



Intensive Outpatient Programs (IOP)
The Definitive Guide

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Intensive Outpatient Programs. The Definitive Guide.

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AN INTRODUCTION TO INTENSIVE OUTPATIENT PROGRAMS (IOP)

Intensive Outpatient Programs are a form of treatment that is carried out on a rigorous schedule, requiring frequent visits during the course of a week, and lasting several weeks. An Intensive Outpatient Program (IOP) sits on the continuum of care between residential in-patient facilities, partial hospitalization, and once-a-week outpatient treatment programs. In an IOP, patients receive services through group therapy sessions. Groups are small and generally do not exceed 10 people. The intensive nature of an IOP typically requires 3 hours of group sessions, three times a week. The typical IOP program often lasts for 12 weeks, although some centers continue care for much longer.

The roots of intensive outpatient programs are found in the drug addiction epidemic of the 1980's. During that time, the government started shifting its "war on drugs" from incarceration toward preventive measure, such as outpatient therapy. Additionally, the acceptance by the medical community that substance abuse is a chronic disorder, similar to such diagnoses as hypertension, led researchers to question the traditional approaches for treating substance abuse. To that end, outpatient treatment programs were seen as effective and cost-sensitive approaches for combating addiction.

While IOP can be used for treating various forms of mental illness, they are very frequently diagnosed for treating addiction. It is believed that 1 in 11 people suffer from an addiction to drugs or alcohol. It is also believed that nearly 60 percent of those fighting addiction have underlying psychiatric disorders. IOP can help patients with immediate concerns such as withdrawal management and learning coping skills, as well as uncover and help resolve the underlying disorders that contributed to the addiction.

Generally speaking, IOPs are designed to establish the necessary psychosocial support and help facilitate relapse management and coping methods. IOPs are offered in small,

safe group environments that are ideal for building supporting relationships. Treatment is offered through a team-focused approach and program participation includes various therapeutic components, including creating a care plan, as well as providing aftercare assistance and post-treatment services.

Severe cases of addiction may require full hospitalization or participation in full residential programs. When medical supervision for detox is not required on a full-time basis, IOP may be recommended. The outpatient nature of the programs, enable participants to work on their recovery while continuing to partake in work and family life. It should be noted, however, that IOP participation can also be combined with residential approaches, as discussed later.

At the two ends of the treatment spectrum are full hospitalization and outpatient visits, one hour a week. The traditional weekly visit approach can be problematic as there is not enough rigor for managing temptations and building the tools required to abstain, moderate, or properly handle relapse. Additionally, it is believed that drop-out rates are higher in the sporadic, one-hour-a-week approach. The structure of an IOP is inherently built to close those gaps. Additionally, IOP can be a great transition program after residential program completion. IOP can help enforce and build out behaviors and tools, while one re-integrates into their social environment.

Areas targeted by an IOP

Intensive Outpatient Programs target cognition, affect, and psychophysiological symptoms. Affective components are concerned with becoming aware of, identifying, and expressing feelings, as well as finding healthy ways to manage varying levels of emotional intensity. For instance, anger, fear, loss, grief, and sadness may be evaluated in regards to the role they may play in the pathology.

Cognitive aspects of a program may comprise problem-solving skills, coping skills, and action planning, particularly as it pertains to problematic situations and relationships. This may also include the evaluation of self-talk, self-defeating patterns, irrational thinking, and conditioning.

The psychophysiological aspects of the program concentrate on bodily processes that may exacerbate symptoms. This may involve working with illness, episodic and chronic conditions, overall health and wellness, pain management, and fitness.

