Literature Review: Substance Abuse Outpatient Treatment Services

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Definition: Substance abuse outpatient treatment programs provide services to individuals with Substance Use Disorders (SUD) who do not require 24-hour medical supervision or detoxification. These programs are designed to provide psychosocial support systems to aid in substance abuse treatment and relapse management and are considered to be an alternative option to inpatient treatment or residential treatment (McCarty et al., 2014).

Target Population: Dennis McCarty and colleagues describe these programs as, "ambulatory services for individuals with substance use disorders who do not meet diagnostic criteria for residential or inpatient substance abuse treatment as well as for individuals who are discharged from 24-hour care in an inpatient treatment facility and continue to need more support (McCarty et al., 2014; pg. 718).

Description: The *Community Partners, INC. (CPI) Bernalillo County Behavioral Health Business Plan*, recommends Bernalillo County develop a substance abuse outpatient services program for adults who need clinically managed outpatient case (CPI INC., 2015). The business plan recommends the program be modeled after two options: (1) develop one or more substance abuse outpatient clinics that are located in underserved areas and utilize at a minimum the American Society of Addiction Medicine (ASAM) placement criteria, Community Reinforcement Approach (CRA), or other evidenced based services or (2) expand the eligibility for the Community Addiction Program (CAP) to individuals who are not involved in the criminal justice system (CPI INC., 2015). In regards to the second CPI recommendation, when the CPI was written Bernalillo County's Department of Substance Abuse Treatment (DSAT) offered an ASAM Level 1 outpatient program for adults with addiction treatment needs after release from jail. The community addiction program (CAP) served individuals, who did not require intensive outpatient services, but who needed further treatment and support as they transitioned back to the community. CAP provided services that align with evidence-based practice, such as the Community Reinforcement Approach (CRA). CAP offered four service levels that, in combination, provided up to 24 weeks of programming, driven by the initial assessed needs of the person. Currently CAP services have been contracted out to New Mexico Solutions, and is no longer offered through Bernalillo County's DSAT.

Research Summary: Substance abuse is a widespread, persistent, and costly public health problem in the United States. According to The Substance Abuse and Mental Health Services Administration (SAMHSA) and their annual National Survey on Drug Use and Health (NSDUH) in 2013, an estimated 24.6 million Americans aged 12 or older (9.4 percent of the population) had used an illicit drug in the past month. This survey also found that 17.3 million Americans (6.6 percent of the population) were dependent on alcohol or had problems related to their alcohol use (abuse). One problem identified by researchers on SUD is the "treatment gap between the number people who are identified as having a substance use issue and the number of people who receive treatment for it. For example, 2013, an estimated 22.7 million Americans (8.6 percent)

needed treatment for a problem related to drugs or alcohol, but only about 2.5 million people (0.9 percent) received treatment at a specialty facility (National Institute on Drug Abuse 2015).

One reason for this might be the lack of funding for treatment. For example, while local and federal government agencies spend close to $500 billion on addiction and substance abuse only 2% is spent on prevention and treatment the other 98% of the money spent on alcohol and substance abuse issues goes toward addressing the social consequences of substance abuse. These consequences are felt in the healthcare system, the criminal justice system, in issues of domestic violence, child abuse, and homelessness and are financially supported by state budgets and federal spending. (The National Center on Addiction and Substance Abuse, 2015). Because substance abuse is such a persistent and costly social problem it is important for researchers and policy makers to identify effective evidence based treatment options that that will most effectively mitigate the most damaging effects of the problem. One important type of treatment for SUD recommended by the current literature is outpatient treatment. Outpatient treatment provides a viable alternative to inpatient programs for some individuals because it allows individuals to participate in their daily responsibilities, remain living in their homes, avoid burdensome expenses of inpatient care, and learn to manage substance use disorders within their own community. This research summary reviews the research on best practices and evidence based models for outpatient substance abuse treatment. First, types of outpatient treatment programs are described. Next, the various recommended therapy approaches and placement criteria that are used in outpatient treatment are briefly described. Finally, the substance problem in New Mexico is discussed.

