

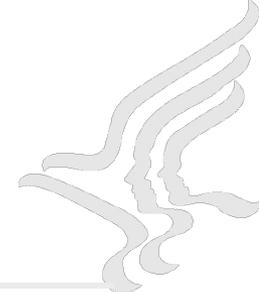
Module 6: Phases of Opioid Treatment

TIP Chapter 7

- Explain the rationale for a phased-treatment approach in OTPs
- Describe characteristics and issues of the acute phase of MAT
- Describe characteristics and issues of the rehabilitative phase of MAT
- Describe characteristics and issues of the supportive-care, medical maintenance, tapering and readjustment, and continuing-care phases of MAT
- Describe issues pertaining to transition between treatment phases in MAT and readmission to OTPs

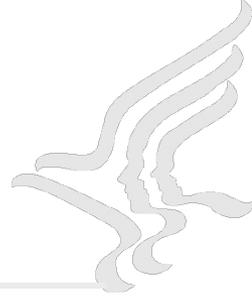


Phased-Treatment Approach



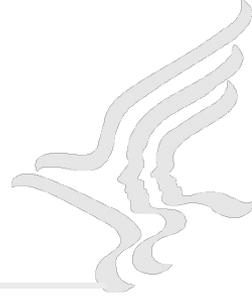
- The phased-treatment approach comprises five or six patient-centered phases for planning and providing MAT services and evaluating treatment outcomes in an OTP:
 - Acute Phase
 - Rehabilitative Phase
 - Supportive-Care Phase
 - Medical Maintenance Phase
 - Tapering Phase (optional)
 - Continuing-Care Phase

Rationale for Phased Treatment



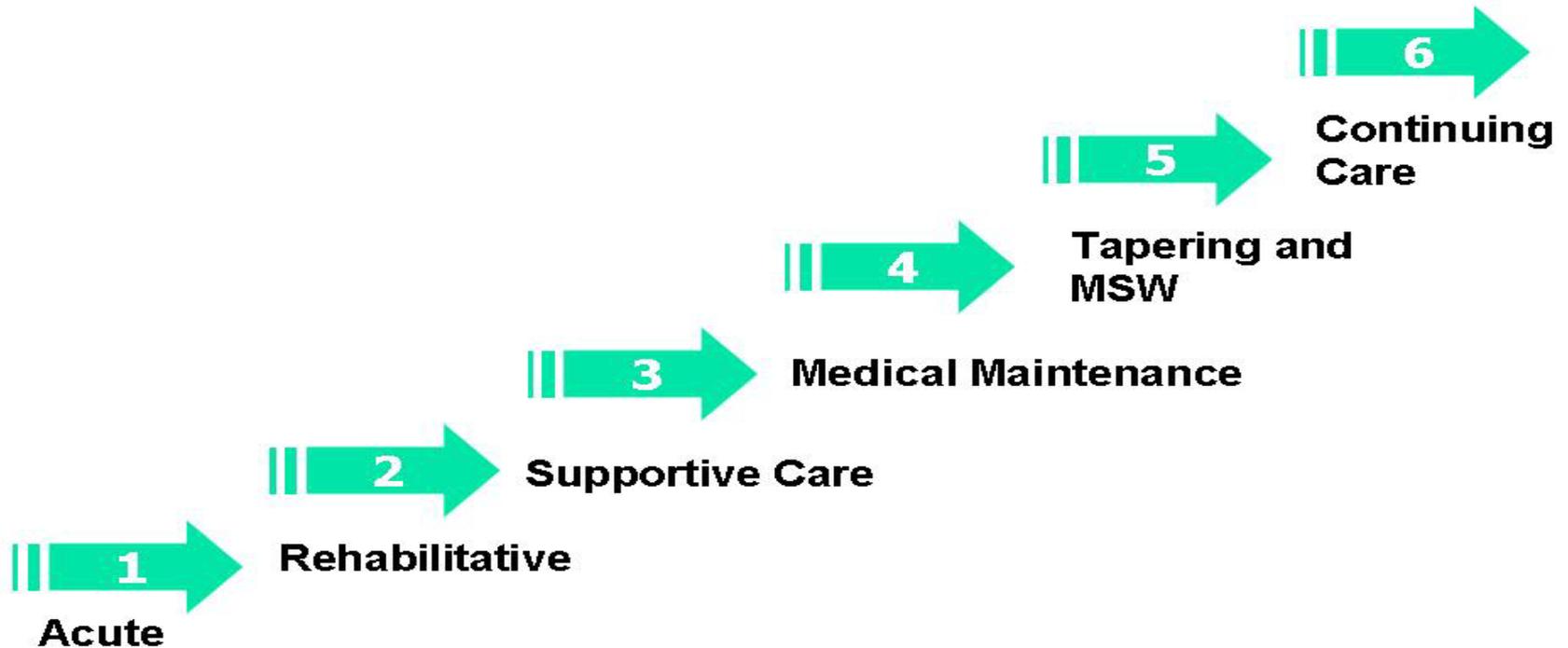
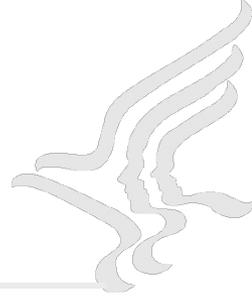
- Systematic studies for effectiveness of phased treatment are difficult.
- Phases of treatment are guidelines.
- Model works in two directions.
- Two distinct medication tracks: continuing medication maintenance and medication tapering.
- Primary objective of treatment is to maintain abstinence from opioids and other substances of abuse.

