Intensive Outpatient Behavioral Health Program in a Military Facility

JoEllen Fielden
MAJ, AN, PMHNP-BC, ANP-BC, DNP

Disclosure

Speaker has no relationship to disclose

Objectives

- List at least three reasons for the development of an intensive outpatient program in the military environment
- Explain the intensive outpatient program content
- Plan care for a patient in the intensive outpatient program
Outline

- Background and rationale
- Review of literature
- Modalities of treatment
- Treatment goals
- Review tracks
- Review classes
- Conclusion

Background/Rationale

- Intensive outpatient services (intensive outpatient behavioral health programs and partial hospitalization programs) are regularly utilized in the San Antonio area as an intensive outpatient and step down from inpatient services.
- Interdisciplinary collaboration occurs among psychiatry, psychology, social work professionals and paraprofessionals, occupational therapists, chaplains, and complementary and alternative medicine personnel.
- Improves quality of life for the soldiers through reduced symptoms, enhanced wellness, increased problem solving strategies, decreased stress, improved perceived quality of work ability, and increased satisfaction with work, family, and social situations.

Review of Literature

- Comprehensive treatment important
- Impact on mind, body, soul
- Group therapy
  - Share struggles/achievements
  - Normalize experiences
  - Manage symptoms with support
- Trauma specific
  - Overreaction of HPA axis
  - Continued hyperarousal leading to PTSD spectrum of symptoms
Review of Literature (cont)

- Behavioral Health
  - Psychoeducation on nature and course of illness
  - Coping skills
  - Stress reduction
  - Psychopharmacology
  - Spiritual disequilibrium
  - Disruption of social and family network
  - Decreased motivation/satisfaction with job
  - Decreased resilience

Patients enter programming

Modalities of Treatment

- Psychiatric care (medical evaluation, management, education, adherence)
- Psychotherapy (individual and group)
- Psychoeducation (coping, relationships, boundaries, goal setting, self esteem, resilience, distorted thinking, emotion/anger management, stress management, distress tolerance, interpersonal effectiveness)
- Spiritual interventions (meditation, spiritualistic groups, individual spirituality counseling, grief counseling, education groups)
- Lifestyle practices (nutrition, health, sleep hygiene, alcohol/drug, symptoms and dx psycheducation, occupational therapy)
- Expressive therapies (art therapy, music therapy)
- Mind-body therapies (deep breathing, relaxation, meditation, T'ai Chi, Emotional Freedom Technique (EFT), JRest/Yoga, Occupational Therapy, Alpha Stim®, in-vivo exposure—journaling)
- Substance abuse education
Treatment Goals

- Cognitive Error remediation: to reduce cognitive distortions and errors related to experiences using individual and group psychotherapy with cognitive behavioral therapy (CBT) and psychoeducation
- Emotion regulation: distress tolerance, mindfulness, and emotion and anger management/regulation with dialectic behavioral therapy (DBT) and psychoeducation
- Emotion/grief work: reduce emotional reaction to distressing emotions/memories/images, reduce frequency of symptoms, mood lability, and panic through process, psychoeducation, lifeskills and occupational therapy
- Spiritual healing: regain a cohesive sense of self, incorporate experience into the “meaning” of their lives, work through issues of death, dying and killing and resolve confusion evoked by combat about God or a higher power through individual/group psychotherapy, chaplain counseling, medication, mindfulness training.

Treatment Goals (cont)

- Memory function rehabilitation: reduce hyperarousal to increase ability to focus and attend and improve memory functioning through breathing, meditation and behavioral interventions
- Sleep improvement to increase duration and quality of sleep through sleep hygiene education, physical arousal reeducation, emotion/grief work (to reduce nightmares, sleep restlessness, sleepwalking) and medication as needed
- Physical arousal reduction: to reduce physical agitation, aggressiveness, startle response, muscular hypertonicity
- Increase problem solving strategies
- Decrease stress
- Improve perceived quality of work ability
- Increase satisfaction with work/military
- Improve resilience

Spirituality Component

- Comprehensive treatment must include a spiritual aspect.
- Military situations and combat are oftentimes not conducive with moral or spiritual beliefs and many symptoms can arise from feelings of shame, blame, and a broken spirit.
- Difficulty with interpersonal relationships is a core feature of behavioral health problems. Likewise, a problematic relationship with God, or separation from God, might also be a sign of traumatic distress.
- Aspects of spirituality also provide a protective effect from distress. The ability to make sense of events in a way that “fits” with one’s previous beliefs not only reduces the likelihood of behavioral health problems, it also leads to psychological and spiritual growth.
**Spiritual Healing**

- Regain a cohesive sense of self
- This can help rebuild the foundation that consists of faith, trust and belief in God.
- Incorporate combat and other experiences into the “meaning” of their lives
- Work through issues of death, dying and killing and resolve any confusion evoked about God or a higher power
- Spiritual healing also significant in improving shame, blame and grief symptoms where people often get stuck.

