



Minneapolis VA's Intensive Outpatient Program (IOP): Screening, Treating, and Tracking Veterans

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- Overview of our program including:
 - Examples from the CBT-based curriculum
 - Integrative health focus
 - IOP is a VA Whole Health Partnership team
 - Certified Peer Support Intervention
 - Access to medication-assisted treatment
 - Family involvement
- Weekly Access to the program via drop-in
- Long-term program evaluation
- Team culture and recent cases for discussion





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- The Minneapolis IOP is an abstinence-based program for individuals with active substance use problems who are interested in abstinence from alcohol or other drugs. IOP meets three days per week, for four weeks, for a total of 55 hours, plus a number of other supplemental mental health services.
- The IOP utilizes evidence-based practices as identified by the American Society of Addiction Medicine (ASAM) and as recommended in the VA/DOD Clinical Practice Guidelines for Management of Substance Use Disorders (SUD).





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- IOP is Minneapolis VAMC's primary Substance Use Disorder Treatment
- Structure of program
 - Capacity of 12 Veterans
 - Core Programming: 4 weeks, 5 hours a day, 3 days per week
- Integrative model
 - Cognitive-behavioral therapy for substance use disorder
 - Relapse Prevention
 - 12-step facilitation
 - Motivational interviewing
 - Intensive Referral Intervention (pilot from Omaha VAMC)
 - Whole Health interventions





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- 2016 Program Enhancement
 - According to ASAM's Patient Placement Criteria, our IOP was previously providing the minimum hours (9 per week) to meet criteria for an IOP level of care. We completed an informal inquiry of three well known community based IOPs in the Twin Cities area and found that some did offer more hours of programming.
 - Add 4.5 program hours per week including doubling our Cognitive-Behavior curriculum
 - Update the program materials to be more inline with VA's CBT for Substance Use Disorders intervention
 - Results
 - We have received positive feedback from Veterans in the program as well as their mental health providers.

