

# Intensive Outpatient Program (IOP)

**STAR Center Clinic**

**Pittsburgh - 2017**

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## **Today's workshop Objectives:**

We will present:

- The development of an intensive outpatient program (IOP) for suicidal adolescents, including the benefits of having IOP level of care and the initial steps in program development.
- The current STAR IOP model including the family component.
- Report on other programs modeled after the STAR IOP. Adaptations of the treatment model will be described and overview of treatment outcomes.
- Overview of adaptation of the STAR approach to international, culturally diverse communities.

# History

Founded by the Pennsylvania General Assembly, STAR-Center is in its 30<sup>th</sup> year of developing and disseminating best practices for prevention and treatment of youth suicide and suicidal behavior to educational and health professionals, families, and youth at risk.

The STAR Center provides rapid and comprehensive ***outpatient*** assessment and treatment for depressed, anxious, and suicidal youth. Since its inception, over 9,650 youth have received assessment and treatment in the clinic.

In July 2007, the STAR Center expanded clinical services and opened an ***Intensive Outpatient Program (IOP)*** for depressed and anxious teens ages 13-18 – for teens that required a higher level of care than weekly outpatient treatment.

IOP level of care, promotes a seamless continuum of care for depressed and suicidal teens. Patients were able to participating in the IOP and attend our program three days per week.

# What do you need to start an IOP?

- Group protocol; policies and procedures
- Assessment and admission/discharge criteria
- Staffing (group therapists, individual therapists, psychiatrist and nurse)
- Group room/space
- Knowledge & contacts for insurance authorization/procedures
- Referral sources/patients
- Data collection process

- Number of patients per group = maximum 10
- Average length of stay: 4-6 weeks
- Staffing:
  - Group leaders (ideally two)
  - Individual therapists
  - Psychiatrist (and ideally a nurse)
- If a teen needs a higher level of care, STAR will facilitate a referral to the appropriate treatment setting.

- Teens in the IOP attend 3 group sessions per week, 3 hours each day (9 hours per week) and provided with support and learn CBT and DBT skills.
- While attending the IOP skills group sessions teens also see an individual therapist and psychiatrist weekly.



## Group session format:

- 1<sup>st</sup> hour: Goal Review & Safety Planning
- 2<sup>nd</sup> hour: Skills Training
- 3<sup>rd</sup> hour: Goal Setting

# STAR IOP Group Skills (modules)

- Psychoeducation & Safety Planning
- CBT
- Behavioral Activation
- Interpersonal Effectiveness
- Communication
- Emotion Regulation
- Distress Tolerance
- Problem Solving
- Dialectics and Validation

# Guidelines for IOP skills group

The following are some important group guidelines (we review with the teens):

- **FOCUS ON CHANGE**

Use the group for support and try to focus on positive changes you want to make.

- **ALLOW EACH PERSON TO HAVE TIME**

Each teen will have the opportunity to share ideas, ask questions, and discuss any difficulties you have in using the techniques or strategies.

- **THE PERSONAL THINGS WE TALK ABOUT IN GROUP SHOULD NOT BE SHARED OUTSIDE THIS GROUP**

Any information discussed in your individual therapy sessions will remain confidential and will not be shared with other group members.

Everyone is expected to honor the confidentiality rule by not discussing personal material from their group sessions with people who aren't part of the group.

- **RUNNING THE GROUP SMOOTHLY**

Friends cannot attend group.

Arrive no earlier than 30 minutes before group begins.

Arrange to be picked up soon after group ends.

Please call if you are not going to be attending group.

- Cell phones are collected at the beginning of group and returned at the end of group session.
- Relationships with group members outside of group time are strongly discouraged.
- If a group member needs to leave early, a parent must call prior to the member leaving.

## Summary:

- The purpose of the IOP is to offer intensive acute treatment that will ultimately help stabilize the teen's psychiatric condition and monitoring the teen's suicide risk. Teens will learn strategies and skills that will aid in overall **symptom reduction** and also how to apply these skills to day-to-day stressors.
- After completing intensive treatment, our teens may step down to weekly *outpatient* treatment at STAR.

# STAR IOP parents

- In 2014, we added IOP parent group to our programming:

## **Parent group** (3 modules – 1 hour each):

- Psychoeducation (depression, suicide, self injury)
- Overview of IOP skills
- Walking the Middle Path
- Additional family sessions with the teen's therapist as indicated.