Activities and Services Provided

Intensive Outpatient Programs include a host of activities and services. Group and individual sessions can touch on a variety of topics, including how to deal with withdrawal, relapse prevention, mood management, etc. A comprehensive list of services that can be provided comprises the following:

- Initial intake and assessment
- Orientation to the program structure
- Treatment planning. This includes the preparation of an initial treatment plan as well as regularly-scheduled updates to the plan, every 30 days or more frequently, based on participants' needs.
- Individual counseling sessions
- Group therapy (including psychoeducational, life skills, self-help, and other areas of focus)
- Case management, care coordination, and discharge planning meeting as needed
- Family sessions as needed, where individuals who play a significant role in participants' lives may be invited to a session
- Drug and alcohol screening, as necessary

- Continuing recovery and treatment planning, inclusive of the goals identified in the recovery or treatment plan and referrals to appropriate resources (e.g., social services, Medi-Cal and vocational rehabilitation, etc.)
- The use of Motivational Interviewing to establish an honest therapeutic relationship with the goal of influencing the participant towards change
- An assessment of the participant's place in The Stage Model of Change
- Active encouragement of the expression of ambivalence and resistance to change
- Developing a Decisional Balance that shows the pros and cons of changing or not changing
- Developing a Hierarchy of Needs in which the participant decides upon the relative importance of different problems in their life and the order of addressing these problems therapeutically
- Educating participants on how to manage urges and craving
- Identifying, enhancing, and maintaining motivation to abstain, moderate, cut back, or engage in less harmful use
- Identifying and addressing coexisting mental disorders; such as depression, anxiety, trauma, etc.
- Identifying and correcting maladaptive and dysfunctional thoughts and beliefs
- Developing a balanced value-based lifestyle leading to fulfillment of goals and dreams while minimizing chances of relapse
- Developing a style of communication that is effective and leads to establishment of healthy relationships
- Exploring and addressing dysfunctional dynamics within family and social environment
- Referral to medical professionals for determination of need for psychiatric or addiction medications

- Sharing of a list of resources within the community that offer complementary services that may not be provided within the program
- Thorough documentation of all services, interventions, and referrals provided
- The incorporation of 12 step and other spiritual groups, as appropriate for patient's orientation and needs
- Relapse prevention and education
- Help recognize personal strengths and problem areas
- Develop and/or improve the use of healthy coping skills
- Identify, challenge, and modify distorted thoughts and beliefs
- Address transitions in life
- Improve the ability to problem-solve and cope with emotional crisis
- Change dysfunctional or destructive behavior patterns
- Improve communication skills
- Set immediate and long-term goals
- Develop an effective aftercare plan
- Identifying repetitive relationship themes that adversely affect daily functioning
- Referrals for psychological assessments, as determined by the therapist's evaluation

Benefits of Intensive Outpatient Programs

There are many advantages to an intensive outpatient program, when compared to traditional one-on-one therapy, such as follows:

- Individuals can continue to carry out their regular activities and tend to their responsibilities, such as caring for family members, going to school, etc.

- Individuals can continue to live at home. Note that sometimes, this isn't an ideal situation, other residence accommodations need to be made. This is discussed elsewhere in this guide.
- Addiction, depending on the severity, requires intensive focus and a weekly hour of one-on-one sessions is not going to be enough. For instance, therapy may involve cultivating new skills and learning to work through difficult triggers. Such work requires constant and continuous feedback, to establish new and lasting habits.
- IOP programs are much more affordable than residential treatment and participation is typically covered by health insurance.
- IOP programs embed the individual in an environment with others who are sharing very similar situations. There is great benefit in the support of the group, especially when the IOP program purposefully cultivates the supportive environment.
- IOP programs often involve participation of family and close friends.

Who is Intensive Outpatient for?

Intensive Outpatient Programs are designed for people working through substance use issues. Such individuals are well-enough to not require hospitalization, but are in enough distress that an intensive treatment method is warranted. It is typical that a person dealing with addiction is also dealing with other conditions, including anxiety and depression. To that end, IOP programs work through not only the addiction but any contributing underlying conditions.

IOPs are best for individuals who require a certain level of intensity of care. They are also very commonly used as a transition program upon discharge from a residential program. When someone leaves the full-time care of a residential program, it is best to slowly transition back into life outside a facility, while having access to an on-going and long-term support structure. Such structure is offered by IOP programs, which typically meet 3

times per week and can help individuals cope with situations while under intensive supervision.

