti ce s u p e r vi ion . Each ystem may place ub ta n ce abu e tr ea tm ent requ ir ement

on th e client, and, as a conseq uen ce, th ese systems can play a n im port a nt role in su p­ porting the goals of tr ea tm ent. This TIP

addresses th e im porta nce of sim ul ta n eou sly working with multipl e systems.

#### Client and Program Diversity

**lOT** p rogra ms se rve a greater va riety of cli­

ent than they did when TIP 8 wa publi hed

agr ee d to use th e te rm " in tensive ou tp atien t tr ea t­ ment" **("TOT")** to

r e fe r to th i s l e vel of ca re in stea d of th e equa lly a cce pta ble term " in tensive

ou tp ati ent pro­ gram ." Beca use of th e va ri e ty of

defi nition s a ppli ed by clin icia ns and

##### Increasingly, IOT programs are involved in substa nce abuse treatment beyond the initial 4 to 12 weeks.

in 1994. The curr ent volu me makes a broad­ er and deeper stu dy of how in dividua l

d i ffe ren ces aff ec t tr ea tm ent n ee d s. Ten yea rs ago IOT was offer ed p rim a ri ly to p ri vately

in sured clients with mild-to-m od era te levels of dysfu n ction . Sin ce th en, IOT p rogra ms

have a d ju s t e d th eir mod els to tr ea t adoles­ ce nts, cli en ts who a re hom eless or

ec onomi ca ll y d is a d va n ta ged, clien ts with menta l disord ers, clients in volved with the

criminal ju s ti ce s ystem, clients who are dis­ a bled, and tho e with oth er pecia l n eed

on ce con sid ered beyon d th e scop e of IOT

progra ms. Most p rogra ms a ls o a r e r es po n d­ ing to th e n ee ds of in cr easingly d iverse ra cia l and eth nic client pop ulation s. Many IOT progra ms now in corp ora te onsite ambulatory detoxification services, medication manage­ m en t, and in fe c tiou s d ise a se in te rv en tion s.

### Terminology and Definitions

#### IOT vs. IOP

Just as th e t re a tm en t fi eld h as ye t to se ttl e

on a com monl y a cce pt ed n a m e for it se lf (e. g., "s ubsta n ce a buse" vers us " a d d ic tion " versu s "s ubsta n ce use disord er" vers us " chemical

dependence" ), th e re is also no a greed-on

term to d e crib e thi in ten ive level of ca re. Because use of th e term s " in tensive outpa­ tient tr eatm ent" and "in te nsive ou tp at ie nt pro gra m" (I OP ) vari es by region, for th e

sake of con sisten cy, th e con se nsus pa nel

researchers to "in tensive ou tpa tien t tr eat­

ment," J OT tu dies cit ed in th is volu me al o in clu d e day tr ea tm en t, day h osp ita l tr e at­

ment, and pa rti a l ho spita l iza tion progra ms, in addition to IOT progra ms.

#### Outpatient Care vs. Aftercare vs. Continuing Care

The term " a fterca re" is a void ed t hr ou gh- out th is **TIP** in favor of " con tin u in g ca re."

Resea rch litera tu re occasion ally uses th e

term " aft erca r e" when discussin g traditional outpatient trnatment that follows resid entia l or in tensiv e ou tp a tien t tr ea tm e n t. Others use th e term " aft erca re" ,vhen discussin g clien ts' pa r ticip a tion in mu tua l-help grou ps aft er formal treatment is completed. In this vol­

u m e, th e term "con tin u ing care" design at es th mutual-help gr oup (in clud in g 1 2-St ep and oth er su pport group ) a va ila ble in th e com mun ity a ft er form a'I tr e a t ment ends.

Even during the continuing community ca re p hase or tr ea tm en t, many clients return to the IOT clinic for occasional followup visits,

simila r to regular medical checkups for other chronic diseases.

#### Substance Abuse Treatment vs. Mutual-Help Groups

The distin ction be twee n substa n ce a buse treatment programs and mutual-h el p gro u ps, such as 12-S tep support groups, often is

mis und erstood by ma n aged ca re orga niza ­ tion s and th e p ubli c. Th e America n Medical

Association (19 98 ) has adopted a policy tating

...mutual-help groups are an important component of

tr eatm ent , but they cannot substitute for substance abuse

tr ea tm en t...

that clients with substance use dis­ orders should be treated by qualified professionals and that mutual-help groups should serve as ad j un cts

to a treatment plan devised within the practice guidelines of the uh tance abuse treatment field. Likewise, the

American Psychiatric Association, American Academy of Addiction Psychiatry , and American Society of Addiction Medicine (ASAM) have issued a join t policy statement that asserts that treatment involves at lea st the following (America n Socie ty of Addiction Medicine 1997):

* A qualified professional is in charge of treatment.
* A thorough evalu at ion is performed to determine the stage and severity of illn ess and to screen for medical and mental

di order .

* A treatment plan is developed.
* The treatment professional or program is accountable for the treatment and for

referring the client to additional services, if n ecessa ry.