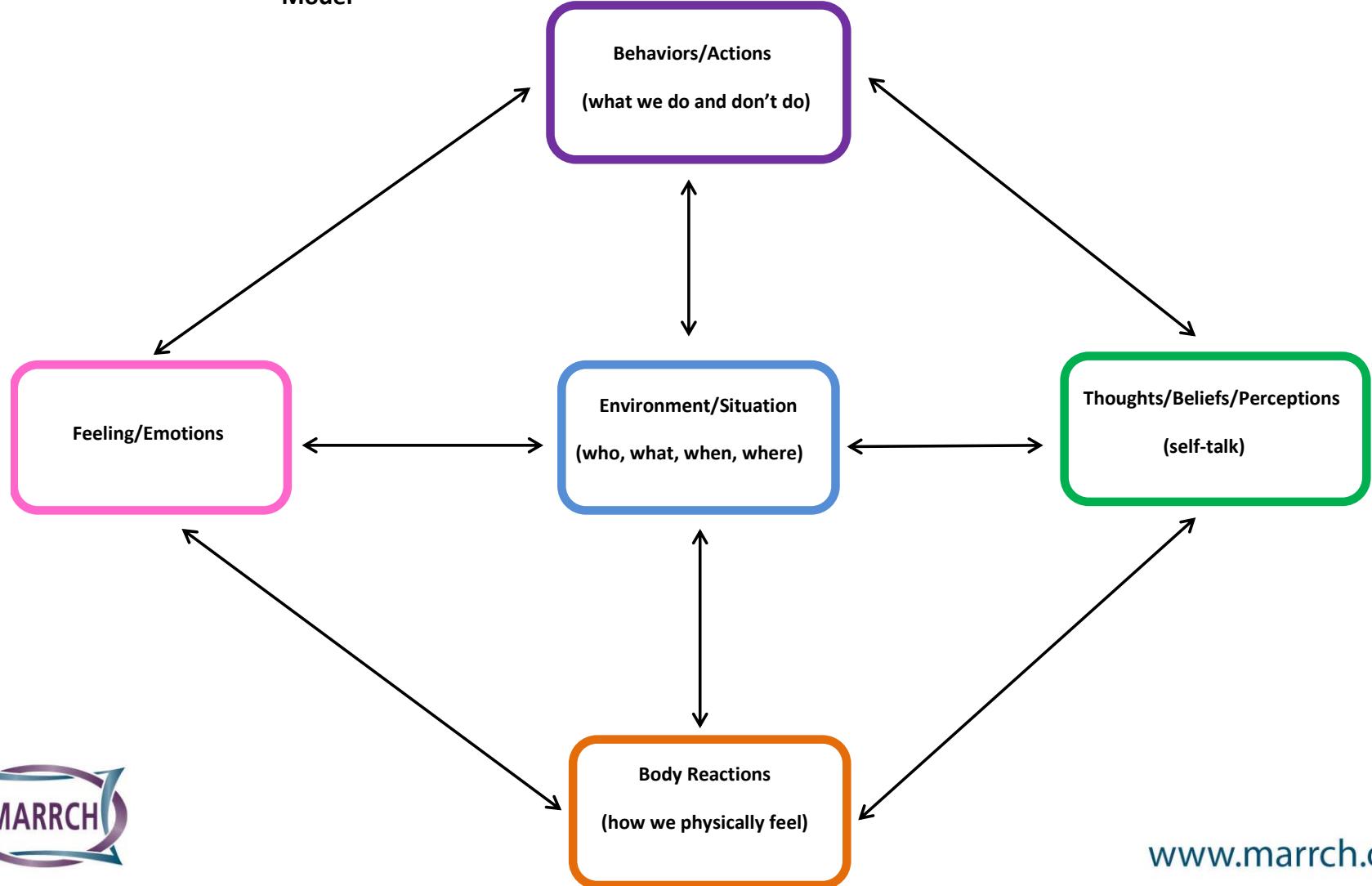




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Cognitive Behavioral Therapy (CBT) Model





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Week A		Tuesday	Wednesday		Thursday	Feelings/ Emotions Environment/ Situation Body Reactions Behaviors/ Actions Thoughts/ Beliefs/ Perceptions
0900		Welcome Group & Check-in: <i>Welu</i>	Assertiveness/ Refusal Skills: <i>Bertucci</i>	Process Group: <i>Silversmith</i>		
1000		Recovery Meds: <i>Pharmacist</i>	CBT- Catch It (Thinking Traps): <i>Welu</i>	12 Steps & 12 Traditions: <i>Bertucci</i>		
1100		Coping with Chronic Pain: <i>Dressen</i>	Care Coordination: <i>All Staff</i>	Intensive Referral Intervention: <i>Moore- Peer Support</i>		
1200		<i>Veteran Lunch</i>	<i>Veteran Lunch</i>	<i>Veteran Lunch</i>		
1230		Healthy Liver: <i>Dressen</i>	PTSD Ed.: Family Session: <i>Silversmith</i>	Weekend Planning: <i>Welu</i>		
1300		CBT Conditioning: <i>Silversmith</i>	Anxiety Mgmt- Exposure: <i>Welu</i>	Graduation: <i>All Staff</i>		
Week B		Tuesday	Wednesday		Thursday	
0900		Welcome Group & Check-in: <i>Welu</i>	PAWS: <i>Dressen</i>	Chatting with Peer Support: <i>Moore- Peer Support</i>		
1000		CBT- Check It: <i>Welu</i>	Nutrition: <i>Nutritionist (Emily Belgarde)</i>	Stages of Change: <i>Silversmith</i>		
1100		Anxiety Mgmt- Anger & Resentments: <i>Silversmith</i>	Care Coordination: <i>All Staff</i>	CBT- Change It: <i>Bertucci</i>		
1200		<i>Veteran Lunch</i>	<i>Veteran Lunch</i>	<i>Veteran Lunch</i>		
1230		VA Sober Meetings: <i>No Appointment</i>	Integrative Health: <i>Weiss (SW)</i>	Weekend Planning: <i>Welu</i>		
1300		Process Group: <i>Silversmith</i>	Relaxation & Mindfulness: <i>Dressen</i>	Graduation: <i>All Staff</i>		