Variations of Phased Treatment

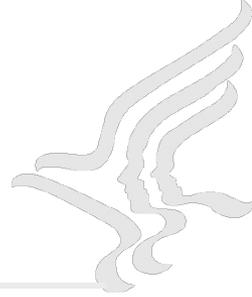


- Types and intensity of services vary throughout treatment.
- Most patients need:
 - Intensive treatment services at entry
 - Diversified services during stabilization
 - Fewer intensive services after recovery benchmarks are met.
- Treatment phases are on a dynamic continuum.
- Assessment of treatment should be ongoing.
- Duration of treatment is a team decision based on data and medical experience.

Treatment Phases

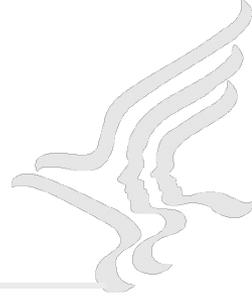


Supportive-Care Phase: Treatment Issues



- Alcohol and drug abuse
- Medical and mental health concerns
- Vocational and educational needs
- Family issues
- Legal issues

Supportive-Care Phase: Substance Use Strategies



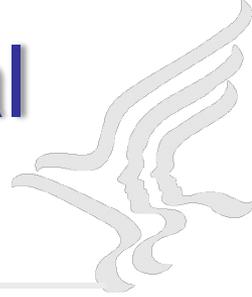
- Discontinued substance abuse and criminal activities
- Monitoring
- Drug screening
- Problem substance use results in return to acute phase

Supportive-Care Phase: Medication and Mental Health Strategies



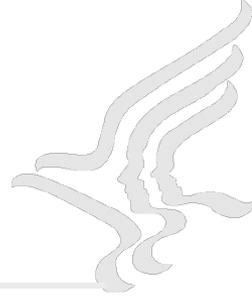
- Monitor compliance with medical/psychiatric regimens
- Maintain communication with patients' healthcare and mental health care providers

Supportive-Care Phase: Vocational and Education Strategies



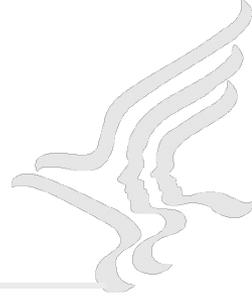
- Support productive activities
- Monitor vocational status and progress toward educational goals
- Assist in addressing workplace problems

Supportive-Care Phase: Family and Legal Issues



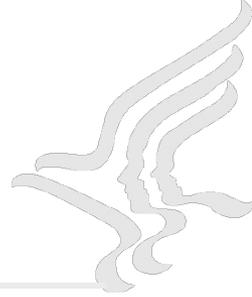
- Assess progress with addressing family issues
- Monitor family stability and relationships
- Refer for family therapy as needed
- Monitor ongoing legal issues
- Provide needed support

Supportive-Care Phase: Transition



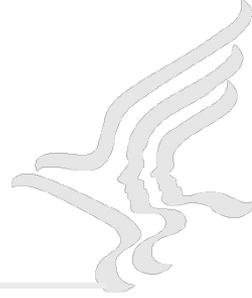
- Discontinued alcohol and drug abuse
- Stable medical and mental health
- Stable source of income
- Stable family situation and relationships
- Resolved legal issues

Medical Maintenance Phase



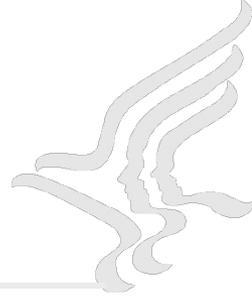
- 2 years of continuous treatment
- No illicit drug use or prescription drug abuse
- No alcohol use problem
- Stable living conditions in a substance-free environment
- Stable and legal income
- Involvement in job, school, or volunteer work
- No criminal/legal issues for at least 3 years and no parole or probation status
- Adequate social support system and no significant untreated co-occurring disorder

