

Centering

Newsletter of THE CENTER: Posttraumatic Disorders Program

VOLUME 2, NO. 1, FALL 1997

The Continuum of Trauma Treatment

Andrew Morrow, R.N., LCSW-C and Mary A. Strigari

The treatment of patients with posttraumatic disorders is always a challenge for all parties involved. Even when treatment is proceeding well, periods of intensive individual outpatient work are often punctuated by intermittent acute crises which require immediate response and therapeutic intervention. In the past, inpatient hospitalization was one of the only modes of treatment available to address the emergence of self-harm impulses and/or marked decline in the patient's ability to function independently. It was not uncommon for there to be multiple "relapses" of this type that would often feel demoralizing to the clinician, patient, and family members. This pattern is not necessarily the hallmark of ineffective treatment but results from the fact that there have not been adequate intermediate levels of treatment that could more flexibly and accurately address the fluctuations in therapeutic needs that are an everyday reality in work with trauma survivors.

Evolution of a Continuum

The current treatment model of THE CENTER programs has evolved in response to the need for more flexibility and diversity of treatment modalities and the increasing pressure from third-party payors for rapid stabilization and step-down to a less intensive level of care. Our treatment team has worked to develop a broader continuum of care that is based on the stage-oriented treatment model. The overall goal of the continuum is to work in conjunction with outpatient treatment providers to support the ongoing trauma recovery of patients in a responsive, flexible, and cost-effective manner.

Our full continuum of care has four core components: inpatient hospitalization, partial hospitalization

(PHP) and intensive outpatient (IOP) programs, and outpatient groups. Services can be accessed at any level depending on the presenting needs of the patient. The latter three of these levels of care comprise The Day Center: Outpatient Services for Posttraumatic Disorders. The primary goal of outpatient services is to improve and/or maintain a patient's level of functioning and reduce and/or control symptoms in order to prevent relapse or inpatient hospitalization. Any of these services can be used as a step-down from inpatient treatment, although either the PHP or IOP is usually the most appropriate choice. THE DAY CENTER may also be used as a preventive intervention to forestall the need for acute hospitalization by providing increased support to individual outpatient treatment. Program staff work with outpatient providers to determine which level of treatment is most appropriate by assessing the frequency and intensity of interventions that are necessary to address the patient's presenting symptoms.

The Partial Hospitalization and Intensive Outpatient Programs

Frequently, intensive outpatient work with trauma survivors includes any number of therapeutic impasses, diagnostic questions, and psychopharmacologic challenges. Patients can precipitously show signs and symptoms of destabilization which often compromise their ability to continue to work safely and effectively in an individual outpatient setting. Typical symptoms that could indicate the need for expanded outpatient treatment in the form of PHP or IOP include:

- marked deterioration in patient's ability to function independently and carry out day-to-day activities;

- active or transient suicidal and/or homicidal ideation without imminent risk for harm to self or others;
- behavior which may reflect poor impulse control and limited judgement;
- compromised reality testing and/or distress due to overwhelming flashbacks and intrusive symptoms; and
- treatment complicated by substance abuse or medical conditions for which 24-hour monitoring is not indicated.

The daily schedule for PHP and IOP is composed of four carefully sequenced groups that focus on the development of essential coping skills. The core treatment components include:

Group Therapy. This traditional psychotherapy group allows participants to explore the destabilizing impact of trauma on past and present daily life in a discussion format.

Expressive Therapy. This group is designed to help participants use their personal creativity as a spring board to enhance the therapeutic work of trauma recovery.

Knowledge and Skills Groups. This topic-oriented psychoeducational group provides information about the basic trauma framework and teaches problem solving skills.

Self-Management Groups. This wrap-up group provides an opportunity for participants to learn and practice containment skills and self-supportive techniques.

Case Management. Regular one-on-one case management meetings provide an

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opportunity for clarification of patient goals and treatment plans; ongoing communication with outpatient providers promotes coordination of patient.

Medication/Medical Management.

Medical and psychiatric check-ins are a regular part of the weekly PHP schedule; they are available as indicated in the IOP.

PHP is generally indicated for patients whose symptoms warrant two or more full days (four hours or more) of programming per week. IOP provides two or more partial days (less than four hours) of programming per week. Prescriptive group assignments are structured to address the specific symptoms and individual goals of the patient.

Outpatient Evening and Weekend Groups

Our continuum of care has recently expanded to meet the needs of clients in ongoing treatment for trauma recovery who have moved beyond the initial phase of treatment and have the basic skills necessary to establish and maintain a level of stability that allows them to work effectively in the outpatient environment. Participants can take

advantage of a broader therapeutic experience by utilizing these groups as an adjunct to individual outpatient therapy. These groups are designed to help participants improve their level of functioning and enhance interpersonal relationships. Prospective participants in the evening/weekend program should be:

- actively employed, in school, or working in a structured volunteer program;
- in current outpatient treatment and willing to allow ongoing communication with the outpatient provider;
- able to meet the behavioral and attendance expectations of each group;
- without active self-harm or recent inpatient hospitalization.

Three distinct outpatient groups are offered as part of the evening/weekend program; participants may choose one or a combination of the following:

Group Therapy. This traditional psychotherapy group allows participants to explore the destabilizing impact of trauma on past and present daily life in a discussion format.

Expressive Therapy. This group is designed to help participants use their personal creativity as a spring board to the therapeutic work of trauma recovery.

Thematic Process Group. Organized around a 10-week cycle, this topic-oriented process group provides psycho-education about the basic trauma framework and provides an opportunity for participants to share and practice problem-solving skills.

As with the PHP and IOP, prescriptive group assignments can be structured to address the specific symptoms and individual goals of the client.

Stage-oriented outpatient services like those provided by The Day Center offer new options in the treatment of patients with posttraumatic disorders. Through the use of such services, providers can take advantage of programmatic flexibility to design specific treatment interventions that address the individual needs of the patient. The full continuum of trauma treatment provides the context in which program clinicians can work in conjunction with outpatient treatment providers to support the ongoing trauma recovery of patients in a responsive, flexible, and cost-effective manner.