

# Overview of treatment for Opioid Use Disorder

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# Disclosure Statement

- I have no conflicts to disclose.



# Continuum of treatment



- .5 Early Intervention
- 1 Outpatient Services
- 2.1 Intensive Outpatient Services
- 2.5 Partial Hospitalization Services
- 3.1 Clinically Managed Low-Intensity Residential Services

- 3.3 Clinically Managed Population-Specific High-Intensity Residential Services
- 3.5 Clinically Managed High-Intensity Residential Services
- 3.7 Medically Monitored Intensive Inpatient Services
- 4 Medically Managed Intensive Inpatient Services

Treatment Level	Duration	Format	Essential Element
Residential	30-90 days	Group, individual	Removing individual from environment to safe/secure environment
Intensive outpatient	4-8 weeks, 3-4 days/week, 3 hours/day	Group	Providing structure & routine in schedule
Outpatient	6-12 weeks, 1-2 hours/week	Group, individual	Support in functioning daily life

Ideally individuals “step down” from 1 treatment level to the next



# How do we know what level of treatment is needed?

1	DIMENSION 1	<b>Acute Intoxication and/or Withdrawal Potential</b> Exploring an individual's past and current experiences of substance use and withdrawal
2	DIMENSION 2	<b>Biomedical Conditions and Complications</b> Exploring an individual's health history and current physical condition
3	DIMENSION 3	<b>Emotional, Behavioral, or Cognitive Conditions and Complications</b> Exploring an individual's thoughts, emotions, and mental health issues
4	DIMENSION 4	<b>Readiness to Change</b> Exploring an individual's readiness and interest in changing
5	DIMENSION 5	<b>Relapse, Continued Use, or Continued Problem Potential</b> Exploring an individual's unique relationship with relapse or continued use or problems
6	DIMENSION 6	<b>Recovery/Living Environment</b> Exploring an individual's recovery or living situation, and the surrounding people, places, and things



# Common treatment elements

- Medication management (buprenorphine, naltrexone, methadone)
- Increasing motivation for change
- Identifying drivers of use behavior & reducing use behaviors
- Addressing comorbid mental health symptoms
- Monitoring use



# Increasing motivation for change

- Meeting the client where they're at & fostering own momentum for change
- Decisional balance

	Benefits	Cons
Continuing to use		
Reducing or stopping use		

# Changing using behavior

- Identifying internal (emotions, thoughts) and external (people, places) drivers of use
- Examining social network & other lifestyle factors
- Teaching skills to cope with cravings / urges & emotion regulation





# Monitoring use

- Monitoring use with drug screening is critical!
- Non-punitive, goal is to objectively monitor behavior
- Reward for non-use vs. punish for use



# NIDA Principles of Effective Treatment

1. Addiction is a complex but treatable disease that affects brain function & behavior.
2. No single treatment is appropriate for everyone.
3. Treatment needs to be readily available.
4. Effective treatment attends to multiple needs of the individual, not just drug abuse.
5. Remaining in treatment for an adequate period of time is critical.
6. Behavioral therapies are the most commonly used forms of drug abuse treatment.
7. Medications are an important element of treatment, especially when combined with counseling or behavioral therapies.



# NIDA Principles of Effective Treatment

1. An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that it meets their changing needs.
2. Many individuals also have mental disorders.
3. Medically assisted detoxification is only the first stage of treatment and by itself does little to change long-term drug abuse.
4. Treatment does not need to be voluntary to be effective.
5. Drug use during treatment must be monitored continuously.
6. Treatment programs should test individuals for infectious diseases and link to treatment if necessary.



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