

## RECOVERY ORIENTED METHADONE MAINTENANCE

### CLIENT PLACEMENT IN PHASES OF TREATMENT

#### OVERVIEW OF THE PHASES

The phases represented in this document are based upon the Substance Abuse and Mental Health Services Administration's (SAMHSA) recommended practices for Medication-Assisted Treatment (MAT) and were modified in consultation with an Expert Advisory Panel representing the recovery community, methadone treatment providers, physicians, researchers and policy-makers. The SAMHSA-recommended MAT practices can be found in the Treatment Improvement Protocol 43, available in hardcopy for free by mail or electronically by download from SAMHSA.<sup>1</sup>

The ROM phase model represents guidelines which describe treatment practices and other strategies that are science-based or recommended by expert consensus to promote recovery. The strategies promoted in each phase also reflect the SAMHSA Center for Substance Abuse Treatment "Guiding Principles of Recovery".<sup>2</sup> The ROM approach is focused holistically on an individual's recovery rather than medication management alone.

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<sup>1</sup> Center for Substance Abuse Treatment. *Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs*. Treatment Improvement Protocol (TIP) Series 43. DHHS Publication No. (SMA) 05-4048. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2005.

<sup>2</sup> CSAT White Paper: Guiding Principles and Elements of Recovery-Oriented Systems of Care.

## INTRODUCTION TO

### PHASE 1: RECOVERY INITIATION AND STABILIZATION

*NOTE: Individual must receive proper assessment which establishes the diagnosis of opioid dependence. If individual does not meet clinical criteria for dependence, an alternative treatment approach other than MAT must be considered. If individual does meet the criteria, the individual should be offered all available appropriate treatment interventions (e.g. hospital detox residential, IOP, MAT or Buprenorphine) as most appropriate for and agreed to by the individual.*

#### GOALS OF PHASE 1

**A MAJOR GOAL DURING THE ACUTE PHASE IS TO ELIMINATE USE OF ILLICIT OPIOIDS FOR AT LEAST 24 HOURS, AS WELL AS INAPPROPRIATE USE OF OTHER PSYCHOACTIVE SUBSTANCES. THIS PROCESS INVOLVES:**

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- o Educating the person about the risks and benefits of methadone maintenance treatment
- o Providing the person with a choice of appropriate alternative or supplemental therapies/ approaches to achieve recovery
- o Early therapeutic engagement and identification of person's treatment needs
- o Initially prescribing a medication dosage that minimizes sedation and other undesirable side effects
- o Assessing the safety and appropriateness of each dose after administration
- o Rapidly but safely increasing dosage to suppress withdrawal symptoms and cravings and discourage the person from self-medicating with illicit drugs or alcohol or by abusing prescription medications
- o Providing or referring the person for services to lessen the intensity of co-occurring disorders and medical, social, legal, family and other problems associated with opioid addiction
- o Helping the person identify high-risk situations for drug and alcohol use and develop alternative strategies for coping with cravings or compulsions to abuse substances

**INDICATIONS THAT A PERSON HAS REACHED THE GOALS OF THIS PHASE CAN INCLUDE:**

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- o Elimination of symptoms of withdrawal, discomfort, or craving from opioids and stabilization
- o Expressed feelings of comfort and wellness throughout the day
- o Abstinence from illicit opioids and from abuse of opioids normally obtained by prescription, as evidenced by drug tests
- o Engagement with treatment staff in assessment of medical, mental health, and psychosocial issues
- o Satisfaction of basic needs for food, shelter and safety
- o Personal commitment to pursuing his/her recovery plan

## PHASE I PLACEMENT – DETAILED VIEW

<b>ALCOHOL AND DRUG USE</b>	Client has not used illicit opioids for at least 24 hours. Client may be abusing alcohol, prescription medications, and/or other psychoactive substances.
<b>MEDICAL AND MENTAL HEALTH CONCERNS</b>	Client may need referral to medical providers.
<b>CO-OCCURRING ISSUES</b>	Client may need referral for co-occurring (mental health) concerns.
<b>BASIC LIVING CONCERNS</b>	Client may need financial assistance, food, shelter, safety plan, transportation, legal advocate, case-worker, social worker, or case manager and will require referral to appropriate community services.
<b>THERAPEUTIC RELATIONSHIP</b>	Client willing to engage in treatment.
<b>MOTIVATION AND READINESS FOR CHANGE</b>	Client will typically have ambivalent attitudes regarding substance use and treatment.
<b>VOCATIONAL ISSUES</b>	Client may be unemployed and/or have educational deficiencies.
<b>FAMILY AND SOCIAL ISSUES</b>	Client's family support system may be absent or there may be family/relationship problems that may impede progress in treatment.
<b>LEGAL CONCERNS</b>	Client may have criminal charges, custody issues, and/or may be involved in illegal activities.
<b>RECOVERY PLANNING</b>	Client may lack understanding or willingness to participate in peer-based recovery support systems.

## **INTRODUCTION TO**

### **PHASE 2: EARLY RECOVERY AND REHABILITATION**

#### **GOALS OF PHASE 2**

The primary goal of the rehabilitative phase of treatment is to empower individuals to cope with their major life problems-drug or alcohol abuse, medical problems, co-occurring disorders, vocational and educational needs, family problems, and legal issues-so that they can pursue longer term goals such as education, employment, and family reconciliation. Stabilization of dosage for opioid treatment medication should be complete, although adjustments might be needed later, and patients should be comfortable at the established dosage for at least 24 hours before the rehabilitative phase can proceed.