# Suicide Prevention and Resilience at Children's

**Betsy Kennard, Psy.D**  
**Alexandra Moorehead, BS**

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# Suicide Prevention and Resilience at Children's: SPARC Program Overview

- Program:
  - *Youth Group Therapy:*
    - Group therapy 3 hours per day, 2 days per week
    - Evidence-based (CBT with DBT components)
    - Skills to reduce risk factors related to suicidal thoughts and behaviors
  - *Parent Group:*
    - 1 hour parent group weekly
    - Focused on skills their child is learning in group
  - *Multifamily Group:*
    - 3 hour group therapy, once a week, first two weeks of treatment
    - Focuses on program orientation, skill building, and family communication
  - *Therapy:*
    - Individual therapy and family therapy provide individualized care
  - *Medication Management:*
    - Medication needs overseen by medical staff
- Assessments prior to and following treatment
- Follow-up assessments at 1 and 6 months post discharge

# Multifamily Group

- DBT based-helps parents to serve as models and reinforce skills that the teens learn
- One multifamily group was held in year one prior to Thanksgiving and was well received
- SPARC team felt that more family work was needed
- Multifamily format is efficient and provides peer support
- There is a need to increase family support and reduce conflict

# Multifamily Group

## *Week 1*

- Psychoeducation for Families:
  - Stress management
  - Sleep Hygiene
- Family Skill Building:
  - CBT Model
  - Emotions Thermometer
  - Family Safety Plan
  - Skills for safe coping and managing strong emotions

