

ASAM Monthly Technical Assistance Series

Therapies Across the Levels of Care

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Reminders

- Questions should be submitted 7 days in advance of the call to RA-DAASAM@pa.gov. If you want to submit a question in the chat, DDAP will record the question and post responses to all questions received during this call to the DDAP ASAM website. Questions will not be addressed during the meeting.
- This call is being recorded. Please exit now if you do not want to be recorded.
- Suggestions for future call topics should be submitted to RA-DAASAM@pa.gov.



Disclaimers

ASAM Alignment is required of drug and alcohol treatment providers that receive funding for providing treatment services under agreements with Single County Authorities and/or Managed Care Organizations.

The information presented today provides an overview and summary of therapies across all levels of care. DDAP stresses the importance of reviewing the ASAM Criteria text in its entirety, attending the ASAM two-day training, and reviewing the resources available through DDAP including trainings and documents.



Learning Objectives

1. Attendees will have an improved understanding of the therapies that should be offered at various LOCs.
2. Attendees will know where to find additional information in the ASAM text related to therapies.
3. Attendees will understand the difference between program driven and individualized treatment.
4. Attendees will understand several key definitions related to the topic of therapies.



Program Driven (p.426)

“Services received and the anticipated length of stay are determined primarily by the philosophy, design and model of treatment rather than on the individual’s multidimensional assessment and treatment outcomes. Such programs are often for a fixed length of stay from which a patient graduates and is said to have completed treatment.”

Individualized Treatment (p. 420)

“Treatment that is person – centered and collaborative designed to meet a particular patient’s needs and preferences guided by services that are directly related to a specific unique patient assessment.”



Program Driven Schedule	Patient Driven Schedule
Two counselors offering the same exact group format or topic.	Providing options on groups patients can attend. Example: Living in Balance <u>or</u> Seeking Safety <u>or</u> Comprehensive Opioid Response with the 12 Steps (COR12) <u>or</u> Co-Occurring
All patients must attend AA or NA.	Patients are offered a variety of recovery support group options.
Few or no opportunity for patients to meet with interdisciplinary (counselor, doctor, rec therapist, nutritionist, CRS, etc.) team on 1:1 basis.	Variety of times patients can speak with interdisciplinary team (counselor, doctor, rec therapist, nutritionist, CRS, etc.)
Offering only one type of evidence based therapeutic technique.	Offering a variety of evidence based therapeutic techniques or modalities.
A rigid, uniform schedule all patients must attend.	Offering the patient choices in the daily programming they attend.
Abstinence only philosophy and programming based only on this philosophy.	A philosophy that patient centered and considerate and respectful of the patient's requests and goals (including harm reduction programming, etc.)



Therapies Overview

- Motivational enhancement is preferred over confrontational approaches (p.188)
- MH conditions are treated as they arise (p.188)
- Should always be tailored to an individual's needs, i.e., adapted to the patient's developmental stage and comprehension level, understanding and physical ability (p.200, 210, 225, 251, 269)



Definitions

Skilled Treatment Services/Types of Services (p.429)

Family and Couples Therapy (p.419)

Psychotherapy (p. 426)

Recovery Support Services (p.427)

Case Management (p. 415)

Modalities Needed (p.423)

Interdisciplinary Team (p. 420)

Motivational Enhancement Therapy (p.423)



Clinical Services/Therapies	1 LOC	2.1 LOC	2.5 LOC	3.1 LOC	3.5 LOC	3.7 LOC	4 LOC
	Available up to 9 hours per week (p.188)	Available 9-19 hours per week (p.199-p.200)	Available 20+ hours per week (p.210)	Available at least 5 hours per week (p.225-p.226)	Available Daily (p.251-p.252)	Available Daily (p.269)	Available 16 hours a day (p.283-p.284)
Individual Therapy	X	X	X	X	X	X	X
Group Therapy	X	X	X	X	X	X	X
Motivation Interviewing/Enhancement Therapy	X	X	X	X	X	X	X
Family Therapy	X	X	X	X		X	
Education Groups	X	X	X	X	X		
Occupational/recreational Therapy	X	X	X	X	X		
Psychotherapy	X	X	X				
Pharmacotherapy/Medication Management	X	X	X	X	X	X	X
Drug Screens				X	X	X	
Recovery Support Services				X	X		
Family Support Services				X	X	X	X
Focus on ADLs, recovery, personal responsibility/appearance/punctuality				X			
Focus to stabilize and maintain stability of SUD symptoms, application of recovery skills, relapse prevention, interpersonal choice and recovery/social support network				X	X		
Develop and practice prosocial behaviors					X		
Counseling/Clinical Monitoring for successful involvement in regular productive daily activities such as work or school, successful reintegration into family living				X	X	X	
Planned clinical activities focused on increasing understanding/acceptance of SUD/MH					X	X	X
Planned community reinforcement of prosocial values/community living skills					X	X	
Appropriate medical and nursing services						X	X
Focus on stabilization of SUD/MH symptoms						X	X
Health education services						X	X
Acute symptom management						X	X
Biomedical, emotional, behavioral, management/treatment							X
Other Therapies	X	X	X	X	X	X	X

