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For workers

The stepped care model: a useful intervention strategy for people who use methamphetamine

The use of methamphetamine has become of increasing concern to the community. This has resulted in a corresponding need for alcohol and other drug services to provide effective treatment and management strategies that address the needs of people who use methamphetamine. As with other drugs, there are a number of barriers that influence whether a person accesses services or continues treatment. These can include:

- › difficulty accessing services because of their location, limited transport options or high travel costs
- › attitudinal barriers such as the denial of a problem and not being ready for treatment
- › feelings of being stigmatised by service providers
- › the skill level and interest of service providers
- › lack of pharmacotherapies
- › resources available to service providers
- › difficulty navigating the clinical pathway system
- › complex and individual needs not being met.

Appropriate treatment approaches need to address these issues and include integrated models of care. This includes treating complex needs caused by co-occurring issues such as behavioural problems, mental health, physical health and polydrug use.

Collaboration between services such as alcohol and other drug services, mental health services, general practitioners, ambulance and welfare agencies can provide a comprehensive and multi-faceted approach to meeting complex client needs; however, these partnerships can be challenging to set up and maintain.

A stepped care model may provide the assertive engagement strategies, effective management techniques, clear client pathways between services and the flexibility required to meet client and service provider needs and reduce the impact of methamphetamine use problems.

The stepped care model

A stepped care model involves beginning with the interventions and treatment methods that are the least intensive but that are also likely to be effective. After a period of monitoring the interventions are either “stepped up” or “stepped down” in intensity depending on the needs of the client. While this concept may be common in clinical practice, there is limited research about how this type of model can be applied to psychological treatments.

An example of the stages in a stepped care model are outlined below.

Intake process

An initial intake and assessment process identifies the individual priorities and needs of the client. This includes:

- › assessing the type and frequency of methamphetamine or other drug use
- › identifying any co-occurring issues
- › assessing the impact on client health and wellbeing
- › understanding the goals of the client—are they aiming to reduce the harms associated with methamphetamine use or cease using methamphetamines completely?
- › prioritising issues (intoxication, withdrawal, crisis).

Initial intervention

The initial intervention is the least intensive option that is likely to be effective.

For example, for some clients who are experimenting with methamphetamine, this may involve providing a brief intervention that focuses on immediate goals for change and providing self-help material.

The added benefit of these brief interventions is that there is some evidence that they may also assist with engaging people who use methamphetamine in

treatment. By getting people involved in treatment and motivated to change their behaviour, this in turn, can improve treatment outcomes.

Monitoring and assessment

After a period of time, the client should be reassessed to determine the impact of the initial intervention and the need and direction of further interventions.

For example, this may include monitoring methamphetamine use, cravings, any other issues such as mental health and physical health.

This assessment, in conjunction with the client's preferences and any previous assessments, provide the basis for developing a plan to either "step up" or "step down" the intervention.

The assessment may also identify that the most pressing issues for the client require crisis care or referral to other services.

"Stepping up" or "stepping down" interventions

Interventions can be "stepped up" or "stepped down" in a variety of different ways, depending on the individual needs of the client. For example:

- › altering the frequency of treatment sessions
- › reintroducing strategies that were previously successful
- › introducing new strategies, for example, motivational interviewing, contingency management, detoxification, medication and pharmacotherapy
- › altering the way the intervention is delivered, for example, using face-to-face sessions, computer-based programs, self-help material
- › modifying the intervention to focus on a single issue or an integrated approach that addresses multiple issues simultaneously, for example, focussing on just methamphetamine use or looking at drug use and mental health and the links between symptoms.

Further assessment and interventions

Client progress should be monitored and assessed at regular intervals to track their response to the interventions. This enables service providers to continue to make decisions about future steps in the stepped care program to ensure the interventions remain effective and relevant to the client's needs.

Concluding the stepped care program

Once the agreed upon stepped care program has concluded, the client should undergo a formal assessment and review to identify any further needs. This may include being discharged from the program, identifying the need for further interventions and treatment options or referral to other services.

Conclusion

People who use methamphetamine may present a complex array of needs. The stepped care model can encompass a range of treatment and prevention methods that can be tailored to meet the specific needs of the client at that particular time. Focussing the interventions and treatment on the needs of the clients can improve client engagement and retention.

Developing a stepped care model of intervention may also provide service providers with a framework that can help guide the development of appropriate intervention and treatment strategies for clients who use methamphetamine and other drugs.

The initial use of the least intensive intervention that is likely to be effective, such as a brief intervention, could potentially allow larger numbers of people to access services. It could also enable other services to provide the initial intervention and then refer clients to more specialist services if further intervention is required.

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References

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- Kay-Lambkin FJ 2008 "Technology and innovation in the psychosocial treatment of methamphetamine use, risk and dependence", *Drug and Alcohol Review* 27 3: 318-325.
- Pennay A & Lee N 2008 Prevention and early intervention of methamphetamine-related harm, *Prevention Research Quarterly*, Melbourne: DrugInfo Clearinghouse.

More information

For more information on drugs and drug prevention contact the DrugInfo Clearinghouse on tel. 1300 8585 84, email druginfo@adf.org.au, or see our website www.druginfo.adf.org.au