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Brief Summary

GUIDELINE TITLE

Substance abuse: Clinical Issues in Intensive Outpatient Treatment.

BIBLIOGRAPHIC SOURCE(S)

Center for Substance Abuse Treatment. Substance abuse: clinical issues in intensive outpatient treatment. Rockville (MD): **Substance Abuse &** Mental Health improvement protocol (TIP 47)

GUIDELINE STATUS

This is the current release of the guideline.

Method of Authorship and Development: After selecting a topic, the Center for Substance Abuse Treatment (CSAT) invites staff from pertinent Federal agencies and national organizations to be members of a resource panel that recommends specific areas of focus as well as resources that should be considered in developing the content for the Treatment Improvement Protocol (TIP). These recommendations are communicated to a consensus panel composed of experts on the topic who have been nominated by their peers.

Consensus panel members participate in a series of discussions. The information and recommendations on which they reach consensus form the foundation of the SAMHSA TIP. The members of each consensus panel represent substance abuse treatment programs, hospitals, community health care centers, counseling programs, criminal justice and child welfare agencies, and private practitioners. A panel chair (or co-chairs) ensures that the contents of the TIP mirror the results of the group's collaboration.

SCOPE

DISEASE/CONDITION(S)

Substance use disorders (substance abuse)

GUIDELINE CATEGORY

Counseling
Evaluation
Management
Screening
Treatment

CLINICAL SPECIALTY

Family Practice
Psychiatry
Psychology

INTENDED USERS

Advanced Practice Nurses
Allied **Health** Personnel
Physician Assistants

Physicians
Psychologists/Non-physician Behavioral Health Clinicians
Substance Use Disorders Treatment Providers

GUIDELINE OBJECTIVE(S)

To help clinicians address the expansion of intensive outpatient treatment represented by the development and adoption of new approaches to treat a wider variety of clients

TARGET POPULATION

Clients who abuse alcohol and other drugs

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

What follows is the executive summary of the guideline; for more detailed information on the recommendations, please see the current SAMHSA document.

BRIEF SUMMARY CONTENT

Executive Summary: Continuum of Care and Intensive Outpatient Treatment (IOT) Services

An IOT program is most effective at helping its clients if it is part of a continuum of care. The American Society of Addiction Medicine has established five levels of care: medically managed intensive inpatient, residential, intensive outpatient, outpatient, and early intervention. In addition, continuing community care (e.g., 12-Step support groups), which a client participates in after the conclusion of formal treatment, is another important level of service. A continuum of care ensures that clients can enter substance abuse treatment at a level appropriate to their needs and step up or down to a different intensity of treatment based on their responses.

- Clinicians enhance the capabilities of their programs when they are informed about and willing to refer clients to other treatment providers.

Close monitoring of clients' progress toward treatment goals is key to determining when they are ready for the next appropriate level of care. Any transition in treatment increases the likelihood that a client will drop out. A step-up or step-down in treatment intensity in the same program or a referral to a nonaffiliated provider can be disruptive for the client. Mee-Lee and Shulman (2003) recommend that a continuum of care feature seamless transfer between levels, congruence in treatment philosophy, and efficient transfer of records. Clinicians need to be thoroughly familiar with local treatment options, including support groups, so that they can orient clients as the clients transition to new treatment situations.

Services integral to all IOT programs are CORE SERVICES. The consensus panel believes that these core services, such as group and individual counseling, psychoeducational programming, monitoring of drug use, medication management, case management, medical and psychiatric examinations, crisis intervention coverage, and orientation to community-based support groups, are indispensable and should be available through all IOT programs. Additional services that are offered at the program site or through links with partner organizations are enhanced services. This concept is flexible, and what might be considered enhanced services for some programs may be essential services for a program with a different client population. (Clients whose first language is not English might need language classes to find work and participate in mutual-help groups, whereas a program that primarily serves native speakers would have little call for such a service.)

Enhanced services include adult education classes, recreational activities, adjunctive therapies (e.g., biofeedback, acupuncture, meditation), child care, nicotine cessation treatment, housing, transportation, and food.