* The treatment professional or program maintains contact with the client until recovery is completed .

According to the policy statement adopted by these trea tm en t p ro fession als ' a ssocia tion s, mutual-help gro ups are an important compo­ nent of treatm en t, but th ey ca n n o t s ubstit ute for su b sta n ce abuse treatment as outlined above.

#### What Constitutes IOT'?

Although IOT tra ditionally has consisted of at lea st 9 hou rs of treatment per week, usu­ ally delivered in three 3-hour sessions, some programs have substa ntially lon ger hours and others provide only 6 contact hours per week. The consensu · panel agrees that a program that chedule t r ea tm en t daily, for 6 ho urs per day, shou ld be cons idered a par­ tial hospitalization program. But does such a program diffe r by kind or just by degree from an IOT program? At what point does an IOT service become a partial hospitaliza­ tion program? Programs in which clients

a ttend sessions 9 hours per week are clearly more in te ns ive than once-a-week ou tpa tie n t programs. But wh e re does outp at ient end

and l OT begin? According to ASAM.'s Patient Placement Crit eri a, l OT programs provide

9 or more hour of ·tru ctu red p rog r a m min g per week; A AM does not specify a minimum duration of treatment (Mee-Lee et a l. 2001 ).

Thi T IP i · in tend ed to be eq ually u eful

to all TOT progra ms, rega rdless of th e num­ ber of contact hours per week. But for the discussions and guidelines in this TIP to be meaningful , IOT must be delimited. The

consensus panel agreed that IOThas the fol­ lowin g features:

* **Contact ho urs per week:** 6 to 30
* **Stages:** Stepdown and step-up stages of care that vary in intensity and duration
* **Duration:** Minimum of 9 0 days followed by ou tpa tie n t con tin uin g ca re
* Core features and services:
  + Program orienta tion and intake
  + Com p reh ens ive bio ps ych osoc i a l assessment
  + Individual treatment planning
  + Group counseling
  + Individ ual cou n eling
  + Family counselin g
  + Psychoeducational programming
  + Case management
  + Integra tion of clients into mutual-help and community-based support groups
  + 24-hour crisis coverage
    - Medical treatment
    - Sub tance use screening and monitoring (u r i ne or breath te ·t )
    - Vocation al and e duca tiona l services
    - Psychiatric evaluation and psychotherapy
    - Medication management
    - Transition management and discharge planning
* Enhan ced services :
  + dult education
  + Transportation
  + Housing and food
  + Recrea tiona l activities
  + Ad ju n cti ve therapies
  + Nicotin e cessa tion treatment
  + Ch ild care
  + Parent skills training

### Summary of This TIP

The following topics arc covered **in** this volum e:

***Cha pter 2- Prin ciples of Int ensi ve***

***Out pa tient Treatm ent*** presents 14 guid- ing p rincip les of IOT and the research that supports them. The principles combine the findings of substa n ce abuse research with the experiences of practiced clinic ians. The

prin ciples are drawn from Nl DA's *Principles of Drug Addiction Treatment* ( ational Institute on Drug Abuse 1999 ), but the

c hapte r focuses on iss ues t ha t are cr itica l to effective delivery of IOT services.

***Chapt er 3- Int ensive Outpati ent Treatm e nt and th e Continuum of Care*** p la ces **TOT** within a broad substance abuse treatment continuum that includes outpatient treat­ ment and continuing community care. This chapter situates IOT within the framework of ASAM's levels of care and discusses goals, intensity and dura tion of trea t ment , treat­ ment setting, and stages for Level I and

Level II ca re. The chapter discusses IOT

as both an entry point for substance abuse treatment and a tepdown or tep-up level

of care for clients and addresses the impor­ tance of transitioning clients to continuing community ·are.

***Chapt er 4-S ervices in Intensive Outp a ti ent Treatm ent Program s*** describe the core ervice a program ·hould provide and enhanced services that often are delivered on site or th ro ugh esta bli s hed li n ks wit h community-based providers. Core services include group counseling and therapy, individu al counseling, psychoeduca tion al progra mming, pharmacothcrapy and medi­ ca tion management, monitoring substa n ce use, case management, 24-hour crisis cov­ erage, ind uction into community-based support groups, medica l treatment, psych i­ atric screening and therapy, and vocationa l

training and employment ervice . Enhanced services i nclu de ad ult ed uca tion, transpor­

tatio n, ad junctive thera pies, a nd pare ntin g classes.

***Chapter 5- Treatment Ent ry and Engagement*** add resses t he co mple x and critica l processes of screening and diagnosis, pla cement, assessment, and treatment plan­ ning. The desired result of these processes is the client's engagement **in** treatment at the appropriate level of care and the implemen­ tation of treatment that addresses his or her needs. This chapter discusses specific steps in the IOT admission process, inclu ding engaging and screening the client, as es -

ing barrier to treatment, and attending to crises; it also illustra tes them in two case studies.