Medical Maintenance Phase: Strategies



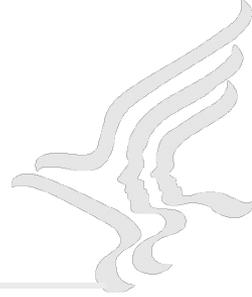
- Monitor and maintain communication regarding medical and mental health issues
- Monitor drug and alcohol use and test for drug use
- Adjust dosages as necessary
- Monitor vocational/education progress, family stability, and ongoing legal issues
- Monitor for risk of relapse

Medical Maintenance Phase: Transition



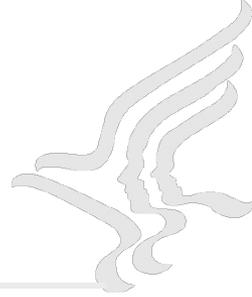
- No abuse of drugs and alcohol for 2 years
- Stability in:
 - Medical and mental health
 - Vocation and education
 - Family issues
 - Legal issues

Tapering Phase



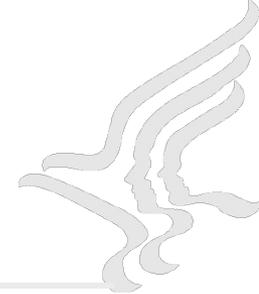
- Tapering is gradual reduction of maintenance medication during treatment.
- Decision to taper should be made with careful consideration of the patient's situation.
- As medication is tapered, services should intensify.

Tapering Phase: Strategies



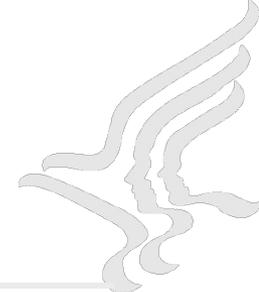
- Monitor drug and alcohol use, continue drug testing, and provide counseling support
- Monitor emotional status
- Monitor vocational and educational issues and be available for workplace issues
- Monitor family stability and refer to counseling as required
- Monitor ongoing legal issues and provide support as needed

Reasons for Tapering



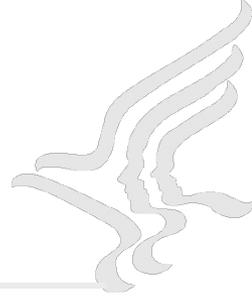
- Hardships of OTP attendance and stigma.
- OTPs should identify situational motives to ensure that withdrawal from MAT is driven by legitimate concerns.

Relapse After Tapering



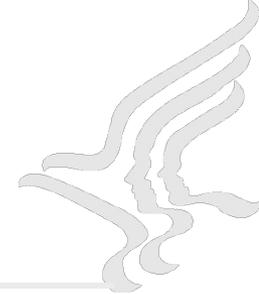
- Risk of relapse increases because of physical and emotional stress of attempting to discontinue medication.
- Patients should discuss difficulties with tapering and readjustment to avoid relapse.
- Patients need education about how to reenter MAT if relapse is imminent.

Readjustment After Tapering



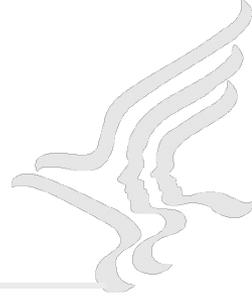
- Continue support
- Reinforce relapse prevention skills
- Initiate naltrexone therapy after tapering
- Consider problemsolving counseling, positive behavior reinforcement, open-door policy, strengthening patients' support systems, developing relapse prevention plan

Reversion to MAT



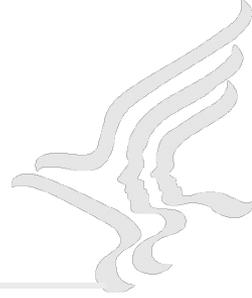
- Reversion to MAT is not failure.
- Rather it is an indicator that medical maintenance is more appropriate for treatment.

Indicators for Transition



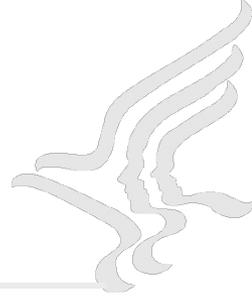
- Discontinuation of medication
- Positive self-image
- Socially productive lifestyle
- No signs of abuse or dependence

Continuing-Care Phase



- Patients should receive ongoing medical followup and be participating in recovery groups.
- Patients should have socially productive lifestyle.
- Appointments with the OTP should be scheduled every 1 to 3 months.

Transition and Readmission



- Transition is based on a patient's progress and circumstances.
- Relapse could indicate need for more counseling or dosage adjustment.
- Relapse requires quick action.
- Imminent relapse or relapse: A patient should remain in treatment and return to pharmacotherapy.
- Negative feelings should not discourage a patient from reentering treatment.