INTERVENTIONS AND PRACTICES CONSIDERED

Management/Screening/Treatment

1. Incorporation of main principles into intensive outpatient treatment (IOT) programs
2. Incorporation of IOT services into the continuum of care for substance abuse
3. Monitoring of clients' progress toward treatment goals
4. Provision of core services, including group and individual counseling, psychoeducational programming, monitoring of drug use, medication management, case management, medical and psychiatric examinations, crisis intervention, and orientation to community-based support groups
5. Provision of enhanced services, including adult education classes, recreational activities, adjunctive therapies (e.g., biofeedback, acupuncture, meditation), child care, nicotine cessation treatment, housing, transportation, and food
6. Consideration of entry, engagement, and treatment issues
    - Assessing clients' potential readiness for change
    - Strategies for motivating clients to enter and continue treatment, client retention
    - Consideration of barriers to treatment
    - Individualized treatment plan
7. Use of appropriate treatment approaches
    - Family involvement
    - 12-Step facilitation approach
    - Cognitive-behavioral therapy
    - Motivational approaches
        - Motivational interviewing
        - Motivational enhancement therapy
    - Therapeutic community approaches
    - The Matrix model
    - Contingency management and community reinforcement

8. Treating different populations
    - Clients in the justice system
    - Women clients
    - Clients with co-occurring disorders
    - Adolescents
    - Ethnic and racial minority clients
    - Foreign-born clients
    - Clients of non-Christian faiths

Entry, Engagement and Treatment Issues

Many clients who enter substance abuse treatment drop out in the early stages. **Entry and engagement** are crucial processes; how an IOT program addresses them can influence strongly whether clients remain in treatment. Client intake and engagement can involve contradictory processes such as collecting intake information from clients while initiating a caring, empathic relationship.

- **Balancing administrative tasks and therapeutic intervention is a challenge clinicians face during a client's first hours in an IOT program.** To help clinicians achieve that balance, the consensus panel recommends assessing potential clients' readiness for change and using strategies that motivate them to enter and continue treatment. Clinicians should begin to establish a therapeutic relationship as soon as clients present themselves for treatment. Any barriers to treatment must be addressed. Based on screening and assessments, clients should be matched with the best treatment modality and setting to support their recovery. An individualized treatment plan should be developed with the cooperation of the client to address the client's needs.

- **Client retention is a priority throughout treatment.** The consensus panel draws on research and the experience of practiced clinicians to address the issues of engagement and retention. Clients can become distracted from recovery if family members continue to use substances, boundaries between clients and staff are not established clearly, work conflicts with treatment, or they receive incompatible recommendations from different service systems.

- **Clinicians need to know how to ensure the privacy of their clients and the safety and security of the program facility while maintaining open and productive therapeutic relationships with their clients.**

- **Clinicians also need to be familiar with common issues that can derail clients in group therapy such as intermittent attendance and other clients who are disruptive, ambivalent, or withdrawn.** When clinicians understand and prepare for these problems, their clients have a better chance of being retained in and benefiting from treatment. A major factor in client retention is the quality of the relationship between client and counselor. The client is more likely to do well in treatment if a strong therapeutic alliance exists.

Treatment Approaches Used in IOT

IOT is compatible with different treatment approaches.

- **Involving clients' families in their recovery is an effective strategy.** Substance-using behavior may be rooted in part in a client's family history—whether family of origin or family of choice. Families can play a crucial role in a client's recovery. Providers should prepare for family involvement, education, and other services so that family members can support recovery. Family involvement in treatment has been linked to positive outcomes for clients in substance abuse treatment.

- For IOT providers, **adopting a family systems approach** means including family members in every stage of treatment: the intake interview, counseling sessions, family dinners or weekends, and graduation celebrations. If family members are to support a client's recovery, they must be disabused of unrealistic expectations and learn about relapse prevention.

- IOT providers should consider offering **family education groups, multifamily groups, and family support groups.** If family therapy (which in most States requires a licensed, master's-level clinician) is warranted and an IOT clinic cannot offer it, referral relationships can be developed with an organization that provides individual family therapy, couples therapy, and child-focused therapy.

Different Treatment Approaches

Providers should be familiar with the strengths and challenges of different treatment approaches so they can serve their clients better by modifying and blending approaches as necessary.

- **The 12-Step facilitation approach is common in the treatment environment.** Twelve-Step-oriented treatment helps clients achieve abstinence and understand the principles of Alcoholics Anonymous and other 12-Step groups through group counseling, homework assignments, and psychoeducation. The 12-Step approach emphasizes **cognitive, behavioral, spiritual,** & recovery and is effective with many different types of clients.

- **Cognitive-behavioral therapy** focuses on teaching clients skills that will help them understand and reduce their relapse risks and maintain abstinence. Clients must be motivated and counselors must be trained extensively for cognitive-behavioral therapy to succeed.