***Chapter 6- Famil y-Based Services*** di cu e a family systems approach to IOT that

acknowle dges and su ppo rts t he i mpo rtant role and influence of family members on treatment outcomes. The chapter includes goals and outcomes of family-based services and stra tegics for engaging families in treat­ men t. The cha p ter also describes va r iou s types of fa mi ly services (fa mily ed u ca tion , multifamily groups, family thera py, retrea ts , support groups) and clinical issues that often arise when inclu ding families in treatment,

such as unrealistic expectation s and sabo­ tag e of th e client 's recovre y.

***Chapt er 7- Clinical Issues, Chall en{!;es, and Strategies in Intensive Outpatient Treatment*** looks at i ·u es and pr oblem · that arise in clini ca l p ra cti ce and offer · olution ground­ e d **in** research and clin ica l experie n ce . The chapter covers client retention , relapse and continu ed substa nce use, family members who abu se substa nces, grou p work issues, safety and security, clien t privacy, con flicting mandates, client s who work , and bou nda ry issu es.

***Chapte r 8- / ntensive Outpatient Treatment App roa ches*** pro vides deta iled description s of es ta bli shed IOT progra m models and

approa ches. Th e chapter describes 12-S tep facilita tion, cogn iti ve- b e h a vioral , moti­ vati onal, thera peutic comm unity, atrix model, and commun ity rein forcement and conting ency management app roache .

Th e descrip tions add ress the key as pects, resea rch outcomes, and strengths and chal­ lenges of each a ppro ach .

***Chapte r 9-Adapting Intensive Outpatient Treatment for Specific Populations*** high­ lights th e flexibility and adapta bili ty of th e **IOT** model to meet the diverse needs of sp e­ cific popula tions: those involved with the crim inal ju s t ice system, women, in divid uals

with co-occurring disorders, and adolescents and youn g adults. Th e chapt er provid e · a

demographic overview of e a c h group and

disc u sses i mpli ca ti ons for TOT progra mming as well as clin ical iss ues and str ategies to use with each population.

***Cha pter 10-Addressing Diverse Populations in Int ensive Outpatient Treatment*** exam­ ines the import ance of cu ltu ra l competence to substance abuse treatment. Reviewing research that supports th e need for in di­

vidual ized tr ea tm e nt , th e ch a pt er d esc rib es p rin ciples for the delive ry of cul tur all y com­ peten t services and explor es top ics of sp ecia l concern : foreign-born client s, women from other cultu res, and religious considera tions. Sketche of d iverse popul a tion · in clud e

Hi p a ni cs/ Latino ; Afr ica n-Ameri can ; a tiv e Am e rica ns; As ia n Ame rica n s a nd

Pacific Ts la nd ers; persons with HTV/ ATOS; les ­ bian , gay, and bisexu al individu als; persons with physical or cognitive disabilities; rural populations; individu als who are homeless; and older ad ults. The sketches describe each grou p's demogra phi c chara cteris tics, sta tis tics on substa nce use, clini cal considera tions, and implication s for IOT. A ch apt er app endix contain s an extensive list of r e sources on cul­ turally competent treatment and on treatin g member of e a c h popula ti o n.

# 2 Principles of Intensive Outpatient Treatment

P rincipl e 1: :\-fake Treatment Readily Available

Principle 2: Ease Entry

Principle 3: Builcl on Existing :\lotivation

Principle 4: Enhance Therapeutic Allia nce

Pr i n1.; ip le 5: Make R e ten tio n a Priority

Principle 6: Assess and Address lndjvidual Treatment Needs

Principle 7: Provide Ongoing Care Pri nciple 8: .\fo n il or Abstinewe Principle 9: Use

:\Iu rua l-H elp and Other

Commumty-Bascd Supports

Prin cip le 10: Use Medications if In d icated

Principle 11: Edurnte About Substance Use Disorders , Recovery, and Rela pse

P rin cipl e 12: Engage Families, Emp lo yer,;, and Signi ficant Others

Principle 13: lncorporalf" Evidence-Basf"d Approaches

Principle 14: Improve Program Administration

This chapter presents 14 principles that integra te the fin dings of addiction s resea rch with the opinion of the consensus panel. By synthesizin g resea rch and pra ctice, th e consensus panel will assist

clin icia ns in applying these principles to the clinical decisions they face daily. Th e 14 prin ciples are expressed throughout this TIP in

**In This Chapter...**

th e form of sp ecifi c reco mm en d a tion s. They are s um m a ri zed here to p rovid e a concise overview of effec tiv e intensive outpatient treatment **(IOT)** p rin cip les.

The *Principles of Drug Addiction Treatm ent:* ***A*** *R esearch-Ba sed Guide*

(National Instit ute on Drug Abuse 1999 ) offers a valu ab le sta rt- ing point for the principles that are described in this chapter. The I ational lnstitute on Dru g Abuse ( lD A) principles pertain to the

full ·p ect ru m of addiction treatment moda liti e , not only to IOT . The consensus panel c hose to accentuate the prin cip les that are criti ca l

to effective IOT.

Th e 14 principle de ·crib ed in thi chapte r are 1. Make treatment readily ava ilable.