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**Example Schedule**

<table>
<thead>
<tr>
<th>Monday/Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
</tr>
</thead>
<tbody>
<tr>
<td>0830-0930</td>
<td>Goals/process group therapy</td>
<td>Goals/process group therapy</td>
</tr>
<tr>
<td>0930-0945</td>
<td>BREAK</td>
<td>BREAK</td>
</tr>
<tr>
<td>0945-1045</td>
<td>Art Therapy</td>
<td>Education</td>
</tr>
<tr>
<td>1045-1100</td>
<td>BREAK</td>
<td>BREAK</td>
</tr>
<tr>
<td>1100-1200</td>
<td>Education</td>
<td>Health and Nutrition</td>
</tr>
<tr>
<td>1200-1300</td>
<td>LUNCH</td>
<td>LUNCH</td>
</tr>
<tr>
<td>1300-1400</td>
<td>Occupational Therapy Life Skills</td>
<td>Occupational Therapy Life Skills</td>
</tr>
<tr>
<td>1400-1415</td>
<td>BREAK</td>
<td>BREAK</td>
</tr>
<tr>
<td>1415-1515</td>
<td>Occupational Therapy Life Skills</td>
<td>Occupational Therapy Life Skills</td>
</tr>
<tr>
<td>1515-1615</td>
<td>Treatment Team Meetings (when required)</td>
<td>Treatment Team Meetings (when required)</td>
</tr>
</tbody>
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**GENERAL BEHAVIORAL HEALTH TRACK**

- Capacity: 10
- Full Day (0830-1600) 4 Days 4 Weeks

**TRAUMA TRACK:**

- Capacity: 8
- Full Day (0845-1500) 4 Days 4 Weeks

**CHEMICAL DEPENDENCY TRACK**

- Capacity: 10
- ½ Day (1300-1600) 4 Days 4 Weeks

**TRAINEE TRACK**

- Capacity: 10
- 4 ½ Days (M-Th 0900-1430; Fri 0900-1230) 4 Weeks
Psychoeducation Topics for BH
- Emotion management
- Distress tolerance
- Anger management
- Stages of Change
- Motivation/goal setting
- Stress management/coping
- Self esteem
- Distorted thinking
- Problem solving
- Grief/loss
- Communication/behavioral styles
- Interpersonal effectiveness/relationships
- Boundaries
- Can’t do vs. won’t do

Topics for Trauma Track
- Trauma overview
- Avoidance/hiding
- Trust/disconnection
- Boredom/low frustration tolerance
- Esteem
- Communication
- Behavioral activation
- Problematic thinking patterns
- Arousal management
- Emotion management

Topics for Chemical Dependency
- Triggers and cravings
- Alcohol and recovery
- Methamphetamine and cocaine
- Roadmap for recovery
- Coping with possibility of relapse
- Boundaries
- Opioids and club drugs
- Rebuilding trust
- Marijuana and spice
- Living with an addiction
- Communication traps
- Dual diagnosis issues
Intensive Outpatient Process

- Patients are referred by a behavioral health provider but must have permission from their Command to participate in the program.
- After a referral is received, candidates make an appointment with one of the providers for evaluation for appropriateness to the program.
- Service member motivation to participate in the program will be a key factor.
- Clinical providers discuss the results of candidate screenings to determine whether a particular Service Member will likely benefit from what program.
- Imminent danger to self/others, imminent risk of a medical crisis, severe post-concussive symptoms or psychoses, and lack of motivation to participate preclude acceptance.

Intensive Outpatient Process

Discharge criteria. Any of the following are sufficient for discharge from the program:

- The individual's documented treatment plan, goals and objectives have been substantially met or a safe, continuing care program can be arranged and deployed at a lower level of care.
- The individual is competent but nonparticipatory in treatment or in following the program rules and regulations. Nonparticipation is of such a degree that treatment at this level of care is rendered ineffective or unsafe, despite multiple, documented attempts to address nonparticipation issues. In addition, it has been determined that inpatient treatment is inappropriate.
- Consent for treatment is withdrawn, and it is determined that the individual has the capacity to make an informed decision and does not meet criteria for an inpatient level of care.
- The patient is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care despite treatment planning changes.
Conclusion

Support has been shown to have a direct influence on recovery. IOP focuses on success through group education and process.

"Success is a little like wrestling a gorilla. You don’t quit when you’re tired. You quit when the gorilla is tired.”

-Robert Strauss (Author)

Questions?

References

- Google clipart
References (cont.)