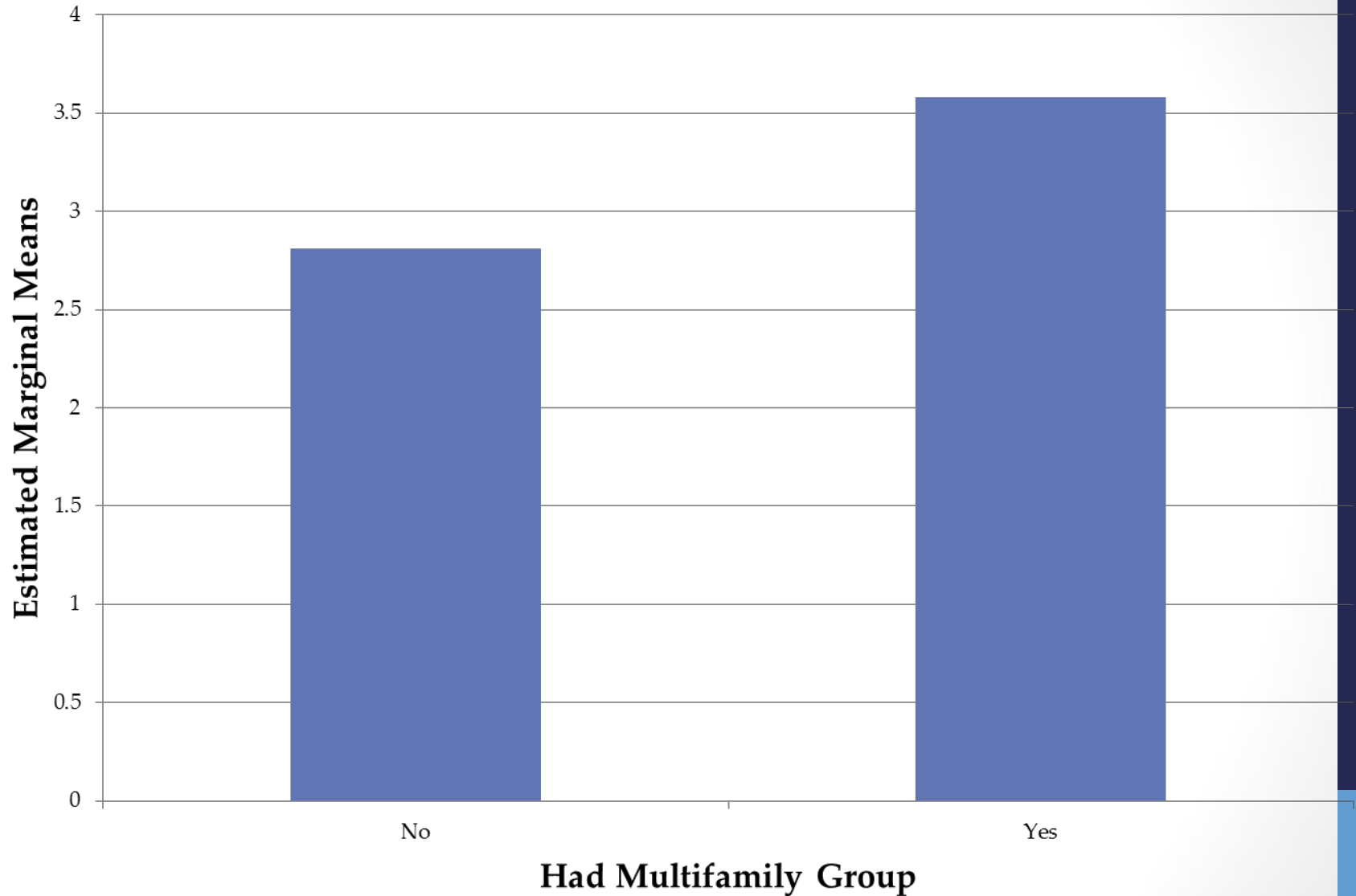
## *Week 2*

- Psychoeducation for Families:
  - Family Wellness
- Family Skill Building:
  - Communication
    - Family Expressed Emotion
    - Problem Communication Habits
    - Validation
    - Negotiation using RAVEN

# Multifamily Group Patient Satisfaction

- Compared Patient Satisfaction Data
  - 20 patients who completed Multifamily Group
  - 18 patients from December 2014 – May 2015 who did not complete Multifamily Group
- Those who completed multifamily group were more satisfied on “To what extent has our program met your needs?”,  $F(1,36)=10.04, p<.01, \text{partial eta squared} = .22$ .

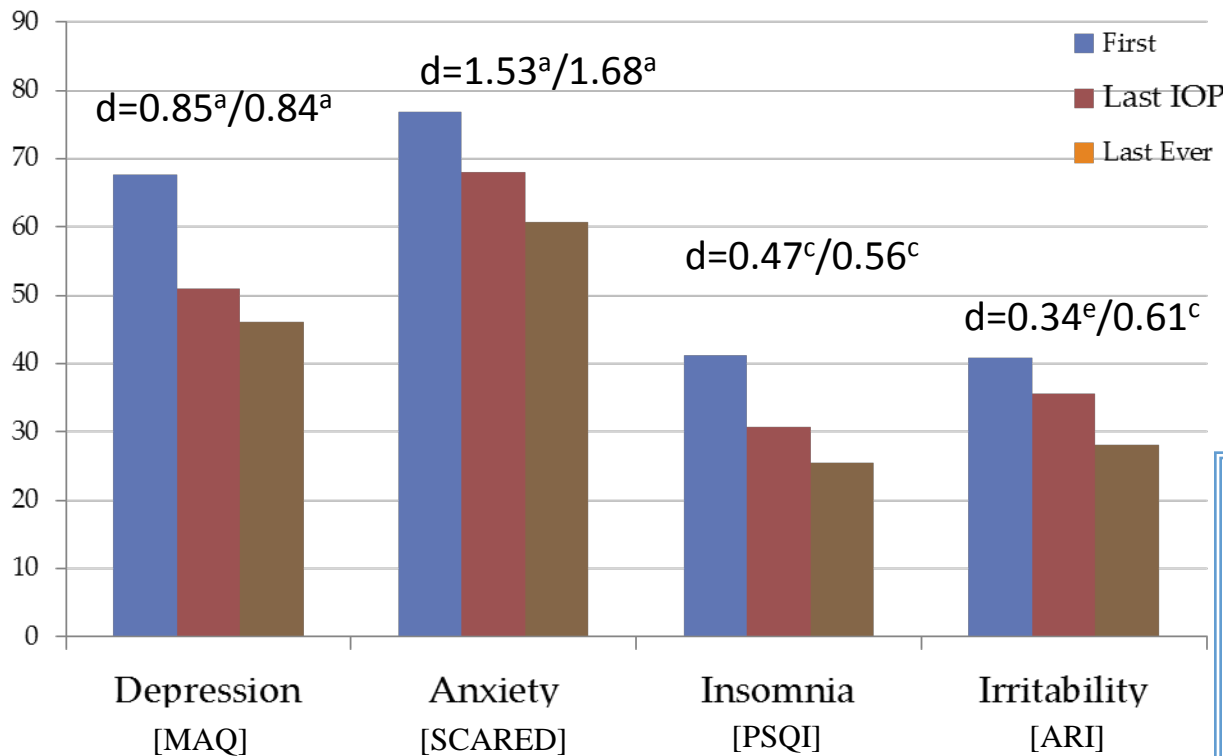
# Multifamily Group Patient Satisfaction