1. Ease entry.
2. Build on existing moti va tion . 4 . Enhance the ra peut ic a lli a n ce .
3. Make retention a priority.
4. Assess and address individ ual tr eatm ent needs.
5. Provid e ongoi ng care.
6. Monitor abst inence.
7. Use mutu al-help and other comm unity-ba sed supports .
8. Use medica t ions if in di ca te d.
9. Educate about substance abuse, recovery, and rela pse. 12. Engage families, employers, and significant oth ers.
10. Incorpora te evid en ce-ba se d app roaches.
11. Imp rove program administra tion.

7

## Principle 1: Make Treatment Readily Available

#### Accommodate a Wide

**Spect rum of Clients Who Are Substance Dependent**

Clinical research and practice have estab-

li ·hed that IOT i · an effect ive and viable way for indi vid u als with a range of substa nce use disorders to begi n their recove ry. Tn the 1980s, it commonly was believed that only clients who were relatively high functioning,

employed, and free of significant co-occurring psychiatric disorders could benefit from IOT and that IOT wa s not effec tive with clients

,vho were compromised by significant psy­ ch osocial stressors such as homelessness or co-occurring disorders . Today substa ntial resear ch and clinical experience in dicate that JOT can be effective for lient with a range of biopsychosocial problems, particu­ la rly when appropriat e psychiatric, medi c·a I, case management, housing, and other sup­ port services are provided.

IOT programs have adjusted successful ly to the ch a llenges of working with many special population grou p · that include

* Cli en ts who are economically disadvantaged (Grub er et al. 2000; Milby et al. 1996 )
* Clients who are psychiatrically com­ promised (Drake et al. 1998a, *1998b;* Rosen heck et al. 1998 )
* P r egn ant women (Eisen et al. 2000 ; Howell et al. 1999 )
* Individuals involved with the crimin al jus­ tice sys tem and other clien ts coerced into treatment

IOT programs have modified their treat­ ment models to be responsive to th e needs of ado lescents (Ja inch ill 2000 ) and wo men with child ren ( ardi 1998; Volpicelli et al. 2000 ). In addition, panel members have described the benefits of lOT programs with cultura lly spe ·ific component for ative American and Spanish-speaking clients and TOT ser­

vices for clients at various stages of treatment readiness. The unique needs of spec ific cli­ ent populations often can be met in IOT by

adding services an d creating linkages with other service providers.

***Comparing Inpatient Treatment With Intensive Outpatient* Treatment**

Several studies comparing intensive outpatient treatment with residential treatment have found no significant differences in outcomes (Guydish et al. 1998 , 1999; Schneider et al. 1996). Finney and colleagues (1996 ), however, in a review of 14 studies, found that the available evi­ dence tended to favor inpatient slightly over outpatient treatment. The consensus panel has concluded that clients benefit from *both* levels of care and that comparing inpatient with out­ patient treatment is potentially counterproductive because the important question is not which level of care is better but, rather, which level of care is more appropriate at a given time for each client. Matching clients with enhanced services also improves client outcomes. McLellan and colleagues (1998 ) found that compared with control subjects, clients with acce s to case managers who coordinated medical, housing, parenting, and employment services had less substance use, fewer physical and mental health proble ms, and better social function after

6 months. Tt is in the best interest of clients to have a broad continu um of treatment options available. Some clients entering IOT may be a ble to engage in treatment immediately, whereas others may need referral to a long-term residential program or a therapeutic community. Some clients can be detoxified successfully in an ambulatory setting, whereas others need residential services to complete detoxification successfully.

### Principle 2: Ease Entry

#### Make Access to

**Treatment Straightforward and Welcoming**

IOT programs need to exa min e policies and procedures to remove unnecessary hurdles in the admission process. From the moment a client or family member first contacts

the program, efforts hould be made to communicate that IOT ex.i t to erve the client. Delays in the ad mission process con­ tribute signifi ca ntly to premature dropout from treatment (Festinger et al. 2002 ). IOT programs should strive to make the initial appointment availa ble on demand.

Programs should address the following:

* Can the admission process be streamlined wit hout hu rting revenues?
* Are the progra m' s hours convenient for clients?
* How can the program facilitate transporta­ tion for clients?
* How can the program accommodate clients with child care responsibilities?
* Is the program individualizing treatment for each client?

The initial encounter with the IOT program should help the client fee l li ke a ,velcomed participant who is responsible for his or her recovery. lOT programs need to develop a trong cu tomer-focu ed orientat ion, making entry into treatment a positive and therapeu­ tic expre ie nce.

### Principle 3: Build on Existing Motivation

#### Employ Strategies That Enhance the Client's Motivation

One of the olde t, yet till urvivmg, mi con­ ceptions in the substance abuse treatment

field is the notion that people have to "hit bottom" before they can be helped.

Studie indicate that individu al who enter treatment for "the wrong reasons" (e .g., comp lying with extern al pressu res) have out­ comes that are comparable with outcomes

of those who come into treatment for the "right reasons" (e .g., personal commitment to recovery) (Lawent al ct al. 1996 ).