IOPs can be a great choice for individuals who require intensive supervision but who may not have the funds for residential treatment, or must continue their life responsibilities and must return home every day for taking care of family members or job responsibilities. It's not easy for people to stop going to work for several weeks to attend a residential program.

At times, IOP is mandated by a court as a treatment approach. In such cases, the court may require someone to go through intensive treatment for a pre-designated duration and may require the program director to provide reports throughout the course of care as well as during discharge.

How is IOP different from Residential treatment options?

Residential treatment facilities provide 24-hour care for those individuals who require constant supervision and care for severe disorders. For instance, some addiction situations call for a detoxification process to be undertaken. Detoxification can be very dangerous, depending on the substance involved, and ongoing medical supervision is called for.

Residential treatment is also appropriate when individuals need to be removed from their daily lives and surroundings. This change can afford them the ability to stay away from strong triggers and counterproductive home environments that may be hampering their ability to get better.

Residential treatment centers typically include the availability of multiple levels of care, including clinical psychologists, psychiatrists for medication management, and other supportive therapists. Oftentimes, the different types of care need to be closely coupled and coordinated over a period of time.

Residential treatment is typically the most expensive choice for people working through substance use issues. As a result, it can be prohibitive for many individuals. If 24/7 monitoring is not required, IOPs can offer a great alternative. IOPs can also be coupled with other levels of care, including working through partial hospitalization, medication management, and detoxification.

In fact, some studies have found that intensive outpatient programs can offer similar results to residential programs. According to a study by Radosta, M., "...recipients of traditional outpatient treatment had better social functioning at follow-up, as evidenced by increased attendance at work, higher earnings, and fewer family and social conflicts." This can be attributed to the fact that IOPs allow an individual to continue to live in their homes and take advantage of family and friends for support, while participating in treatment. Whereas, residential programs extract an individual from their lives and may create an unrealistic environment. When patients return to their regular lives, they may find the transition to be too abrupt. That's another reason why IOPs are often seen as a transition plan for those leaving residential treatment.

How is IOP different from Partial Hospitalization Programs?

A Partial Hospitalization Program (PHP), is a comprehensive outpatient program that provides support and treatment using interdisciplinary medical and psychiatric services. PHP's can be used for treating individuals facing emotional or mental health challenges, including addiction, when full-time hospitalization is not required. PHP's offer a structured format that provides prescribed physician oversight during the day, along with participation in therapeutic groups, such as IOPs. Unlike inpatient hospitalization, while on a PHP, there is no overnight hospital stay. That way, patients are able to maintain important links with family, friends, community, as well as tend to their home and work responsibilities.

Participation of friends and family members during IOP treatment

Research has shown the individuals whose families are involved in treatment have a better outcome and a higher success rate. Thus, many IOP programs strive to incorporate the patient's immediate family and key friends into the process. This not only creates a support structure for the individual undergoing treatment, but also serves to educate the family members of the patient in the condition and the goals of treatment. That creates a supportive feedback loop and everyone involved benefits.

Some IOP programs incorporate family and friends during individual family sessions that are held throughout the week while group sessions are taking place. Other IOP programs will offer group family educational sessions that are less targeted to an individual patient's particular case, and more targeted towards general education of the typical treatment methods, and ways people can offer support for their loved ones.

Types of Groups

The heart of the IOP is the group sessions. There are various types of groups. Broadly speaking, these include psychoeducational, skills-development, support, and interpersonal process groups. Some programs utilize a rigid structure while others offer flexibility and cater to the needs of the participating group. Also, the group type may vary depending on the phase of treatment. For instance, at the early stages of treatment, programs may be more focused on education and may offer gentle topics such as:

- Low-key concepts that don't generate strong emotional intensity
- Problem solving skills
- Relapse prevention skills
- Behavior practice in a safe environment

- Training for how to refuse substances and how to avoid difficult and settings and triggers
- Learning the balance between tolerance and assertiveness
- General techniques for dealing with negative thinking

As the above topics are established and understood, programs will veer into more difficult and sensitive conversations that may require active conflict management within the group setting. Clients will most often be kept within the same groups or at least in homogeneous groups, where participants are working through similar issues. There may also be grouping based on demographics, other co-occurring conditions, and socioeconomic status.

