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

The stepped care model is an intervention strategy that involves beginning with the least intensive interventions and treatment methods that are likely to be effective. After a period of monitoring, the interventions may be stepped up or down in intensity depending on the needs of the client. This model is useful for treating complex needs caused by co-occurring issues such as behavioral problems, mental health, physical health, and polydrug use.

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
Baker AL, Kay-Lambkin FJ & Lee N (in submission) “When less is more: addressing symptoms of mental health problems in drug and alcohol treatment settings”, Mental Health and Substance Use: Dual Diagnosis.