Internal or external pressures drive people to enter treatment. Reasons include negative con­ sequences related to substance use such as an arrest for driving under the influence, pressure from family or friends , fear that substance use is out of control, despair, job in security, or a trauma. An IOT program should accept that

a client's pre·en ce in it office indicate some desire for treatment ervice .

Rega rd less of how well or poorly motivated clients appear at treatment entry, their moti­ vation i likely to waver repea tedly over time . Both 10T programs and clients benefit when cou nselors keep c l ients min d fu l of what le d them to treatment. Counselors should try

to understand what clients care about and connect client concerns with addressing substance use. For example, if a client talks frequently about her daughter, the counselor might ask the client to consider how substance use affects her relationship with the child.

Beca use of th e cen tral im por ta n ce of motiva ­ tion in subs ta n ce abuse treatment, strategies to enhance and maintain client motivation have been a priority in substa nce abuse research. Two well-researched approache offer in ·ight in to and ·tra tegie for max..i­

mi zin g cli en t motiva tion:

* Contingency management and related behavioral intervention · *u* ·e incentive to i n crea se client reten tion in treatment

and abstinence. Contingenc,-y management in addiction treatment has been studied for more than 30 years, but recent stud­ ies have focused on how its principles can be applied in community-based settings (Bu d n ey and Higgins 1998; Higgins and Silverm an 1999 ; Katz et al. 2001; Kirby et

al. 19 99a; Petr y 20 00 ). These behavioral intervention ·tu d i es sh ow that motivation is negotiable and can be increa ed when

in cen t iv es are a p p li ed str ateg ica lly and sys­ tematically. IOT programs are encouraged to find creative ways to use in cen tives to increase treatment adherence and enhance outcomes.

* Motivational enhancement and interview­ ing are techniques wh e re b y the cou nse lor responds to client denial and resista n ce by proposing thoughtful and detailed

strategies that are designed to increase client readiness to change (CSAT *1999c;* Miller and Ro lln ick 2002; Procha ka and DiClem en te 198 4). The a pp ro ac h is based on the theory that clients being treated for substance use disorders go through five stages of change: precontemplation, con­ templation, action , relapse, and mainte­ nance. Client resistance to treatment indi­

cates that the counselor may be attempting to move th e client to the next stage too

quickly.

### Principle 4: Enhance Therapeutic Alliance

#### Implement Strategies That Build Trust Between Counselor and Client

In trea ting mental and substa n ce use dis­ orders, research repeatedly has found one factor to be particularly important in

influencing positive outcomes: therapeutic alliance (Ma rtin et al. 2000 ). l n fact, thera­ peutic alliance is one of the few a ·p ect of treatment that consiste n tly has been li n ke d v.rith in crea sed rete n tion in trea tm ent and im p rovemen t in a variety of treatment out­ comes. The achievement and maintenance of therapeutic alliance are high priorities in treatment.

Therapeutic alliance has four components (Ga ston 1991 ):

* The client's capacity to work on his or her problem
* The client' · e m oti o n al bond with the thera pist
* The th era pist 's em pa thic understanding of the client
* The agreement between client and thera- pist on the goals **and** tasks of treatment

Therapeutic alliance tends to be enhanced when clinicians are active listeners, empath­ ic, and nonjudgmental and approach treatment as an active collaboration (Merce r and Woody 1999 ).

Clinical supervisors sh ould consider the

counselors' ability to establish and maintain a therapeutic alliance wh en hiring and eva l­ ua tin g staff. Staff training and supervisio n shou ld emphasize consistently that therapeu­ tic alliance is an important element of any

cli nica l in te ra cti on . Performance monitor­ ing and quality improvement activ:itie can ca ptu re and measure da ta on therapeutic

all ia n ce , so sta ff mem bers ca n im p rove t he ir skill s at fostering this important treatment element (see CSAT 2006.f).

### Principle 5: Make Retention a Priority

#### Place a Premium on Retaining Clients

Early termination of treatment harms the client and staff morale. \Vhen clients drop out of treatment prematurely, they are at increa ed ri k of rela p e . Com pletin g a pre­ scribed treatment episo d e is assoc ia te d v.rith bett er ou tco mes, rega rd less of t he le n gt h of the tr eatm en t (Gott h eil et al. 1998 ).

Given the la rge number of clien ts who drop out in the fi rst few weeks of treatment, pro­ grams should use strategies and approaches that ensure that clients will com plete treat­ ment, such as conducting preadmission interviews (Ma rtin o ct al. 2000 ), delivering phone reminders and mailed reminders,

using phone orientations, and decreasing the initial call-to-appointment delay (Sta ·ie wicz and Sta lker 1999 ).

A major strength of **lOT** is that clients have the opportunity to cope with their illnes and make change in their behavior wh ile living at home. Tnd ividu al d ifferences in

how quickly clients adopt new behaviors call for clinica l sophistication and flexibility on the part of counselors and the program as a whole. It can be frustrating when clients do not accept immediately the clinical approach

those needs, out­ comes improve (H e r et a l. 19 99; McCa ul et a l.

