Creating the Multidisciplinary Integrated Treatment Team: A CEO's Perspective

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Evaluate the need for and benefits of a multidisciplinary treatment team for patients with alcohol dependence
Learning Objective 2
Integrate 12-steps and treatment of co-occurring disorders
Learning Objective 3

Integrate the use of medications into a traditional abstinence-based treatment program
Creating the Multidisciplinary Integrated Treatment Team: A CEO's Perspective

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Why Change Is Needed?

Today’s patients and their families are struggling with serious addictions, co-occurring psychiatric disorders, and often significant medical comorbidities\(^1,\)\(^2\)

Patients and their families need help to heal their physical, emotional, and spiritual damage resulting from the disease of addiction.

This healing takes place best within a multidisciplinary treatment team\(^3\)

Integration
Three Levels

- Multidisciplinary treatment team
- Integration of 12 steps and treatment of co-occurring disorders
- Integration of the use of medications into a traditional abstinence-based treatment program
Integration: Level 1
Multidisciplinary Treatment Team
Why a Multidisciplinary Team

- Individualized, assessment-driven treatment planning emphasizes the need to prioritize and plan for the patient’s needs over a continuum of care\(^ 1\)

- Studies have shown that patients with comorbid psychiatric problems benefit from professionally delivered psychotherapy, psychotropic medications, and greater intensity of structure\(^ 2\)

Why Change Is Needed?

- Until recently, at Caron, medicine, nursing, psychology, psychiatry, chaplains, and research have all been consulting, “ancillary” services to treatment units
  - The “psychology pool” provided evaluations as requested after doing initial psychological evaluation
- Ancillary services made “recommendations” to treatment team rather than assuming more direct responsibility for each patient’s treatment
Challenges

- History of Caron as a 12-step treatment center based on a social model of treatment
- Many disciplines “speaking” different languages
  - Addiction counselors speaking the language of recovery
  - Psychologists speaking “psycho-babble”
- Inertia of any large organization
Challenges

- Fear of Change
- Misunderstanding roles
  - We don’t know what we don’t know
- Alumni worried about what will happen to Caron as a 12-step program
A multidisciplinary approach is key to successful treatment of alcohol dependence and other drug addiction.
Team Members

- There is a need to expand the idea of team members being the only people currently in the room.
- The treatment team is everyone and anyone who has a stake in the outcome of the patient.
- The patient is at the center and the most important member of the team.
Clinical Coordinator

- Patient and Addictions Counselor
- Spiritual Staff
- Referral - Outpatient Rx - Interventionist - PCP
- Lawyer and Legal System
- Nutritionist
- Medical Staff/Doctors & Nurses
- Psychology/Psychiatry Staff
- Past Treatment Providers
- Other members of assigned unit/Other Caron Staff/Rec Staff
- Family, Sponsor 12-Step Group Significant others
- Employer EAP SAP

Other members of assigned unit/Other Caron Staff/Rec Staff

Employer EAP SAP
BuckyBall
Example: Psychologists

- Psychologists were the first group to be integrated
- Asked them to check their egos at the door
- Trained them extensively in 12-step principles, i.e. “Joe and Charlie Big Book Study”¹

- Asked them to be vulnerable and present their own videotaped sessions to the weekly peer group supervision
- Asked them to learn from others
- Big steps: Big results

Integration: Level 2

Integration of 12-Step Principles and Treatment of Patients with Co-Occurring Disorders
Issues

- Multidisciplinary teams need a common language
- They also need a common evidence-based treatment modality to allow peer supervision\(^1\)
- Silos must come down
  - Problems need to be addressed at the level of most direct responsibility
- Expectations must be made clear

Common Goal Is Needed

- Safety first, for patients, staff, and the institution

- Excellence in patient care

- Continue always to strive to be better

- Kindness and compassion for all

First Things First

Leadership developed a detailed written philosophy of treatment.

Group supervision was introduced and practiced for 2 years, using the David Powell method.

Leadership decided on an evidence-based treatment modality to teach all members of the team: Motivational Interviewing.

The key to success is teamwork!