# STAR Center: Summary of Outcomes

David Brent, Kim Poling, Dara Sakolsky

# Percent Patients with Score of Self-reported Measures above Clinical Cut-Off at First and Last Point



Number of weeks between First and Last IOP: M=7.1, SD=8.1, median=4.9

Number of weeks between First and Last Ever: M=11.4, SD=12.7, median=6

$d=XXX/YYY$

XXX: effect size comparing First to Last IOP

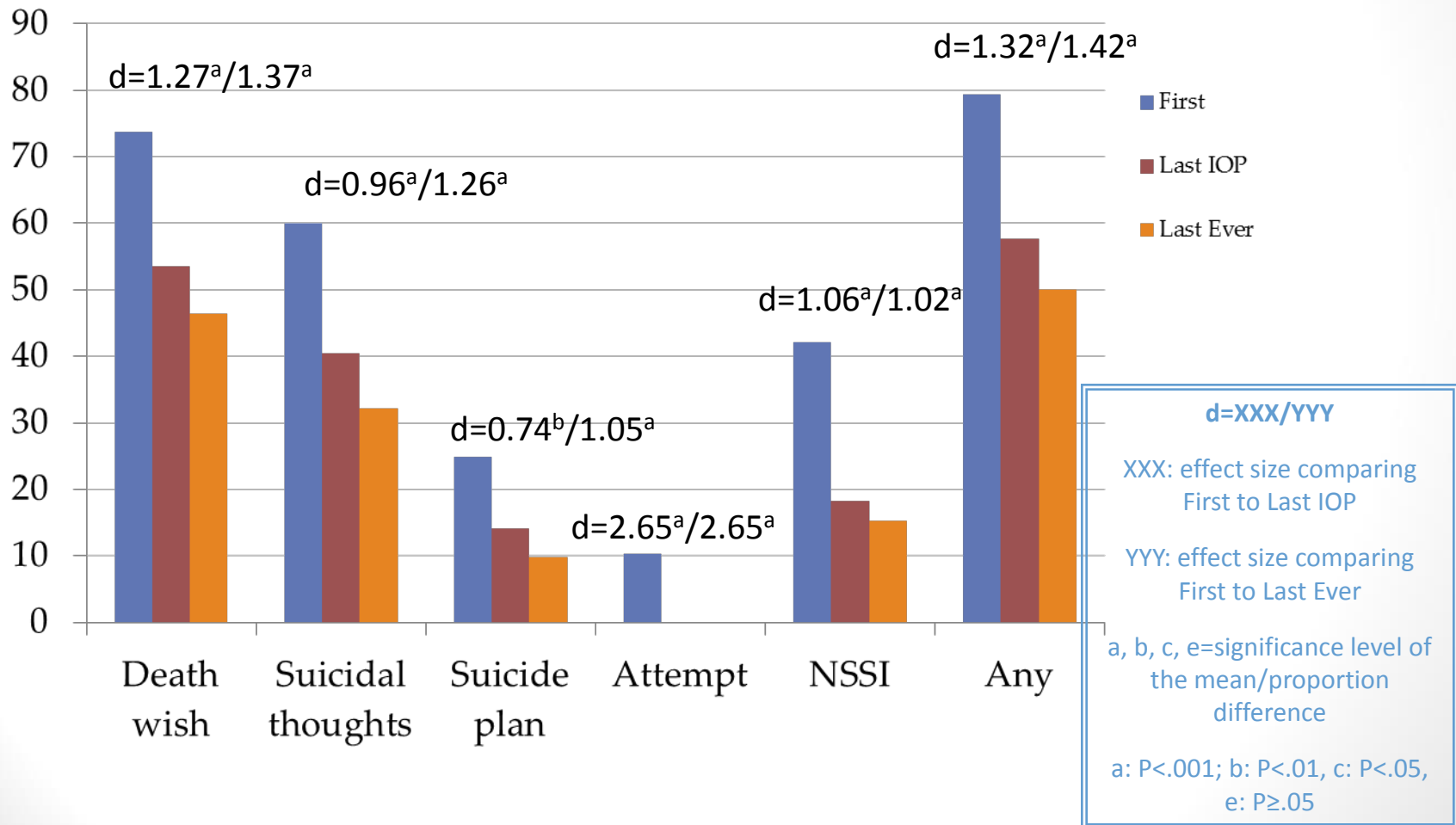
YYY: effect size comparing First to Last Ever