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Week C		Tuesday	Wednesday	Thursday	
0900		Welcome Group & Check-in: <i>Welu</i>	CBT- Check It: <i>Bertucci</i>	Dual Diagnosis: <i>Silversmith</i>	<p>Feelings/ Emotions Environment / Situation Body Reactions Behaviors/ Actions Thoughts/ Beliefs/ Perceptions</p>
1000		Relationships: <i>Bertucci</i>	Anxiety Mgmt- Progressive Muscle Relaxation: <i>Welu</i>	Values: <i>Welu</i>	
1100		CBT- Catch It: <i>Silversmith</i>	Care Coordination: <i>All Staff</i>	Intensive Referral Intervention: <i>Moore- Peer Support</i>	
1200		Veteran Lunch	Recreation and Leisure: <i>Kristin Powell</i> & <i>Veteran Lunch</i>	Veteran Lunch	
1230		Recovery Apps: <i>No Appointment (Lara Carson)</i>		Weekend Planning: <i>Welu</i>	
1300		Process Group: <i>Silversmith</i>	Sleep Skills: <i>Dressen (RN)</i>	Graduation: <i>All Staff</i>	
Week D		Tuesday	Wednesday	Thursday	
0900		Welcome Group & Check-in: <i>Welu</i>	Discover You: <i>Silversmith</i>	Shame & Addiction <i>Silversmith</i>	
1000		CBT- Change It: <i>Dressen</i>	CBT- Catch It: <i>Bertucci</i>		
1100		Process: <i>Silversmith</i>	Care Coordination: <i>All Staff</i>	SMART Recovery: <i>Moore (CPS)</i>	
1200		Veteran Lunch	Veteran Lunch	Veteran Lunch	
1230		Video- My Name is Bill W. (1)	Video- My Name is Bill W. (2)	Weekend Planning: <i>Welu</i>	
1300		DSM 5: <i>Welu</i>	Anxiety Mgmt- Grounding: <i>Dressen</i>	Graduation: <i>All Staff</i>	





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- Catch It, Check It, Change It (The 3 C's)
 - Easy to remember
 - Easily applicable to many stressors
 - Daily 3C's homework

Sample	
Step 1  CATCH IT	When you notice a change in your mood or desire to use, then ask yourself: What am I thinking about right now? What is the emotion I am experiencing?
Step 2  CHECK IT	Now, check or evaluate the thought, craving, or emotion. -Stick with the facts! -What is the evidence for/against the thought? -How likely is that? Is it completely true?
Step 3  CHANGE IT	What is a more truthful, helpful, & accurate thought?





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What is a Certified Peer Support Specialist in the VA?

A Peer Specialist is a veteran who is managing mental illness and/or/both in recovery from chemical dependency.





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- Roles of a Peer Specialist
 - Using lived experience to be a recovery model for Veterans.
 - Assist Veterans in navigating the VA system
 - Knowledgeable of VA and community resources
 - Being a part of treatment teams





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- Where do Certified Peer Specialist work in the VA?
 - Inpatient psychiatric ward
 - Addiction services – IOP
 - Partial psychiatric hospitalizations(PPH)
 - Veterans Bridge to recovery (VBR)
 - Bell choir
 - Research





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- Certified Peer Support Intervention
 - In 2015, we added Omaha VAMC's (IRI) pilot into IOP using Certified Peer Support Specialists.
 - IRI is a three session intervention that covers the following topics:
 - Review history with 12-Step groups
 - Brief introduction to self-help groups
 - Identify meetings they can attend
 - Encourage veteran to introduce themselves, record name & phone # of one person at meeting
 - Encourage veteran to sign ROI for family/friend





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- Integrative/ Whole Health Interventions
 - Aromatherapy
 - Conducted by certified provider
 - Nutrition
 - Conducted by medical center nutritionist
 - Mindfulness meditation and relaxation
 - Exercises facilitated in many of our morning groups
 - Chair Yoga
 - Recreational Therapy- pottery





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- Family Involvement Interventions
 - In general, addiction programs struggle to effectively incorporate the clients' support system, specifically family
 - Loss of trust
 - “I have lost my life partner.”
 - Despite low attendance, we have a Family Session available for all IOP participants
 - 90 minute group therapy for family and friends of our veteran participants – validation, education, peer support, skills
 - Couple and family therapy available