2001; Mc ellan

et al. 1998, 1999).

NIDA's *Principles of Drug Addiction Treatment* notes that "matchi ng treatment settings, interventions, and

services to each

##### The achievement and maintenance of therapeutic alliance are high priorities

in treatmen t.

that the IOT program is using. Clients can be frustrated when they are forced into making major lifes tyle changes that do not yet make sense to them. Under such circumsta nces, clients may drop out. Prorg a ms need coun- eling approache that help client move toward higher levels of healthy functioning.

## Principle 6: Assess and Address Individual Treatment Needs

#### Match Treatment Services to Clients' Needs

At intake, treatmen t providers gather pre­ liminary information from clients; then , shortly after admission, programs typically comp lete a comprehensive biopsychosocial assessment. Many programs administer standardized assessments, such as lhe Addiction Severity Index (McLe lla n et al. 1992a, 1992b) as well as other specific and multidomain assessments. After collecting detailed information about clients' historie and future goal , program need to use thi i nformation to tailor treatment services to clients.

\Xlhen client have unmet p ychiatric, medi­ cal, lega l, housing , socia l, fa mil y, or other personal needs, their a bi lit y to focus on recovery can be comp romised. When pro­ grams match the individual treatment needs of clients to treatment services that address

individual's particular problems and need · i cr iti cal to hi o r h er u l ti ma te ucces in retu rn i ng to prod uctive functioning in the fami ly, wor kp 'la ce, and s ociety " ( ational Institute on Drug Abuse 1999, p. 3). IOT programs need to find increasingly effic ient strategies for assessing treatment needs and implementing individualized care plans.

## Principle 7: Provide Ongoing Care

#### Employ a Chronic Care Model, Adjusting Intensity According to Clients' Needs

A substance use disorder is a complex bio­ psychosocial illness that is not amenable to a quick fix. In addition to their substance use disorders, clien ts oflen have significant psychiatric disorders, criminal involvem en t, histories of physical and sexual tra uma, seri­ ous medical illnesses, or profound economic challenges or are homeles . l OT programs contribute to ·ocie ty when they ucces ·fully ass ist clients in improving their abili ty to function in the com mu nity , in the wor kpl ace, and in their families. The successful initia­ tion and maintenance of this transformation require sustained and conscientious efforts by the client , his or her support system, and a clinical team.

Substance abuse is a chronic illness similar in many respects to other chronic diseases

such as asthma, diabetes, and hyperten- sion (McLe lla n et al. 200 0). Dur in g the ea rl y pha e of treatment, inten ·ive in tervention · may be r eq u ired , inc lu d ing hospitaliza- tion. As the client's condition changes, the intensity of treatment gradually can be increased or decreased depending on the

client's condition. Eventually client care may be reduced to periodic checkups that evalu­ ate the client's status and adjust treatment accordingly. A substance use disorder often is treated as if it were an acute illness that responds to a brief, acute course of treat­ ment. Frequently, a 6-week l OT ex.l)erience

i not followed by a stepped-down pha e of counseling session s. For many cli en ts, this abrupt shift from intensive treatment to dis­ charge is destabilizing. Beca u se substance abuse is a chronic condition and relapse

is always a possib ili ty, IOT programs are encouraged to examine how they can provide smoother stepdown processes and con tin u­ ing care services that are responsive to the

chr on ic nature of substance use d isord ers .

Following their successful complelion of an intensive phase of treatment, clients should be eva l uated for their readiness to

be transferred to less intensive levels of ca re . Gradually, clients ·h o uld be transitioned from ·everal therapeutic contact per week to weekly contact to semi m on th ly contact

and so on. T he concept of graduation shou ld be refr a me d to convey clearly-as it is in col­ leges and universities-not an ending but a commencement or a new beginning.

### Principle 8: Monitor Abstinence

#### Recognize the Progress That Clients Make in Achieving and Maintaining Abstinence

Programs might consider requiring 30 days of abstinence before transitioning clients to a less intense level of care because extended abstinence is associated with positive long-

term outcomes (McKa y et al. 1999 ). Although it i · true that not all clients readily can achieve ab tinence without rela p ing a few

tim es, it also is true that outcomes are best for those clients who have stopped using drugs and have submitted a drug-fr ee urine sample before entering treatment (E h rm a n et al. 2001 ). To monitor abstinence, IOT programs should use urine drug screens,

Br ea th a lyzerr,• tests, or other laboratory tests to confirm self-reported abstinence. Urine drug screens can be an effect ive adjunct in treatment and can contribute to improved treatment outcomes (Na tion al In sti tu te on Drug Abu e 1999). Although cost con ider­ ation s may li m it t h e frequency of u rine drug screens and Br ea th a lyzer tests, the consensus panel strongly encourages the use of these objective measures of abstinence.