Types of Outpatient Treatment: Outpatient treatment is a form of treatment for substance abuse that does not require an individual to live in a facility to receive services, making it a viable option for individuals who have personal or occupational responsibilities or who do not require more acute care. Depending on personal needs outpatient programs can provide partial hospitalization, intensive outpatient, or therapy and counseling. There are individual and group treatments for SUD. This report covers mostly group treatments, however, research into SUD suggests that individual treatments like receiving therapy or case management services are useful in conjunction with other recommended services.

Partial Hospitalization Program (PHP): This treatment is directed at individuals who might need ongoing medical monitoring or evaluation but are otherwise stable in their living situation and ability to navigate daily needs. These programs typically meet 3-5 days a week for up to 6 hours a day. (Principles of Drug Addiction Treatment: A Research Based Guide. 2012) Typically providers will recommend the use of a PHP as a step down management tool after inpatient treatment, however in some cases PHP is utilized as a resource after a relapse.

Intensive Outpatient Programs (IOP's) are used to treat individuals with substance use disorders who do not require 24-hour supervision. These programs often provide individual and group therapy services, education about substance use disorders, and help individuals develop and maintain long term plans for recovery. IOP's work to address, "early-stage relapse management and coping strategies, to ensure that the person has psychosocial support, and to address individual symptoms and needs" (McCarty et al., 2014). However, there is a broad spectrum across IOP's in their implementation of these goals. Generally, the literature suggests that IOP's can be as effective as inpatient or residential treatment programs (Finney et al., 2009). Research does suggest that outpatient services have an important impact on how severe problems become for

individuals and their likelihood of staying abstinent. McCarty and colleges reviewed research in this area and found that, "taken together, Random Control Trials and quasi experimental studies consistently reported equivalent reductions in measures of problem severity and increases in days abstinent at follow-up for participants who received IOP services or day treatment services compared with those in inpatient or residential care" (McCarty, et al. 2014). What this evidence suggests is that, if the ASAM placement criterial is used properly, these programs will be just as effective as inpatient treatment.

Therapy and Counseling: This treatment option is often recommended in conjunction with other methods such as 12 step recovery programs or as a step down option from inpatient and outpatient treatment. These programs work to address relationship conflict, environmental triggers, and develop healthier coping skills (Principles of Drug Addiction Treatment: A Research Based Guide 2012). The increased length of outpatient programs along with the ability of patients to participate in treatment without disconnecting from their responsibilities and communities allows individuals to practice learned strategies while still in contact with the treatment environment and resources.

Recommended Placement Criteria and Treatment Approaches to Substance Use Disorder: Treatments available in outpatient centers often vary between several types of behavioral and medical treatments. According to the National Institute on Drug Abuse (NIDA) long-term research studies on substance abuse issues have provided a number of principles of prevention (NIDA, 2003). These research based principles are useful in helping practitioners address drug use among children, adolescents and young adults and can help guide the planning and development of prevention programs. According to NIDA, prevention programs should enhance protective factors and reduce risk factors. The principles note the risk of becoming a drug abuser includes the relationship between the number and type of risk factors (e.g. deviant attitudes and behaviors and protective factors (e.g. parental support) and the potential impact of these factors change with age. Research has also shown early intervention often has a greater impact than later intervention and there are different effects by age, gender, ethnicity, culture and environment. For further summary of the principles see the Institute for Social Research's 2015 report on the Implementation of Substance Abuse Programs (Tonigan. Guerin, Pacheco, 2015).

Below is a description of an evidence based treatment criteria recommended in The *Community Partners, INC. (CPI) Bernalillo County Behavioral Health Business Plan* and a brief summary of some of the most popular behavioral treatments. There are a variety of available treatment criteria placement methodologies and other popular behavioral treatments, however, a description of all the available types is beyond the purview of this summarized literature review. Further summary of alternative methods is available upon request.