Clinical Services/Therapies	1 LOC	2.1 LOC	2.5 LOC
	Available up to 9 hours per week (p.188)	Available 9-19 hours per week (p.199-p.200)	Available 20+ hours per week (p.210-p.211)
Individual Therapy	X	X	X
Group Therapy	X	X	X
Motivation Interviewing/Enhancement Therapy	X	X	X
Family Therapy	X	X	X
Education Groups	X	X	X
Occupational/recreational Therapy	X	X	X
Psychotherapy	X	X	X
Pharmacotherapy/Medication Management	X	X	X
Drug Screens			
Recovery Support Services			
Family Support Services			
Focus on ADLs, recovery, personal responsibility/appearance/punctuality			
Focus to stabilize and maintain stability of SUD symptoms, application of recovery skills, relapse prevention, interpersonal choice and recovery/social support network			
Develop and practice prosocial behaviors			
Counseling/Clinical Monitoring for successful involvement in regular productive daily activities such as work or school, successful reintegration into family living			
Planned clinical activities focused on increasing understanding/acceptance of SUD/MH			
Planned community reinforcement of prosocial values/community living skills			
Appropriate medical and nursing services			
Focus on stabilization of SUD/MH symptoms			
Health education services			
Acute symptom management			
Biomedical, emotional, behavioral, management/treatment			
Other Therapies	X	X	X

Clinical Services/Therapies	3.1 LOC	3.5 LOC	3.7 LOC	4 LOC
	Available at least 5 hours per week (p.225-226)	Available Daily (p.251-p.252)	Available Daily (p.269)	Available 16 hours a day (p.283)
Individual Therapy	X	X	X	X
Group Therapy	X	X	X	X
Motivation Interviewing/Enhancement Therapy	X	X	X	X
Family Therapy	X		X	
Education Groups	X	X		
Occupational/recreational Therapy	X	X		
Psychotherapy				
Pharmacotherapy/Medication Management	X	X	X	X
Drug Screens	X	X	X	
Recovery Support Services	X	X		
Family Support Services	X	X	X	X
Focus on ADLs, recovery, personal responsibility/appearance/punctuality	X			
Focus to stabilize and maintain stability of SUD symptoms, application of recovery skills, relapse prevention, interpersonal choice and recovery/social support network	X	X		
Develop and practice prosocial behaviors		X		
Counseling/Clinical Monitoring for successful involvement in regular productive daily activities such as work or school, successful reintegration into family living	X	X	X	
Planned clinical activities focused on increasing understanding/acceptance of SUD/MH		X	X	X
Planned community reinforcement of prosocial values/community living skills		X	X	
Appropriate medical and nursing services			X	X
Focus on stabilization of SUD/MH symptoms			X	X
Health education services			X	X
Acute symptom management			X	X
Biomedical, emotional, behavioral, management/treatment				X
Other Therapies	X	X	X	X

Q&A



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In the addendum for PA specific expectations, in particular the group therapy expectation: is the expectation for 2 groups that are 2 hours in length each (2 groups with 4 hours total) or for a minimum of 2 groups that are least an hour each? If the expectation is for 4 hours of group across 2 sessions, then how do we individualize for clients who have difficulty sitting for such a long period of time?

- In April 2021, DDAP moved away from the 2/2-hour group recommendation.
- Providers have the flexibility to provide the required daily clinical/therapeutic services in a way that best meets the needs of the individual.



In order to meet the 16 hrs. of counseling services, could a nurse be utilized to do counseling to fill in any staffing gap?