Individual Counseling during IOP

While IOPs deeply rely on group sessions, individual counseling plays an equally important role. There are topics that may come up during a group that require in-depth work one-on-one with the psychologist. Additionally, some patients don't have the ability or interest in working through issues in the presence of others. For instance, there often are co-occurring pathologies that play a role in the addiction that may not be relevant for others in the group. A patient may be learning about self-care and coping skills in a group setting while working in private sessions on how to break dependence from psychiatric medications. Additionally, it is common for clients who are nearing the end of the IOP program, to work in individual sessions on a tailored post-discharge plan of services for their particular situation.

Most IOP programs will be offered in a format that requires not only group participation during the week but also a minimum of 1 or more individual sessions every week. The same counselor who works in the group may or may not be the same counselor performing the individual session work. However, in facilities with multiple psychologists

involved, there is case management that takes place behind the scenes so that all care providers are coordinating efforts for each individual participating in the IOP program.

IOP and Community Based Support Groups

One of the aims of an IOP program is to help an individual establish a long-term support structure. One can't remain in therapy forever, so it is important to take advantage of long-term services, such as community-based groups, 12-step groups, mutual-help groups, etc. The IOP therapist can work with the individual to identify appropriate programs in the patient's geographic area.

IOP and Adjunctive Therapy

IOP's can often incorporate adjunctive therapy as part of the patient's care plan. Adjunctive therapy can involve group activities where patients can use nonverbal and creative media such as music, dance, and crafts, for therapeutic purposes. Other adjunctive therapies can include acupuncture and biofeedback. Often, meditation is also incorporated into the plan in the forms of mindfulness, visualization, breath awareness and other similar methods. Such methods can be used to aid in stress reduction, craving reduction and management, as well as improving a client's general emotional and psychological functions.

The role of medication as part of an IOP program

The use of medication can be a critical adjunct to effective addiction treatment and should be considered in some cases along with therapy, psychosocial support groups, and other adjunctive methods. Medication can target specific aspects of the substance abuse disorder, although, by itself, cannot change lifestyles or other dysfunctional behaviors and habits that accompany substance abuse. Instead, medication can assist with ambulatory detoxification, as well as management of withdrawal symptoms in some circumstances.

Medication can also assist with reducing cravings by creating aversive reactions or by blocking the effects of the substance.

Intensive Outpatient Programs can be ideal for patients who also require medication. The inherent frequency of care in an IOP can aid in medication management and compliance. The IOP therapist can incorporate the medication management plan into the patient's overall care plan.

Are Intensive Outpatient Programs effective?

Over the last 40 years, there have been several studies on the use of IOP in treating addiction. Some of these research studies are referenced at the end of this document. What is apparent is that IOP's have consistently shown positive outcomes in treating substance use disorders successfully. Several studies (Guydish et al, Schneider et al.; McKay et al. 1997; Schmitz et al. 1997) have, in fact, suggested that IOP have no significant differences in effectiveness to residential programs. While some other studies (Finney et al.) indicate that there is only a small difference in effectiveness favoring residential treatment options. The consensus, however, across most recorded studies, is that clients benefit from both levels of care. In fact, comparing effectiveness between inpatient and outpatient is not necessarily productive as the two approaches tend to have different applications and can be undertaken in parallel or sequentially with good results.