American Society of Addiction Medicine (ASAM) is a comprehensive assessment placement criteria that is used to recommend an optimal level of care (Mee-Lee et al., 2001; Stallvik, Gastfriend, & Nordahl, 2015). The ASAM criterial uses an Addiction Severity Index (ASI) as an assessment tool for determining a patients overall treatment needs. This tool has been shown to have high inter-rater reliability, face validity, convergent validity, and predictive validity (Baker & Gastfriend, 2003; Staines et al., 2003; Stallvik & Nordahl, 2014; Turner et al., 1999 Angarita et al., 2007; Magura et al., 2003; Sharon et al., 2003). The reason why researchers and clinicians depend on a science based model for determining placement is because it can be difficult for providers to follow a formal, objective consistent method of placement. Assignment of patients without a

systematic placement method can disregard important research and clinical evidence or lead to overmatching (being referred to a more intense level of care then is needed) or under matching (being referred to a lower level of placement then is recommended) which can lead to higher cost, poor retention, and higher use of medical care. Having a valid evidence based criteria is an important method of helping providers to determine patient needs for placement, continued care, and methods for discharge. ASAM defines five levels of care to guide in the selection of an appropriate level of care for patients: Level .5 (early intervention services), Level 1 (outpatient services), Level 2 (intensive outpatient services), and Level 3 (residential and inpatient services), and Level 4 (medically managed intensive inpatient). It should be noted that while there are numerous approaches to SUD treatment, including The Gorski-CENAPS Model and The Matrix Model, this literature review will discuss four main methods. The following describes the most commonly used therapy approaches in outpatient treatment.

Contingency Management (CM): Is a clinical behavior therapy that uses stimulus control and positive reinforcement to change behavior. Providers offer rewards or contingencies to patients that are delivered based on abstinence and attendance goals and can take the form of vouchers, the opportunity to win prizes, or privileges. This is a behavioral therapy that is derived from Applied Behavior analysis and is regarded as one of the most successful mental health and substance abuse interventions (Schumacher, et al., 2007; Stitzer et al., 2007; Petry, 2007).

Cognitive Behavioral Therapy (CBT): is an evidence based therapy that uses a psychosocial intervention strategy to help patients develop coping strategies, identify damaging thought and behavior patterns, and develop a system for emotional regulation (Beck, 2011). CBT is used in a variety of treatment settings to address depression, anxiety, PTSD, substance abuse, eating disorders, and more severe mental health issues. While there are other treatments that have shown to be effective, CBT is touted as the superior therapeutic method for treating most disorders and recommended in treatment guidelines as the psychosocial treatment of choice (Hollon, & Beck, 2013).

Motivational Interviewing (MI): is a treatment approach that engages and encourages inherent desires within an individual with the intent of changing behavior. This therapy works to identify and pursue and individual's goal and resolve conflicts or difficulties in achieving those goals (Brodie, Inoue, & Shaw, 2008). The impact of MI on SUD is documented across the literature on substance abuse issues and out preforms traditional counseling strategies in treatment settings. The efficacy of MI in substance use disorder treatment is well documented. The research shows that in scientific settings MI outperforms traditional advice giving as a strategy for treating behavioral problems (Vasilaki, Hosier, & Cow, 2006).

Community Reinforcement Approach (CRA) is a treatment approach that uses familial, social, recreational, and occupational supports to treat substance use disorders (Hunt & Azrin, 1973; Meyers & Smith, 1995; Campos-Melady, Smith, Meyers, Godley, & Godley, 2016). This behavioral approach recommends that environmental factors in a person's life play an important role in their ability to effectively address and manage a substance use disorder. The theoretical basis for this approach is to help an individual to find a more fulfilling and rewarding lifestyle in the abstinence from addictive substances then they had previously experienced during active addiction. The efficacy and effectiveness of this treatment are well documented in research on addiction. It has found to be effective in several randomized control trials (Godley, Godley,

Dennis, Funk, & Passetti, 2007; Godley, Godley, et al., 2014; Henderson et al., 2016). It has also been shown to be affective with a diverse population, for example, it has shown to be effective with adolescence, ethnically and regionally diverse populations, homeless groups, and individuals who experience a co-occurrence of substance addiction and mental health issues (Godley, Hedges, & Hunter, 2011; Godley, et al., 2007; Godley, Godley, et al., 2014; Slesnick et al., 2007; Godley, Hunter, et al., 2014).

