



## Editor's Note On

# TIP 47, *Substance Abuse: Clinical Issues in Intensive Outpatient Treatment*

2017

Published in 2006, Treatment Improvement Protocol (TIP) 47 contains much information that remains useful to today's reader. Intensive outpatient remains a relevant treatment modality: a 2014 review of 12 studies found strong and consistent evidence that intensive outpatient programs reduce alcohol and drug use from baseline to follow-up.<sup>1</sup> The review also found that there is little difference in outcomes between intensive outpatient programs and inpatient or residential programs for most patients.

Noted below are several topical areas in the TIP where more current information and resources enhance or supplant the content found in the published TIP.

The percentage of substance use treatment programs offering intensive outpatient treatment has remained steady since TIP 47 was published: 45 percent in 2006 and 46 percent in 2016.<sup>2,3</sup>

## Clinical Updates

The Consensus Panel was not reconvened to review and update the clinical information in TIP 47. A literature search covering 2011 to mid-2017 found little information that would affect the recommendations in the TIP. A few changes that affect the provision of intensive outpatient treatment are described below.

### *Diagnostic and Statistical Manual of Mental Disorders*

TIP 47 makes occasional reference to the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).<sup>4</sup> The current version, DSM-5,<sup>5</sup> differs significantly from previous versions in many ways. The American Psychiatric Association has published several useful [fact sheets](#) that explain changes in the new edition.<sup>6</sup>

Appendix 5-B, Instruments for Determining Substance-Related and Psychiatric Diagnoses, includes six instruments that used DSM-IV criteria. One of those has been updated to use DSM-5 criteria: the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I), Clinical Version. It has been replaced with the [Structured Clinical Interview for DSM-5 \(SCID-5\)](#) (Clinical Version; SCID-5-CV). Also available is the Structured Clinical Interview for DSM-5 Personality Disorders (SCID-5-PD).



## Placement Criteria

In 2013, the American Society of Addiction Medicine published a revised edition of its patient placement criteria: [\*The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, \(3rd ed.\)\*](#).<sup>7</sup>

## Pharmacotherapy

There have been several medication advances and changes in practice since the TIP was published, including the following:

- Levo-alpha-acetyl-methadol is no longer used in clinical practice to treat opioid use disorder.<sup>8</sup>
- An injectable extended-release formulation of naltrexone (Vivitrol) was approved by the Food and Drug Administration to treat alcohol use disorder in 2006; it was approved to treat opioid use disorder in 2010.
- Two new formulations of [buprenorphine](#) (Zubsolv sublingual tablets and Bunavail buccal film) provide higher bioavailability of buprenorphine than other formulations. Higher bioavailability means that more buprenorphine enters the bloodstream, allowing for lower doses.<sup>9</sup>

See the Additional Resources section for more information.

## Continuing Care

Since TIP 47 was published, the concept of continuing care has evolved. The concept described in the TIP is an acute care model of finite step-down counseling followed by mutual-help groups after “formal” treatment ends. Experts now recommend a long-term, recovery-oriented system of care (ROSC), rather than discrete treatment episodes. See Additional Resources for more information.

“ROSCs support person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families, and communities to take responsibility for their sustained health, wellness, and recovery from alcohol and drug problems. ROSCs offer a comprehensive menu of services and supports that can be combined and readily adjusted to meet the individual’s needs and chosen pathway to recovery. ROSCs encompass and coordinate the operations of multiple systems, providing responsive, outcomes-driven approaches to care.”<sup>10</sup>

## Technology

One clinical innovation that has developed since the publication of TIP 47 is the application of internet technology to behavioral health treatment.

For example, a pilot study was conducted to explore the feasibility of using avatar-assisted therapy (AAT) in outpatient substance use treatment groups.<sup>11</sup> AAT is an emerging technology that allows clients and clinicians to participate in group therapy sessions from various distant locations by using the internet. The group session occurs as both clients and clinicians are represented by avatars (animated figures) interacting in real time, in a three-dimensional virtual environment, on a secure server.

The study concluded that clients were both interested and engaged in the virtual group and that the use of AATs is a feasible way to extend treatment to individuals who have difficulty accessing traditional (face-to-face) treatment groups or who prefer the level of anonymity that AAT allows.<sup>11</sup>

## ***Military Service Members***

Since TIP 47 was published, thousands more military service members have been deployed in the Global War on Terror, including Operation Iraqi Freedom and Operation Enduring Freedom. Substance use treatment programs are likely to be seeing military clients and their families. Although illicit drug use is lower among military personnel than among civilians, heavy alcohol use and prescription medication misuse are more prevalent.<sup>12</sup> Working with service members requires an understanding of military culture and of the myriad of issues returning service members (and their families) face. The Additional Resources section provides sources of training and information.

## **Regulatory Update**

On January 18, 2017, changes to 42 CFR Part 2, the federal regulations governing the confidentiality of substance use disorder patient records, were published as a [Final Rule](#) (82 FR 6052; effective date February 17, 2017). The changes were made to “facilitate health integration and information exchange within new health care models while continuing to protect the privacy and confidentiality of patients seeking treatment for substance use disorders.”<sup>13</sup>

## **Additional Resources**

Potentially useful resources not listed in TIP 47 or mentioned above are listed below.