- Yes, an RN could be utilized for counseling services and is required to meet the qualifications in Chapter 704 for the position of counselor.
- They must have the minimum training outlined in the CMCS 5.09 Core Trainings section.



Do AA/NA meetings count towards “daily clinical service” hours?

- Alcoholics Anonymous and Narcotics Anonymous or other self-help and mutual help groups are not clinical services.
- Definition of skilled treatment services clearly states that attendance at self-help or mutual help meetings such as AA or NA, volunteer activities, homework assignments involving watching videos journaling, and workbooks do not represent skilled treatment services for the purpose of daily clinical service hours for each level of care.
- Reference: ASAM p. 429.



Are 3.5 and 3.7 providers required to provide 6-8 hours of daily clinical services?

- The requirement for 3.5 (p.251) and 3.7 (p.269) residential levels of care is that daily clinical services are provided, meaning that clinical services are offered 7 days a week, including weekends.
- DDAP recommends that clinical services be offered 6-8 hours daily in accordance with individualized treatment plans, but there is no required number of hours.



I am seeking clarity about what counts towards the six to eight hours of programming daily for the ASAM alignment (Level 3.5). Do medication times count towards the time? A great majority of the population being treated are co-occurring and medication blocks need to be established throughout the day.

- Page 252 of ASAM Criteria, 2013 edition under the section titled “Therapies” includes “Monitoring of the patient’s adherence in taking any prescribed medications, and/or any permitted over the counter medications or supplements” along with several other interventions.
- Providers have the flexibility to provide clinical/therapeutic services in a way that best meets the needs of the individual, as long as the services are being provided daily, including weekends.



Clinical Services/Therapies	1 LOC	2.1 LOC	2.5 LOC	3.1 LOC	3.5 LOC	3.7 LOC	4 LOC
	Available up to 9 hours per week (p.188)	Available 9-19 hours per week (p.199-p.200)	Available 20+ hours per week (p.210)	Available at least 5 hours per week (p.225-p.226)	Available Daily (p.251-p.252)	Available Daily (p.269)	Available 16 hours a day (p.283-p.284)
Individual Therapy	X	X	X	X	X	X	X
Group Therapy	X	X	X	X	X	X	X
Motivation Interviewing/Enhancement Therapy	X	X	X	X	X	X	X
Family Therapy	X	X	X	X		X	
Education Groups	X	X	X	X	X		
Occupational/recreational Therapy	X	X	X	X	X		
Psychotherapy	X	X	X	X			
Pharmacotherapy/Medication Management	X	X	X	X	X	X	X
Drug Screens				X	X	X	
Recovery Support Services				X	X		

Are chores considered a part of daily clinical services?

- Daily clinical services entail a formal service offered by a staff member employed by the agency to people receiving services at the agency.
- Daily clinical services require a progress note that relates back to the treatment plan.
- Direct or indirect observation or supervision of activities of daily living, or ADLs, is not considered a clinical service.
- Everyone recognizes that chores are an important part of recovery.
- Discussing chores as part of a psychoeducational group might be considered a daily clinical service with appropriate documentation.
- Chores themselves are not a clinical service, as the staff member employed by the agency is not offering a formal service during the completion of chores.
- While the actual time performing the chore is not a clinical service under ASAM, any work done by the client at the project, including chores, must be included on the treatment plan. (709.63(a)(9), 709.53(a)(12), 709.83(a)(12)).



How does Case Management fit into treatment models if it is not listed as a clinical service?

- All patients should be assessed for case management needs.
- Case Management, although not listed in ASAM as an intervention under the 'various therapies' sections, is an extremely important adjunct to treatment and ensures patients receive the level of care coordination needed to move seamlessly along the continuum of care, and to be prepared for discharge and transfer.
- Case management is noted in the Case Management and Clinical Services Manual as a separate and distinct service from therapy sessions and can be provided by the treatment provider or through the SCA and should be based on an individual's needs.



Our program is worried we won't be able to meet the 1:15 IOP ratio due to staff turnover and shortage. Can you speak to this?

- The 1:15 Ratio at the IOP level of care is a recommendation and not a requirement.
- ASAM requires 9-19 hours of skilled treatment services weekly in IOP. (p.199)
- Providers still need to comply with staff to patient ratios noted in PA regulations.