The Substance Problem in New Mexico: New Mexico leads the nation in negative substance abuse outcomes. For example, N.M. is rated among the worst in the nation for alcohol death rates and drug overdose death rates for the past two decades, and not surprisingly these problems have a high economic cost to the state (Bimbaum et al., 2011; New Mexico Death Data: Bureau of Vital Records and Health Statistics 2017). Because the social and financial costs of substance abuse are high, it is important to support outpatient treatment programs that have been proven not only to reduce substance use but also alleviate associated mental health, social, familial, occupational, and medical problems. Not surprisingly this associated impact of treatment also works to reduce the use of other services and financial costs connected to that use (McLellan et al., 2001; McLellan & McKay, 1998; McGovern & Carroll, 2003).

Although there has been an increase in scientific knowledge about effective, evidence-based treatment for people with substance use disorders, the knowledge has not been complemented by the consistent implementation of proven approaches to treatment of SUD's (Power, Mishmi, & Kiser, 2005). Therefore, practitioners, policy makers, and government officials concerned with addressing these problems should prioritize evidence based treatment programs. While this literature review is not exhaustive of the possible types of available outpatient programs or specific gaps and issues facing local treatment facilities in New Mexico, the outpatient programs and therapies described above should stand in as the first step in the overall goal of designing programs that are cost effective, fill gaps in outpatient services, and meet high risk and high need populations.

References:

Angarita, G. A., Reif, S., Pirard, S., Lee, S., Sharon, E., & Gastfriend, D. R. (2007). No-show for treatment in substance abuse patients with comorbid symptomatology: Validity results from a controlled trial of the ASAM patient placement criteria. Journal of Addiction Medicine, 1, 79–87.

Baker, S. L., & Gastfriend, D. R. (2003). Reliability of multidimensional substance abuse treatment matching: Implementing the ASAM patient placement criteria. Journal of Addictive Disorders, 22, 45–60.

Beck J.S. (2011), Cognitive behavior therapy: Basics and beyond (2nd ed.), New York, NY: The Guilford Press, pp. 19–20

Bimbaum et al. (2011). " Societal Costs of Opioid Abuse, dependence, and misuse in the United States." Pain Medicine, 12(4): 657-667.

Brodie, D.A.; Inoue, A.; Shaw, D. G. (2008). "Motivational interviewing to change quality of life for people with chronic heart failure: A randomized controlled trial". International Journal of Nursing Studies. 45 (4): 489–500

Campos-Melady, M., Smith, J. E., Meyers, R. J., Godley, S. H., & Godley, M. D. (2016). The Effect of Therapists' Adherence and Competence in Delivering the Adolescent Community Reinforcement Approach on Client Outcomes.

Center for Substance Abuse Treatment. Substance Abuse: Administrative Issues in Outpatient Treatment. Treatment Improvement Protocol (TIP) Series 46. (2006). DHHS Publication No. (SMA) 06-4151. Rockville, MD: Substance Abuse and Mental Health Services Administration

Finney J.W., Moos R.H., Wilbourne P.L. (2009). Effects of Treatment Setting, Duration, and Amount on Patient Outcomes. Principles of Addiction Medicine, 4th ed. Edited by Ries RK, Fiellin DA, Miller SC, et al. Philadelphia, Wolters Kluwer/Lippincott Williams & Wilkins.

