# Secondary Interventions for Substance Abuse Treatment Non-Responders

## ***Definition***

Secondary interventions are more intensive (and expensive) interventions that are reserved for people who do not respond to basic outpatient IDDT. To meet the criterion for this item, the program has

1) a specific plan to **identify** treatment non-responders,
2) to **evaluate** them for secondary (i.e., more intensive) interventions, and
3) to **link** them with appropriate secondary interventions, which may include:
    a. **special medications** that require monitoring
        i. clozapine
        ii. naltrexone
        iii. disulfiram
        iv. suboxone, etc.
    b. **more intensive psychosocial interventions**
        i. intensive family treatment
        ii. trauma interventions
        iii. intensive outpatient (such as daily groups, or long-term residential care)
        iv. any number of nontraditional interventions (acupuncture, massage therapy, adventure therapy, etc.), or
    c. **intensive monitoring** (often imposed by the legal system)
        i. representative payeeship
        ii. coordination with probation or parole
        iii. conditional discharge or jail diversion strategies
        iv. contingency management strategies in support of treatment participation behaviors (tx session attendance, AOD testing, etc.)

## ***Rationale***

Approximately 50% of COD clients respond well to basic IDDT and will attain stable remission of their substance use disorders within 2-3 years. All clients should be assessed regularly (at least every three months) to make sure they are making progress toward recovery. Those who are not making progress should be reviewed by a senior clinician and considered for more intensive interventions. The idea is to use an algorithmic approach based on current knowledge and experienced clinical judgment. For example, clients who experience increased nightmares, intrusive thoughts, and anxiety leading to relapse when sober should be considered for a PTSD intervention. Clients who are not making progress and have regular family contact should be considered for an intensive family intervention. Clients who experience severe craving should be considered for monitored naltrexone. Clients who are impulsive drinkers should be considered for monitored disulfiram.

## ***Prompting Questions for Building a Protocol (or for identifying and enhancing any existing protocols/processes)***

- *How do you review client progress? How often?*
    - **What is your process, and at what frequency?**
    - **"Gold standard" is every 3 months, many places are set up for every 6 months**
- *Do you have a way to identify specific clients who are not making progress? Do you have criteria and what are they?*
    - **This likely exists to some degree informally – flesh out and formalize!!**
- *If clients do not make progress, what do you do?*
    - **Create a menu of possible considerations from the above, and document that the process of considering what to do with initial non-responders includes some form of standardized review of this menu of options**