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- Medication Assisted Therapies
 - Alcohol
 - Antabuse/ Disulfiram
 - Monitored Antabuse Program (MAP)
 - Naltrexone/ Vivitrol
 - Opiates
 - Methadone via the ARS Opiate Treatment Program
 - Buprenorphine/ Suboxone
- Tobacco Cessation





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- Integration of a Clinical Pharmacy Specialist
 - Clinical Pharmacy Specialist (CPS) involvement in IOP began with medication education groups in March 2015. CPS prescribing in IOP began September 2016.
 - CPS delivers a 30 minute medication education lecture on SUD pharmacotherapy during orientation. A more detailed 60 minute lecture is given later in the program.
 - We found that this greatly improved access to SUD pharmacotherapy by dramatically reducing wait times compared to psychiatric intakes.
 - Patients seen by a CPS had a higher rate of sobriety at one month compared to matched controls.





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- Access
 - Drop-In Screening every Friday at 9am
 - 25 minute overview presentation of all Addiction Recovery Services (ARS) offerings with special detail given to IOP
 - Veterans can ask questions
 - Binders available with the offerings laid out
 - Veterans meet with a substance use specialist for a brief screening and assessment to determine best course of care together
 - Typically lasts until 1130





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- Collect data on program attendance in the context of wait times
- Long wait times to begin SUD programs are common in the community and VA
- We have found that the sooner a veteran can get into the program, the more likely it is that they will show up on their first day
 - Less than or equal to 10 days- 81 individuals scheduled, 69 attended (85%), of those who started, 49 completed (71%).
 - 11-17 days- 31 individuals scheduled, 24 attended (77%), of those who started, 12 completed (50%)
 - More than 17 days- 19 individuals scheduled, 13 attended (68%), of those who started, 8 completed (61.5%)





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- Program Evaluation

- Brief Addiction Monitor (BAM): A 17-item monitoring measure covering important substance use related behaviors.
- IOP Perception of Care Survey: A 20-item measure Adapted from MHSIP 28 Item Consumer Survey. Measures general satisfaction with services, as well as outcomes.
- PROMIS® (Patient-Reported Outcomes Measurement Information System) is a set of person-centered measures that evaluates and monitors physical, mental, and social health in adults.
- Knowledge Survey is a 23 question “quiz” about various curriculum of the program.
- Satisfaction surveys for referral sources
- Feedback survey from Family Session
- Demographic information





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- FOCUS Group
 - Data Analysis
 - 64% of all participants completed IOP
 - 53% of African American completed IOP
 - 26.7% of individuals with Cocaine Use Disorder successfully completed
 - African American individuals, who use cocaine, have 15.4% completion rate



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- Focus Group (Continued)
 - Assessment questions to further identify barriers to recovery
 - Place of origin and family culture
 - Minority and treatment
 - Substance use treatment in own community
 - Topics related to culture
 - Race
 - Religion
 - Family dynamics
 - Resources in local communities





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- FOCUS Group (continued)
 - Data collection
 - Brief Addiction Monitor (BAM)
 - Patient-Reported Outcomes Measurement Information System (PROMIS®)
 - Satisfaction Survey
 - Feedback
 - “It allows me to be myself.”
 - “This group is very powerful and informative.”
 - “It deals with reality.”





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- Issues we discuss regularly
 - “Likability factor”
 - Using IOP as a step-down
 - When to discharge
 - Chronicity – can we help everyone?
 - Treatment individualization, aka, how to avoid the cookie cutter approach





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- Case A
 - 33 year old Caucasian male
 - Dx = Alcohol Use Disorder, Cannabis Use Disorder, PTSD, Borderline personality features
 - First treatment
 - Used x 2 during treatment
 - Dominant group member



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- Case B:
 - 29 year old Caucasian male
 - Dx = Stimulant Use Disorder, MDD, Avoidant personality features
 - Unable to start treatment x 2 due to using
 - Group participation gradually increased
 - Sober during treatment



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- Case C:
 - 54 year old African-American
 - Dx = Opioid Use Disorder, Cocaine Use Disorder, Cannabis Use Disorder, PTSD (raped in military)
 - Overly controlled personality characteristic
 - In focus group
 - Used multiple times during treatment