### Principle 9: Use Mutual-Help and Other Community­ Based Supports

#### Assist Clients in Successfully Integrating Into Mutual-Help and Other Community-Based Support Groups

Participation in mutual-help program ·, su ch a 12-Step program and treatment pro­

grams that facili ta te 1 2-Step m em bersh ip ,

is associated with better outcomes t ha n par­ ticipation in types of treatment that do not facilitate 12-Step membership (H u m p h reys et al. 199 7; Moos et al. 1999 ; Project MATCH Resea rch Group 1997; Vailla nt

198 3; see McCrady and Miller 1993, for a review of the Alcoholics Anonymous [AA] research literat ure). Clients who become involved in 12-Step programs after they step dovm from IOT tend to do significantly bet­ ter than tho e who do not participate in ·u ·h programs (Moos et al. 1999 ). TOT programs

shou l d fa ci lita te cli e nts ' becoming in tegr ated

successfully into healthy, community-based mutual-help groups, such as AA

( rw.alcoh olic -anonymou .org) and Narcotics Anonymous ( A) (www.n a.org), during treatment. IOT programs should assist clients directly in locating a home group and a sponsor and in becoming ori­ ented to the culture of 12 -Step programs.

It is not sufficient simply to refer clients to AA or other 12-Step groups. Just as a physi­ cia n works with patients to find the right medication and dosage, counselors need to help clients identi fy the right type of meeting and frequency of attendance (F orman 2002 ). Just as patients often have un wa nt ed side effects from medications, particularly when they first start taJcing them, client who begin attending 12-Step and other mutual-help groups often exper ien ce some minor side effects. IOT programs can help clients mini­ mize the negative side effects by providing orientation and support as clients adjust to this important treatment element. (Th ere are many 12-Step meetings for the family, such as Al-Anon/Ala teen [[www.al-anon.alateen.](http://www.al-anon.alateen/) org] and ar-Anon [na ra non.com], as well as groups for compulsive behaviors such as sex, gambling, spending, and eating.)

Many indi vid uals who are substa nce depen­ dent find abstinence through participation in faith-based organizations, and many reli­ gious group · offer suppo rt for individuals who are eelcing recovery. Other individual

## Principle 10: Use Medications if Indicated

#### Use Appropriate Medications To Manage Co-Occurring Substance Use and Psychiatric Disorders

A substantial percentage of clients with sub­ stance use disorders also have co-occurring psychiatric condition s (Kessler ct al. 1996 ;

arlowe et al. 1995 ). Psychiatric medications are critically important in the treatment of these co-occurrin g conditions (Ca rro ll 1996a; Drak e et al. 1998b; Minkoff 1997 ). Id ea lly,

l OT sh ould provide psychiatric evaluation and medication management on site. If fund­ ing limit ations make it impossible to offer this care on site, then efficie nt and function­ ing links with mental health providers need to be maintained.

Resista nce to the use of psyc hiatr ic medi­ cations by substance abuse treatment clinicians is gradually being replaced by an appreciation for the valuable role these medications can

play when used

appropria tely. ubstance abuse

Likewise, both NA

and AA hi storical ly is a chronic ill ness

had been aver e to

have benefited from support groups such as Ra tion a l Recovery (www.ra tion a l.org ), S m art Recovery (www.sm artrecovery.org), or Women for Sobriety (www.women forsobrie ty.org)

that offer an alternative to 12-Step meetings. Giving clients a choice of support groups is empower in g because it enables them to make informed decisions.

medication of any kind, but both have pu b l is hed state­ ments supporting the appropriate

use of medica­ tions (Alcoholics Anonymous World Services 1991; Narcotics

Anonymous 1998 ).

##### similar...to other chronic diseases such as asthma, dia betes, and hypertension.

A number of pharmacotherapies have been shown to be effective adjuncts to the treat­ ment of substance abuse. Naltrexone has

been effective with some people who are alcohol dependent (Gu ardia et al. 2002). However, a multi ·ite tudy by Kry tal and collea gues (20 01) found that nal tr exone was not effective in treating men with chronic, severe alcohol dependence. under certain conditions, naltrexone has been effective

in trnating individuals addicted to opioids (Corn ish ct al. 1997). Sim ila rly, di sulfira m (Anta buse " ) has been an effective adjunct in the treatment of alcoholism (O'Fa rrell et al. 1998 ). Some IOT programs have im pl e-

mented treatment tracks for cli-

Ideally, IOTs should provide

ent maintained on methadone. Buprenorphine (Lin g et al. 1998;

O' Con nor et

sources mentioned throughout this volume, but a good sta rting place is cha pter 4 of

TIP 33, *Treatment for Stimula nt Use Disorders* (CSAT 1999e ). IOT programs

are encouraged to develop recovery curricula for clients (or use one already developed)

and to facilitate opportunities for clients to practice recovery skills while in treat­ ment . Substance refusal training, stress

management, assertiveness training, relapse prevention, and relaxation training are important behavioral technique that can be incorporated into IOT programs (Ca rr oll

1998; CSAT 1999e; Da le y 2001, 2003; Marlatt

and Gordon 1985; Mercer and Woody 1999 ). Clients should be provided with up-to-date information about the biology of substance use disorders, mutual-help progra ms, and appropriate use of medications.