- **Motivational approaches,** such as motivational interviewing and motivational enhancement therapy, also rely on extensive staff training and high levels of client self-awareness. Through empathic listening, counselors explore clients' attitudes toward substance abuse and treatment, supporting past successes and encouraging problem- solving strategies. These approaches are client centered and goal driven and encourage client self-sufficiency.

- **Therapeutic community approaches are used most often in residential settings but have been adapted for IOT.** In therapeutic community approaches, a structured community of clients and staff members is the main therapeutic agent—peers and counselors are role models, the work at the facility is used as therapy, and group sessions focus on self-awareness and behavioral change.

  The intensity of the treatment calls for extensive staff training and can result in high client dropout. However, therapeutic communities have proved successful with difficult clients (e.g., those with long histories of substance use and those who have served time in prison).

- **The Matrix model** integrates a number of other treatment approaches, including mutual-help, cognitive-behavioral, and motivational interviewing. A strong therapeutic relationship between client and counselor is the centerpiece of the Matrix approach. Other features are learning about withdrawal and cravings, practicing relapse prevention and coping techniques, and submitting to drug screens.

- **Contingency management and community reinforcement approaches encourage clients to change behavior; these approaches reinforce abstinence by rewarding some behaviors and punishing others.** Programs select a goal that is reasonable, is attainable, and contributes to overall treatment objectives and then reward small steps the client makes toward that goal.

  Contingency management and community reinforcement approaches have been successful with clients who have chronic substance use disorders, when the costs for staff training and incentives can be addressed.

Treating Different Populations

Many of the approaches used in IOT programs were developed to treat substance use disorders in White, middle- class men. Adaptations to these approaches are necessary to treat a variety of clients such as those in the justice system, women, clients with co-occurring disorders, and adolescents.

- **Increasing numbers of people with substance use disorders are involved with the justice system.** Justice agencies and treatment providers need to work closely with each other, communicating clearly and coordinating their efforts. Cooperation of a different kind must exist between clinicians and clients. **Therapeutic alliance is especially important when working with clients in the justice system who may have difficulty trusting a clinician and forming meaningful relationships outside the criminal environment.**

- **The number of treatment programs for women is increasing. These programs add enhanced services designed to address substance abuse in the context of pregnancy and parenting, self-esteem issues, and histories of physical, sexual, and emotional abuse.** To treat women, clinicians often avoid confrontational techniques and focus on providing a safe and supportive environment with clearly established boundaries between client and counselor.

- **Many people with co-occurring and substance use disorders are not receiving appropriate care and find themselves shuttling between psychiatric and substance abuse treatment, caught between two systems.** Integrated treatment attends to both disorders together, adapts standard interventions to allow for clients' cognitive limitations, and provides comprehensive services to care for both disorders. Programs that do not adopt an integrated approach are advised to coordinate services with mental health providers.

- **A comprehensive approach to services also is important for adolescents who are using substances.** Adolescents experience incredible upheaval in their lives and often need habilitation rather than rehabilitation. Many are in treatment for the first time and need to be oriented to treatment culture. Because adolescents often are living at home, family involvement is crucial. A behavioral contract—stipulating desired behaviors and rewards—and case management—addressing medical, social, and psychological needs—are also beneficial treatment tools.

- IOT programs are being called on to serve an **increasingly diverse client population**. Almost one-third of Americans belong to an ethnic or racial minority group, and more than 10 percent of the U.S. population was born outside the country. Although there is widespread agreement that clinicians should be culturally competent, no consensus exists about what cultural competence means.

  As a starting point, clinicians should understand how to work with someone from outside their own culture and strive to understand the specific culture of the client being served. Whereas the ability to treat clients from outside one's culture is an extension of the skills of a good clinician, understanding the cultural context of individual clients is more demanding. Clinicians need to strike a balance between a broad cultural background and the specific cultural context of a client's life; an observation that is applicable to a large

group may be misleading or harmful if applied to an individual.

- For **foreign-born clients,** level of acculturation often is an issue. Most research shows that the more acculturated clients are, the more their substance use approximates U.S. norms. Programs that serve substantial numbers of foreign-born clients may consider offering language-specific programs and linking clients to language classes, job training, and employment services. Clients from other cultures may be averse to the emphasis on self-disclosure and self-sufficiency in substance abuse treatment. Counselors must be prepared to work within the client's value system, which may be at odds with values promoted by the treatment program.
- Likewise, programs should ensure that program practices and materials do not pose a barrier to clients of **non-Christian faiths**. Many mutual-help programs have a strong Christian element; clients from other faiths should be informed of this orientation and provided with information about secular or religion-specific mutual-help groups.