Godley, M. D., Godley, S. H., Dennis, M. L., Funk, R. R., & Passetti, L. L. (2007). The effect of assertive continuing care on continuing care linkage, adherence and abstinence following residential treatment for adolescents with substance use disorders. *Addiction, 102,* 81–93.

Godley, M. D., Godley, S. H., Dennis, M. L., Funk, R. R., Passetti, L. L., & Petry, N. M. (2014). A randomized trial of assertive continuing care and contingency management for adolescents with substance use disorders. *Journal of Consulting and Clinical Psychology, 82,* 40–51.

Godley, S. H., Garner, B. R., Smith, J. E., Meyers, R. J., & Godley, M. D. (2011). A large-scale dissemination and implementation model for evidence-based treatment and continuing care. *Clinical Psychology: Science and Practice, 18,* 67–83.

Godley, S. H., Hedges, K., & Hunter, B. (2011). Gender and racial differences in treatment process and outcome among participants in the adolescent community reinforcement approach. *Psychology of Addictive Behaviors, 25,* 143–154.

Godley, S. H., Hunter, B. D., Fernández-Artamendi, S., Smith, J. E.,Meyers, R. J., & Godley, M. D. (2014). A comparison of treatment outcomes for adolescent community reinforcement approach participants with and without co-occurring problems. *Journal of Substance Abuse Treatment, 46,* 463–471.

Henderson, C. E., Wevodau, A. L., Henderson, S. E., Colbourn, S. L., Gharagozloo, L., North, L. W., & Lotts, V. A. (2016). An independent replication of the Adolescent-Community Reinforcement Approach with justice-involved youth. *American Journal on Addictions, 25,* 233–240.

Hollon S.D., Beck A.T. (2013). "Chapter 11 Cognitive and Cognitive-Behavioral Therapies". In MJ Lambert. *Bergin and Garfield's Handbook of Psychotherapy and Behavior Change* (6th ed.). Hoboken, NJ: John Wiley & Sons. pp. 393–394.

Hunt, G. M., & Azrin, N. H. (1973). A community-reinforcement approach to alcoholism. *Behaviour Research and Therapy, 11,* 91–104.

Kelly, J. F., Stout, R., Zywiak, W., & Schneider, R. (2006). A 3-Year Study of Addiction Mutual-help Group Participation Following Intensive Outpatient Treatment. *Alcoholism: Clinical and Experimental Research*, *30*(8), 1381-1392.

Magura, S., Staines, G., Kosanke, N., Rosenblum, A., Foote, J., Deluca, A., & Bali, P. (2003). Predictive validity of the ASAM Patient Placement Criteria for naturalistically matched vs. mismatched alcoholism patients. American Journal of Addiction, 12,386–397.

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.

McGovern, M. P., & Carroll, K. M. (2003). Evidence-based practices for substance use disorders. *The Psychiatric clinics of North America*, *26*(4), 991.

McLellan A.T., McKay J.R. (1998). The Treatment of Addiction: What Can Research Offer? Lamb S, Greenlick M, McCarty D, editors. *Bridging the gap between practice and research: forging partnerships with community based drug and alcohol treatment.* National Academy Press; Washington (DC)

McLellan A.T., Lewis D.C., O'Brien C.P., Kleber H.D. (2001). Drug dependence, a chronic medical illness. Implications for treatment, insurance, and outcomes evaluation. JAMA. 284:1689–95.

McLellan, A.T. (2002). Have we evaluated addiction treatment correctly? Implications from a chronic care perspective. *Addiction* **97**:249–252.

Mee-Lee, D., Shulman, G. D., Fishman, M. Gastfriend, D. R., & Griffith, J. H. (2001). ASAM PPC-2R. ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders (pp. 1–380). Chevy Chase, MD: American Society of Addiction Medicine, Inc.