***Resources From SAMHSA*** (SAMHSA publications are available through <https://store.samhsa.gov>)

[\*Advisory: Sublingual and Transmucosal Buprenorphine for Opioid Use Disorder: Review and Update\*](#)

[\*Bringing Recovery Supports to Scale Technical Assistance Center Strategy \(BRSS TACS\), Training and Technical Assistance\*](#)

[\*Clinical Use of Extended-Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide\*](#)

[\*Core Competencies for Peer Workers in Behavioral Health Services\*](#)

[\*Guiding Principles and Elements of Recovery-Oriented Systems of Care: What do we know from the research?\*](#)

[\*TIP 51: Substance Abuse Treatment: Addressing the Specific Needs of Women\*](#)

[\*TIP 56: Addressing the Specific Behavioral Health Needs of Men\*](#)

[\*TIP 59: Improving Cultural Competence\*](#)

[\*The Role of Recovery Support Services in Recovery-Oriented Systems of Care: White Paper\*](#)

## ***Working With Military Service Members***

The [Center for Deployment Psychology](#) offers resources for providers working with military personnel and families, including webinars and self-paced online training on topics such as military culture, posttraumatic stress disorder, and evidence-based practices.

<http://deploymentpsych.org>

The [Community Provider Toolkit](#) helps link community providers with behavioral health and wellness resources and information that will be helpful when working with veteran clients.

[www.mentalhealth.va.gov/communityproviders/index.asp](http://www.mentalhealth.va.gov/communityproviders/index.asp)

## Notes

- 1 McCarty, D., Braude, L., Lyman, D. R., Dougherty, R. H., Daniels, A. S., Ghose, S. S., & Delphin-Rittmon, M. E. (2014). Substance abuse intensive outpatient programs: Assessing the evidence. *Psychiatric Services*, 65(6), 718–726.
- 2 Substance Abuse and Mental Health Services Administration. (2007). *National Survey of Substance Abuse Treatment Services (N-SSATS): 2006. Data on substance abuse treatment facilities*. DASIS Series: S-39, HHS Publication No. (SMA) 07-4296. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- 3 Substance Abuse and Mental Health Services Administration. (2017). *National Survey of Substance Abuse Treatment Services (N-SSATS): 2016. Data on substance abuse treatment facilities*. BHSIS Series S-93, HHS Publication No. (SMA) 17-5039. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- 4 American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- 5 American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- 6 American Psychiatric Association. (2013). DSM-5 fact sheets [Webpage]. Retrieved August 27, 2017, from [www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/dsm-5-fact-sheets](http://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/dsm-5-fact-sheets)
- 7 Mee-Lee, D., Shulman, G. D., Fishman, M. J., Gastfriend, D. R., & Miller, M. M. (Eds.). (2013). *The ASAM Criteria: Treatment criteria for addictive, substance-related, and co-occurring conditions* (3rd ed.). Carson City, NV: The Change Companies.
- 8 Mattick, R. P., Breen, C., Kimber, J., & Davoli, M. (2014). Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence. *Cochrane Database of Systematic Reviews*, 2014(2), i–84. doi:10.1002/14651858.CD002207.pub4
- 9 Substance Abuse and Mental Health Services Administration. (2016). Sublingual and transmucosal buprenorphine for opioid use disorder: Review and update. *Advisory*, Vol. 15, Issue 1.
- 10 Kaplan, L. (2008). *The role of recovery support services in recovery-oriented systems of care* (p. 8). HHS Publication No. (SMA) 08-4315. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- 11 Gordon, M. S., Carswell, S. B., Schadegg, M., Mangen, K., Merkel, K., Tangires, S., & Vocci, F. J. (2017). Avatar-assisted therapy: A proof-of-concept pilot study of a novel technology-based intervention to treat substance use disorders. *American Journal of Drug and Alcohol Abuse*, 43(5), 518–524.
- 12 National Institute on Drug Abuse. (2013). *DrugFacts: Substance abuse in the military*. Retrieved August 10, 2017, from [www.drugabuse.gov/publications/drugfacts/substance-abuse-in-military](http://www.drugabuse.gov/publications/drugfacts/substance-abuse-in-military)
- 13 Substance Abuse and Mental Health Services Administration. (2017). *New rule improves the exchange of medical information in ways that protect the privacy of people receiving substance use treatment* [Press release]. Retrieved August 7, 2017, from [www.samhsa.gov/newsroom/press-announcements/201701131200](http://www.samhsa.gov/newsroom/press-announcements/201701131200)

This publication lists nonfederal resources to provide additional information to consumers. The content and views in these resources have not been formally approved by the Substance Abuse and Mental Health Services Administration (SAMHSA) or the U.S. Department of Health and Human Services (HHS). Listing of these resources does not constitute an endorsement by SAMHSA or HHS.