Other general guidelines for programs that treat clients from other cultures include assessing policies and practices to spot potential barriers for diverse clients, training staff members in cultural competence, providing materials at an appropriate reading level or translating materials into clients' languages, and using outreach to promote awareness of the program.

The consensus panel offers an extensive list of resources for further research as well as demographic, substance use, and treatment information on members of racial and ethnic groups; persons with physical or cognitive disabilities; persons with HIV/AIDS; persons who are lesbian, gay, or bisexual; rural populations; and homeless populations. These resources are found in appendix 10-A in the original guideline document.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence supporting the recommendations is not specifically stated.

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Center for Substance Abuse Treatment. Substance abuse: clinical issues in intensive outpatient treatment. Rockville (MD): Substance Abuse and improvement protocol (TIP); Services Administration (U.S.) - Federal Government Agency [U.S.]

SOURCE(S) OF FUNDING

United States Government

GUIDELINE COMMITTEE

Treatment Improvement Protocol (TIP) Series XX Consensus Panel

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Panel Members: Robert F. Forman, PhD (*Chair*), Clinical Scientist, Medical Affairs, Alkermes, Inc., Cambridge, Massachusetts, Formerly Senior Investigator, Treatment Research Institute, Assistant Professor of Psychology in Psychiatry, School of Medicine, University of Pennsylvania, Philadelphia, Pennsylvania; Paul D. Nagy, MS., LCAS, LPC, CCS (*Co-Chair*), Program Director, Duke Addictions Program, Clinical Associate, Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, Durham, North Carolina; Fred Andes, DSW, MPA, LCSW, Assistant Professor of Sociology, New Jersey City University, Jersey City, New Jersey; Margaret K. Brooks, JD, Consultant, Montclair, New Jersey; Frederick T. Chappelle, MSSW, LCADC, CCS, Vice President and Financial Officer, Chappelle Consulting and Training Services, Inc., Middletown, Connecticut; Gerard J. Connors, PhD, Director, Research Institute on Addictions, University of Buffalo, Buffalo, New York; Anita L. Crawford, Chief Executive Officer, Roxbury Comprehensive Community Center, Roxbury, Massachusetts; Chris B.Farentinos, MD, CADC II, NCDC II, Clinical Director, Change Point, Inc., Portland, Oregon; Marco E. Jacome, MA, LPC, CSADC, CEAP; Executive Director, **Health**care Alternative Systems, Inc., Chicago, Illinois; George Kolodner, MD, Medical

Director, Kolmac Clinic, Silver Spring, Maryland; Felicity L. LaBoy, PhD, Clinical Coordinator, Dual Diagnoses Program, Substance Abuse Services, Bronx VA Medical Center, Bronx, New York; Janice Ogden Lipscomb, MS, ACADC, Director, and Chemical Dependency Community Based Programs, Broadlawns Medical Center, Des Moines, Iowa; Mary E. McCaul, PhD, Associate Professor, Psychiatry and Behavioral Sciences, Johns Hopkins University School of Medicine, Baltimore, Maryland; Elizabeth A. Peyton, Principal, Peyton Consulting Services, Newark, Delaware; Richard A. Rawson, PhD, Associate Director, UCLA Integrated Substance Abuse Programs, Los Angeles, California; Candace M. Shelton, MS, CSAS, CADAC, CCS, Consultant, Tucson, Arizona

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies of the TIP 47: Can be downloaded here at this link, or available from the Substance Abuse and Mental Health Services Administration (SAMHSA)

Print copies: Available from the National Clearinghouse for Alcohol and Drug Information (NCADI), P.O. Box 2345, Rockville, MD 20852. Publications may be ordered from NCADI's or by calling (800) 729-6686 (United States only).

AVAILABILITY OF COMPANION DOCUMENTS

The following are available:

- KAP keys for clinicians based on TIP 47. Substance abuse: clinical issues in intensive outpatient treatment. Electronic copies: Available from the Substance Abuse and Mental Health Services Administration (SAMHSA) Web site.
- Quick guide for clinicians based on TIP 47. Substance abuse: clinical issues in intensive outpatient treatment. Electronic copies: Substance Abuse and Mental Health Services Administration (SAMHSA) Web site.

Print copies: Available from the National Clearinghouse for Alcohol and Drug Information (NCADI), P.O. Box 2345, Rockville, MD 20852. Publications may be downloaded through the links in this publication, or may be ordered by calling (800) 729-6686 (United States only).

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