In one of the earliest research studies carried out on outpatient program effectiveness, the American Journal of Psychiatry published strong results based on data from 564 patients. The majority of program participants successfully completed outpatient detoxification and half continued engaging in related rehabilitation programs. Furthermore, only 19% of participants required inpatient care, and there were no fatalities across the patient population. This study, published in 1975, led the way for acceptance of outpatient programs as effective treatment programs for substance use disorders. Up

to that point, outpatient programs were largely untested. Up to that point in time, it was also commonly believed that only clients who were high functioning, employed and free from significant co-occurring psychiatric disorders could benefit from IOP. Through clinical and research findings, this belief has been dispelled and it is now widely accepted that IOP is an effective treatment approach for patients with substance use disorders who may also suffer from a range of co-occurring disorders. In particular, patients benefit from the IOP's intensive approach and emphasis on rigorous case management, support services, and psychiatric counseling services.

In a study by McLellan and his colleagues, it was stated that patients who had access to case management, coordinated medical, housing, parenting, and employment services, had less substance use, fewer mental health problems, and better social function after 6 months of IOP care.

Another study performed by Gottheil, Weinstein, Sterling, Lundy, and Serota, it was found that “patients who completed the intensive program showed significant improvement from intake to end-of-treatment scores on the Addiction Severity Index, the Beck Depression Inventory, and the Symptom Checklist. At nine-month follow-up, patients who had remained in treatment longer had fewer drug problems, a smaller proportion of positive urine drug screening tests, a better employment status, and fewer psychological problems compared with patients who left treatment earlier. Patients who remained in treatment were also more likely to be attending self-help meetings, continuing in outpatient treatment, or attending school.”

Similarly, Cournos performed a study where he found very significant improvements on “seven of nine symptom scales, including depression and anxiety.” Additionally, “significant effects were shown on all four of the measures of global distress and symptom severity”, and upon discharge from the IOP program, the average patient had returned to his or her premorbid level of functioning on the Global Assessment of Functioning (GAF)

inventory. Cournos also showed that IOP patients gave very high marks on perceived satisfaction with their treatment.

ADMINISTRATIVE CHARACTERISTICS OF IOP

Typical Duration of IOP

IOP typically meets three times a week for three hours each day – a total of 9 hours of treatment per week. Typical overall duration for an IOP can range from 8 to 12 weeks, though some participants will attend longer term, up-to a year. While programs may vary in overall duration of the program, the key is to meet intensively during a given week.

Note that program costs can vary depending on the frequency of meetings and sessions held per week. While the standard in the industry is to meet 3 times each week, some programs meet up to 5 or 6 evenings and may spend less time per session. Such schedules may be offered by some centers that cater to people who work full time during the day and cannot get away from their obligations for three whole hours per day. This, however, is not a standard IOP schedule.

Cost of an IOP

Compared to a stay at a residential rehab, participation in intensive outpatient treatment programs costs much less. IOP costs are significantly lower since people live at home and they are not paying for a room or a bed, meals, or a full medical staff that's available 24/7.

Travel

Travel is sometimes required for inpatient treatment, and sometimes travel is desired. For example, some people choose to go out-of-State inpatient rehab, and live in a treatment

facility for the duration of their rehab. For the typical rehab duration of 30 days, this can mean a significant time away from work, family, and personal obligations. For many people, however, this gives them the opportunity to avoid difficult triggers and counterproductive people and situations long enough to break certain habits and regain control.

IOP eligibility and admission requirements

Eligibility criteria may vary, but often includes some combination of the following:

- A mental health diagnosis per the DSM-V
- Individual's impairment due to substance use where the level of impairment is not severe enough to require hospitalization
- Individual is not in an immediate danger to themselves or others around them. If they are, hospitalization is more appropriate.
- An order from the court for an individual to participate in an intensive outpatient program
- An individual's ability to continue to live in their current setting and carry on with living requirements
- Individual is not actively experiencing acute withdrawal symptoms. If that is the case, detoxification settings and partial or full hospitalization may be warranted.
- Individual is interested in making a commitment to getting better. Note that this is not mandatory. As mentioned elsewhere, individuals are often ordered by a court to attend and intensive program even if they do not wish to. Obviously, an individual's interest in getting better increases the chance of success.
- Some IOP programs will not accept anyone who is still actively using the substance in question. While, other programs understand the substance use is a long-term condition and it may be unrealistic to expect someone to be completely clean

before seeking help. As a matter of fact, during the course of treatment, individuals will often relapse. For IOP centers that accept patients under the influence, a relapse can offer a good learning opportunity where the situation can be worked through in a group and in individual settings.