Meyers, R. J., Smith, J. E., Serna, B., & Belon, K. E. (2013). Community reinforcement approaches: CRA and CRAFT. In P. Miller (Ed.), *Interventions for addiction: Comprehensive addictive behaviors and disorders* (Vol. 3). San Diego, CA: Academic Press.

National Institute on Drug Abuse; National Institutes of Health; U.S. Department of Health and Human Services.

New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Department of Health.

Patterson, D. A. (2008). Motivational interviewing: Does it increase retention in outpatient treatment? Substance Abuse, 29(1), 17-23.

Petry N.M., Alessi S.M., Hanson T., Sierra S. (2007). Randomized trial of contingent prizes versus vouchers in cocaine-using methadone patients. *J Consult Clin Psychol.*, 75 (6), 983–991

Power, E.j.; Nishimi, R.Y.; and Kizer, K.W. (2005). Evidence-Based Treatment Practices for Substance Use Disorders. National Quality Forum. Washington, D.C.

Principles of Drug Addiction Treatment: A Research Based Guide. (2015). National Institute on Drug Abuse. Third Edition.

Sharon, E., Krebs, C., Turner, W., Desai, N., Binus, G., Penk, W., & Gastfriend, D. R. (2003). Predictive validity of the ASAM Placement Criteria for Hospital Utilization. Journal of Addictive Disorders, 22, 79–93.

Slesnick, N., Prestopnik, J. L., Meyers, R. J., & Glassman, M. (2007). Treatment outcome for street-living, homeless youth. *Addictive Behaviors, 32,* 1237–1251.

Schumacher JE, Milby JB, Wallace D, Meehan DC, Kertesz S, Vuchinich R, Dunning J, Usdan S. (2007). Meta-analysis of day treatment and contingency-management dismantling research: Birmingham Homeless Cocaine Studies (1990–2006). *J Consult Clin Psychol.*, 75 (5): 823–8.

Staines, G., Kosanke, N., Magura, S., Bali, P., Foote, J., & Deluca, A. (2003). Convergent validity of the ASAM patient placement criteria, using a standardized computer algorithm. Journal of Addictive Disorders, 22, 61–77.

Stallvik, M., & Nordahl, H. M. (2014). Convergent validity of the ASAM Criteria in Co-Occurring Disorders. Journal of Dual Diagnosis, 10, 68–78.

Stallvik, M., Gastfriend, D. R., & Nordahl, H. M. (2015). Matching patients with substance use disorder to optimal level of care with the ASAM Criteria software. *Journal of Substance Use*, *20*(6), 389-398.

Stitzer M.L., Petry N., Peirce J., Kirby K., Killeen T., Roll J, Hamilton J., Stabile P.Q., Sterling R., Brown C., Kolodner K., Li R. (2007). Effectiveness of abstinence-based incentives: interaction with intake stimulant test results. *J Consult Clin Psychol.*, 75 (5), 805–11

Substance Abuse and Mental Health Services Administration's (SAMHSA's). (2011). "Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings". National Institute for Drug Abuse, NIH. National Survey on Drug Use and Health (NSDUH)

The National Center on Addiction and Substance Abuse. (2015.) "Guide for Policymakers: Prevention, Early Intervention and treatment of Risky Substance Use and Addiction"

Tonigan. Guerin, Pacheco. (2015.) Bernalillo County Department of Substance Abuse Programs (DSAP) Implementation Research. UNIVERSITY OF NEW MEXICO, INSTITUTE FOR SOCIAL RESEARCH.

Turner, W. M., Turner, K. H., Reif, S., Gutowski, W. E., & Gastfriend, D. R. (1999). Feasibility of multidimensional substance abuse treatment matching: automating the ASAM Patient Placement Criteria. American Society of Addiction Medicine. Drug and Alcohol Dependence, 55, 35–43.

Vasilaki E.I., Hosier S.G., Cow W.M. (2006).The efficacy of motivational interviewing as a brief intervention for excessive drinking: A meta-analytic review. *Alcohol & Alcoholism* 2006; 41(3):328-335.