##### psychiatric evaluation

and medication

al. 1998) and buprcnorphinc combined with nal- oxone (F udala et al.

Given the significant body of informa- tion that clients might need to support their recover y, programs are encouraged

management on site. 1998; Mendelson et

al. 1999) are now available for the

treatment of opioid dependence and can be prescribed at TOT programs that have medi­ cal personnel on staff.

### Principle 11: Educate About Substance Use Disorders, Recovery, and Relapse

#### Provide Clients and Family Members With Information About Substance Use Disorders, Recovery Skills, and Relapse Prevention

An important task i n TOT is educa ti ng clients about substance use disorders and the skills they need to live comforta bly in recovery. A wealth of accurate, free information about substance abuse and recovery skills is avail­ able to clinicians thr ough Web sites and other

to exp lor e the use of videotapes, written

materials, and Web-based resources to help clients und ersta nd addiction and recovery . Consid era tion should be given to multiple approache to educating client , in luding lectures, discussions, workbook assignments, be ha viora l rehearsals or role plays, and daily logs or journ als. Evaluation processes, such as feedback sessions, that monitor the clients' comprehension of key recovery skills

are needed.

### Principle 12: Engage Families, Employers, and Significant Others

#### Include Others Throughout the Treatment Process

The therapeutic involvement of families throughout the recovery process is associ­ ated with improved treatment outcomes (Ep stein and McCrady 1998; McCrady et al. 1999; O'Farrell and Fals-Stewart 2003;

zapocznik and Williams 2000; Whit e et al.

1998; Winters et al. 2002 ). Families can be a vital resource and a ource of support and encouragement. Conver ·el y, familie al o

can i nflue nce the client a d versely and under­ mine recovery. All clients are pa;t of a group that functions as a "family" and as such are subject to the values, tra ditions, and culture of that family. IOT programs can marshal families' powerful positive influences or counter their negative influences by educat­ ing, counseling, and providing therapeutic family services . Referrals to therapists and organizations that provide family therapy hould be considered when family therapy i unavailable in the IOT progra m.

When an individual has been referred for treatment by an employee assi ·ta nce or stu­ dent as i tance program, repre entative of the employer and school can play a potent role in supporting adherence to the treat­ ment plan and ongoing recovery.

### Principle 13: Incorporate Evidence­ Based Approaches

#### Seek Out Evidence-Based Training Opportunities and Materials

Over the past 30 years a number of treat­ ment approaches have been developed,

te ted, and demon ·tra ted to be effective in a variety of etting (see chapter 8 for more i nformation). These approaches include

* Cognitive-behavioral therapy (Ca rr oll 1998 )
* Motivational enhancement therapy (CSAT 1999c; Miller and Roll nick 2002; Prochaska and DiClemente 1984 )
* Individual drug counseling (Mercer and Woody 1999 )
* Relapse prevention training (Ca rr oll et al. 1998 ; Daley 2001 , 2003 · Daley and Marlatt 1997; Daley el al. 2003 )
* Contingency management and incentives (Bud ney and Higgins 1998 ; Petry 2000)
* 12-Step facilitation ( owinski et al. 1992 )
* Case management (McLella n et a l. 1998 , 1999 )

IOT programs can adopt methods from these various treatment interventions. lDA, the ational In titute on Alcohol Abu e and

Alc oholis m (NTAAA ), and t he Center for Substance Abuse Treatment (CS T) have published man uals about these approaches, and most of these manuals are available free of charge. A number of other evidence­ based manuals arc listed throughout this TIP, including documents from NIAAA Project MATCH and CSAT's Addiction Technology Transfer Centers and other CSAT pu blica tions .

Some counselors who enter the substance abuse treatment profession do not have extensive tra ini ng. For th em, the needed skill are learned on the job. Evidence-

ba ed manuals ummarize the experience of knowled geable cli nic ia ns and research­ ers, passing on effective techniques and approaches that have been refined over the years. Not all IOT programs are the same­ some achieve bet1er outcomes than others.

IOT programs can improve their outcomes by successfully in corpora ting evidence-based approaches. The consensus panel encourag­ es the use of evidence-based approaches as a means of improving treatment outcomes.

### Principle 14: Improve Program Administration

#### Focus on Financial, Information, and Human Resource Management

Clinicians frequently are promoted into the role of **IOT** program director without any formal training in how to function as an administrator. The tasks of management differ ignificantly from tho e of a clinician, and the tra nsit io n from one role to the other is not a lways a smooth or natu ra l o ne. TOT

managers focus on the progra m's finances, regulato ry complia nce, human resource

management, information managemen t, administrative report prepa rat ion, and a host of other tasks that were not in their list of re spon sibilitie s as clini cia ns. **TIP**

46, *Substance Abuse: Administ rative Issues in Outpati ent Treatment* (CSAT 20061), addres e the administrative i ue that IOT managers need to master to ma nage pro­ grams effec tiv ely.

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