a, b, c, e=significance level of the mean/proportion difference

a:  $P<.001$ ; b:  $P<.01$ , c:  $P<.05$ , e:  $P\geq.05$



# Percent of Patients Endorsing Suicidality/ Self-Harm Items at First and Last Point

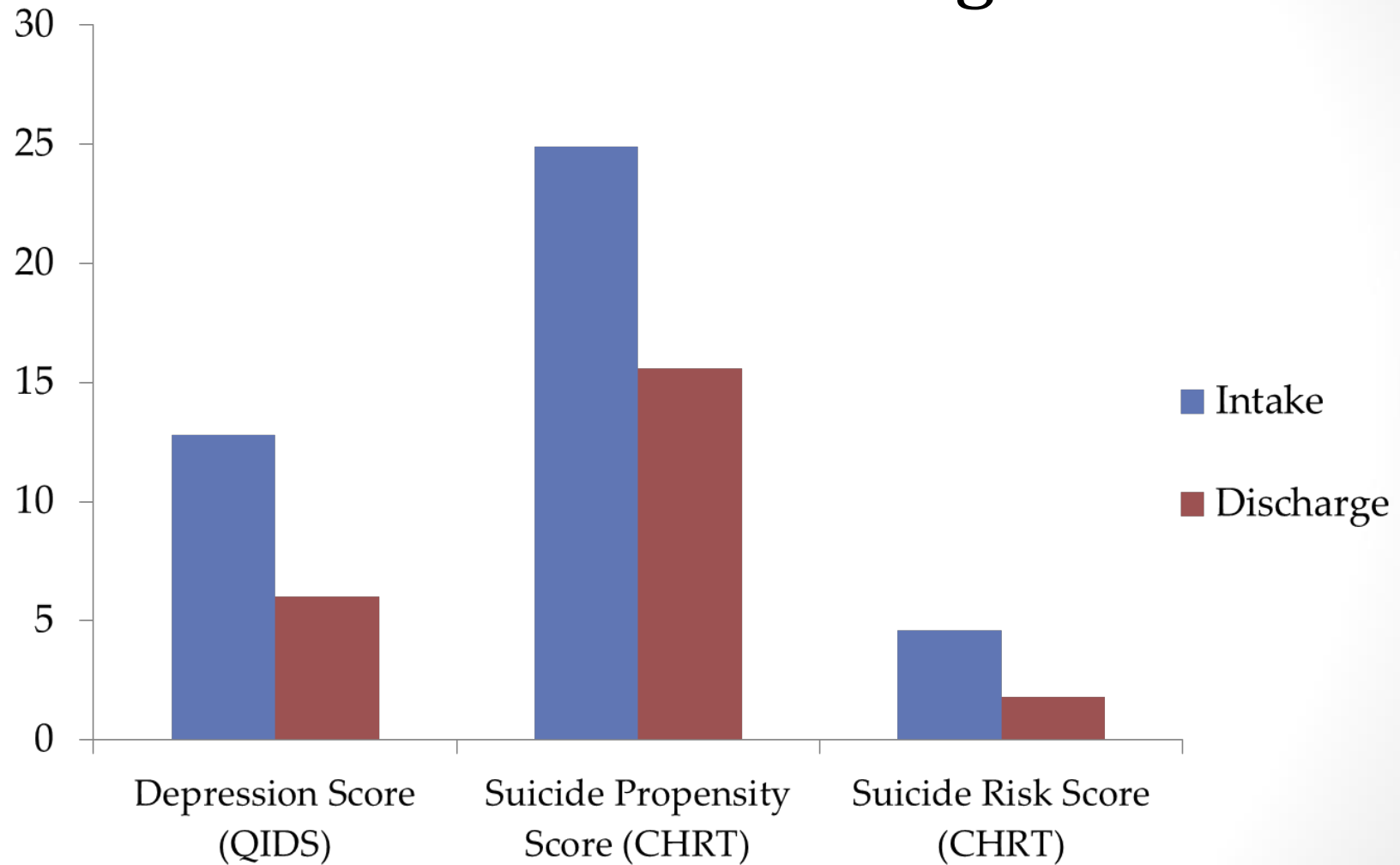


# SPARC: Summary of Outcomes

# SPARC

- 303 patients evaluated in two years (Jan 2014 - Jan 2016)
  - 267 entered IOP; 221 completed IOP; 35 did not enter
  - Av. age = 15; 80% female, Caucasian
- 83% completed program (attended at least 5 sessions)