- Individual is referred by a residential facility, a hospital, or a psychiatrist for counseling under an intensive program

Note that patients may be discharged early from an IOP. Typical cases include:

- The patient is judged to be unsafe to themselves and others in the group
- The patient requires medical intervention, such as an acute detoxification
- The patient is not adhering to group therapy guidelines and is disruptive
- Individual has significant factors that prevent progress to be made in a group session. In such cases, a patient may be guided to work through solely individual sessions.

IOP and Insurance Coverage

Many health insurances will cover IOP participation. Most States have laws that require coverage for such programs and for substance rehabilitation.

Every insurance is different but the insurance carriers who cover substance treatment will offer different levels of support based on the intensity and phases of treatment necessary. For instance, some will cover the detoxification phase for a period of time. Others will cover medication that can assist in abstaining and detoxing.

In terms of inpatient treatment, insurance carriers will typically cover 60 days of treatment per year. Also, some carriers will provide residential support for half-way houses, and residential facilities. The level of financial coverage can vary widely.

Note that many IOP centers do not take insurance at all and rely purely on cash-pay. Given the intensity of care and the length of a typical IOP program, it's best to shop around and find programs that meet your needs, both from a personal fit and a financial one.

How to Evaluate an IOP offering

IOP is a mainstream treatment option and one that is frequently covered by commercial insurance. There are many facilities offering programs and there is very little regulation about what should and shouldn't be done within the treatment setting. It is in the best interest of the patient, then, to do the necessary evaluation of programs to identify a suitable service provider.

Evaluating IOP offerings should comprise the following considerations:

- Therapist experience and specialty. Look for programs that are facilitated by qualified individuals with past experience in the particular area of treatment. Additionally, the IOP program, as a whole, should be supervised by a certified psychologist with PhD or PsyD credentials.
- Testimonials from past clients. It is important to see client feedback, even if published anonymously.
- Group meeting attendance levels. While there is no such thing as a perfect attendance number, it is best to find programs that have no more than ten participants in attendance. If the attendance is higher, there is not enough personalized attention and air time for each participant.
- Availability of free consultation and initial group meeting participation. While most programs will do an initial consultation, some programs may even offer a participant the ability to attend a live group meeting prior to making a long-term commitment.

- Program tenure per client. Patients get the most out of a program when they participate for the entire prescribed duration. While most programs will not publish drop-out rates, it is perfectly acceptable to ask other participants directly about how long they have been with the program.
- Client selection. It is a good sign when a center asks pointed questions to assess client fit. This shows that the program administrators care about the impact that a new patient will have on their existing patient base.
- Focus on treatment. Since there is no standard around what should be covered during IOP sessions, some programs choose to focus on one-directional rhetoric. Other programs take up group time by showing lengthy videos on a regular basis. A well-rounded program will create a collaborative problem solving environment and will incorporate a variety of services and activities.
- Availability of therapists outside sessions. Some situations call for quick access to a therapist to discuss an urgent matter. It is advisable to look for programs that offer access to after-hours consultation on an as-needed basis.
- Treatment planning rigor. Program administrators should take the time to create personalized treatment plans for all their participants.
- Cost considerations. IOP programs are not inexpensive, given the intensity and long-term commitment of the approach. IOP programs will cost less than residential programs, and should be more aligned with corresponding hourly rates offered in individual therapy.
- Availability of a pre-screened network of external resources. IOP administrators should offer external references to support services and other providers to maximize a patient's chance of recovery in the long term.
- Track record of clients showing improvement. Client records are confidential and it is hard to publish information relative to outcomes. However, the direction of the entire health care profession is moving towards outcomes-based care. In the



coming years, this is going to become a reality and IOP programs will need to do their part in demonstrative efficacy of care.

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