The key to successful teamwork is supervision
Helps clinicians address issues of transference and counter transference, which they may have with their patients and families.
Expectations
Treatment Team

- We expect each member of the treatment team to have a working understanding of the 12 steps and co-occurring disorders\(^1\)

- Helping our patients understand how to use 12-step meetings, work the steps, understand sponsorship, and find and define their Higher Power are the primary objectives of our treatment philosophy

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Expectations
Treatment Team

- We expect our treatment team members to respect and assist each other in the delivery of care to our patients and their families.

- The addiction counselor is the primary treatment provider to the patient.

- Other disciplines work with the patient both directly and indirectly to accomplish treatment goals and objectives.
Integration: Level 3

Integration of medication management into a traditional abstinence-based program
History of Treatment Evolution

- Caron opened in 1957 as a 12-step therapeutic community for patients with alcohol dependence.
- 1962, first psychologist on staff, Gerald Shulman, MA.
- In 1964, first MD came on board to treat complications of alcohol dependence, Robert Denby, MD.
History of Treatment Evolution

- Began to treat drug addiction in 1969
- In 1975, Caron opened the first freestanding detox unit in USA
- 1978, began to refer patients out to local psychiatrist
- First full-time psychiatrist, Susan K. Blank, MD, hired in 2007 as VP of Clinical Services
Example: Quetiapine

- Quetiapine, introduced by AstraZeneca in 1997
- FDA approved quetiapine to treat depressive episodes associated with bipolar disorder, acute manic episodes associated with bipolar I disorder, and schizophrenia. It is often prescribed to treat unapproved off-label health problems such as insomnia, depression, and anxiety
- Caron MDs introduced the use of quetiapine for the treatment of anxiety and insomnia with some staff resistance
- In 2005, initial reports of abuse coming out of prisons, 2007 Letter to the Editor
- In-house study on Caron’s use of quetiapine
- Caron’s Department of Medicine decided not to use quetiapine off-label

Example: Long-Acting Injectable Naltrexone

- April 14, 2005, FDA approved long-acting injectable naltrexone for the treatment of alcohol dependence in patients who are able to abstain from alcohol in an outpatient setting prior to initiation of treatment that is part of a comprehensive management program that includes psychosocial support.
- Caron’s Board of Directors accepts recommendations.
- Multiple staff trainings, with many questioning the use within an abstinence-based program.
- Questionnaires for patients to review cravings given weeks 2 and 4 of treatment.
- Increased referrals for anticraving medications to Medical Department.

1. Caron has several ongoing research studies re: cravings, such as Cravings and Menstrual Cycle, Cravings and Spirituality, Cravings thru the Continuum of Care.
Lessons Learned

- Some changes can be evolutionary, others must be revolutionary
- “Incrementalism is innovation’s worst enemy” - Nicholas Negroponte
- No one likes change
- Nothing beats direct observation when changing culture
- The higher up the food chain you are, the less likely you will hear about a problem when it would be most easily solved
- Hire people who have different skill sets than yours
Lessons Learned

- The best ideas come from the line staff who actually have to do the work
- Input from stakeholders is vital
- Inclusion of staff in the discussions of change help to generate buy-in, even if their opinion did not win the day
- Make sure your vision is clearly stated, over and over and over again
Education is a Core Value
Education

- Educate the patient about their disease\(^1\)
- *Big Book* and *Twelve and Twelve*\(^2\) are the basis for our treatment and recovery plan
- Activities that illustrate the concepts of recovery are most valued:
  - Ropes course to help patient understand they can not do it alone
  - Experiential work at Center for Self Development for co-dependency issues

Education

Educate the family about patient’s disease and their disease\(^1\)

Family education begins at admission, or even before

Linking families with families through our PARENT NETWORK helps to support and educate them

Family programming is vital to success

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Education

- Educate the community
- Community outreach is very important
- SAP (Student Assistance Program) at Caron in 209 schools, in 9 states reaching over 35,000 kids, 1700 educators, and over 1600 parents
- Taking advantage of our multidisciplinary team to give lectures and workshops

Education

- Educate the staff about advances in treatment\textsuperscript{1,2}
- Continuing education is very important; each staff member has an individual development plan
- Staff have the ability to complete undergraduate and masters programs on campus
- Grand rounds, national speakers, and lectures are part of our commitment to excellence

Education

- Educate other healthcare providers
- Training of family practice residents, psychiatry residents, and fellows
- Full-time psychology interns
- Internships for Masters-level clinicians
- Research department studying all aspects of our treatment and outcomes