# SPARC: Depression and Suicide Measures Intake vs. Discharge



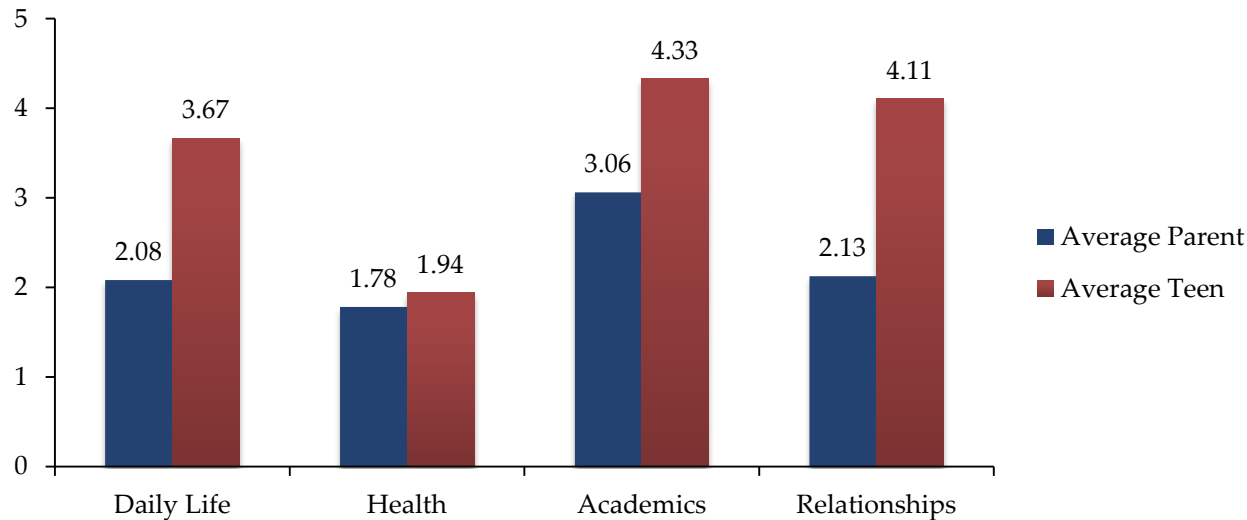
# SPARC Outcomes

	1 month	6 months
Percent Contacted	82.4% (n=220)	74.2% (n=199)
Suicide attempt	3.6%	9.0%
Suicidal events	10.5%	22.7%
Still in treatment		
- Individual Therapy	91.8%	81.4%
- Psychiatry	94.1%	85.9%

# SPARC: Future Directions

## *Transition Group*

### Independence Pre-Assessment



### **What concerns do you have about your teen transitioning to adulthood?**

“Ability to rationally problem solve and use her coping skills when faced with stressful situations”

“Not relapsing into bad habits”

“That she does not want to be independent and will quit college”

# SPARC: Future Directions

## *Metrocare*

Collaboration with Dallas Metrocare, the largest provider of mental health services in Dallas County, serving more than 50,000 individuals each year. Metrocare does not have specialty treatment for suicide prevention and resilience.

- We have completed a needs assessment through conducting and coding qualitative interviews with clinicians, adolescents, and parents of adolescents
- Creating a skills group as an augmentation to treatment with suicidal Latino youth
- Will begin Summer of 2017

# SPARC: Future Directions

## *Metrocare*

- Knowledge/Beliefs
  - “My uncle says it’s a demon, like the devil provoking [my thoughts].”
  - “Pull yourself up, you don't have to feel that way.”
- Barriers to Treatment
  - “The family may have two cars, but if they have six or seven adults living at home, they’re all sharing those cars to go to work.”
  - “At 4:15 she starts cooking dinner, so it can be ready on time.”
- Stressors
  - “Something I see among only my Latino population is that the parents are often Spanish-speaking and sometimes the teens don’t really speak much Spanish and so they have a communication barrier with their own parent.”



Questions?