#### **INDICATIONS THAT A PERSON HAS REACHED THE GOALS OF THIS PHASE CAN INCLUDE:**

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- o Repertoire of coping skills
- o Abstinence of opioid and other drug use and absence of alcohol use
- o Stable medical and mental health status
- o Involvement in productive activity: employment, school, homemaking, volunteer work
- o Stable source of legal income from employment, disability, or other legitimate sources
- o Social support system in place
- o Increased responsibility for dependents (if relevant)
- o Resolution of, or ongoing efforts to solve, legal problems
- o Absence of illegal activities
- o Engaged in recovery support activities

## PHASE II PLACEMENT – DETAILED VIEW

<b>ALCOHOL AND DRUG USE</b>	<p>Clients must meet <b>all</b> of the following:</p> <ul style="list-style-type: none"> <li>A. Free from withdrawal symptoms.</li> <li>B. Free from opioid cravings.</li> <li>C. Demonstrates an ability to avoid situations that might trigger or perpetuate substance abuse.</li> <li>D. Acknowledges addiction as a problem.</li> <li>E. Willing to explore how alcohol and other drug use impede treatment.</li> </ul>
<b>MEDICAL AND MENTAL HEALTH CONCERNS</b>	<p>Client must meet <b>one</b> of the following:</p> <ul style="list-style-type: none"> <li>A. Acute medical crisis has been resolved.</li> <li>B. Has established appropriate medical care and is participating in ongoing care for medical conditions.</li> </ul>
<b>CO-OCCURRING ISSUES</b>	<p>Client must meet <b>one</b> of the following:</p> <ul style="list-style-type: none"> <li>A. Acute mental crisis has been resolved.</li> <li>B. Has established appropriate mental health treatment and is participating in ongoing treatment for co-occurring conditions.</li> </ul>
<b>BASIC LIVING CONCERNS</b>	<p>Client must meet <b>all</b> of the following:</p> <ul style="list-style-type: none"> <li>A. Satisfied with basic food, clothing, shelter, and safety needs.</li> <li>B. Living situation is stable.</li> <li>C. Financial needs are stabilizing.</li> <li>D. Transportation needs are resolved.</li> <li>E. Childcare needs are resolved.</li> <li>F. Connected with appropriate community services.</li> </ul>
<b>THERAPEUTIC RELATIONSHIP</b>	<p>Client must meet <b>all</b> of the following:</p> <ul style="list-style-type: none"> <li>A. Regularly attends counseling sessions.</li> <li>B. Establishing positive interaction with counselor and treatment staff.</li> <li>C. Focusing on treatment goals.</li> </ul>
<b>MOTIVATION AND READINESS FOR CHANGE</b>	<p>Client must meet <b>all</b> of the following:</p> <ul style="list-style-type: none"> <li>A. Verbally acknowledges addiction as a problem and motivation to effect life.</li> <li>B. Demonstrates a commitment to the treatment process.</li> <li>C. Demonstrates lifestyle changes and progress toward addressing addiction issues.</li> </ul>
<b>VOCATIONAL ISSUES</b>	<p>Client must meet <b>A and one</b> of <b>B or C</b>:</p> <ul style="list-style-type: none"> <li>A. Identifying educational deficiencies.</li> <li>B. Investigating employment opportunities or vocational training programs.</li> <li>C. No current employment or educational needs.</li> </ul>
<b>FAMILY AND SOCIAL ISSUES</b>	<p>Client must meet <b>all</b> of the following:</p> <ul style="list-style-type: none"> <li>A. Identifying family/relationship issues that may impede progress.</li> <li>B. Collaboratively working with treatment program to include family/significant others in client’s plan of recovery, if dysfunction does not impede client’s progress.</li> <li>C. Beginning to identify positive social activities and networks.</li> </ul>

## PHASE II CONTINUED

<b>LEGAL CONCERNS</b>	Client must meet <b>A and one</b> of B or C: <ul style="list-style-type: none"><li>A. Identifying obstacles to eliminating illegal activities and replacing them with constructive activities.</li><li>B. Taking responsibility for any legal problems and is accessing legal counsel, if needed.</li><li>C. No legal problems.</li></ul>
<b>RECOVERY PLANNING</b>	Client must meet <b>all</b> of the following: <ul style="list-style-type: none"><li>A. Establishing direct relationships with organizations that may lend support to recovery.</li><li>B. Establishing skills to cope with triggers.</li><li>C. Engaged in recovery support activities.</li><li>D. Demonstrates awareness of how alcohol and other drug use negatively effects recovery.</li><li>E. Exploring spirituality.</li></ul>

## **INTRODUCTION TO**

### **PHASE 3: RECOVERY MAINTENANCE**

#### **GOALS OF PHASE 3**

The goal of this phase is for the person to resume primary responsibility for his/her life. S/He is continuing opioid pharmacotherapy, participating in counseling, receiving medical care and, often, actively engaged with peer-based recovery supports in his/her community.

During this phase, the person should begin to receive take-home medications for longer periods and be permitted to make fewer OTP visits.

After a program-specified period of time (based on person's needs, progress, and comfort level), the OTP will help the person decide upon either medical maintenance or tapering off of methadone.

## PHASE III PLACEMENT – DETAILED VIEW

<b>ALCOHOL AND DRUG USE</b>	Client must meet <b>all</b> of the following: A. Able to identify and manage relapse triggers. B. Discontinuation of opioid and other drug use. C. Absence of alcohol use. D. Willing to develop smoking cessation plan, if applicable.
<b>MEDICAL AND MENTAL HEALTH CONCERNS</b>	Client must meet <b>one</b> of the following: A. Compliance with treatment for medical concerns, including regular prenatal care if client is pregnant. B. Stable medical status with improved overall health status, including dental health and hygiene.
<b>CO-OCCURRING ISSUES</b>	Client must meet <b>one</b> of the following: A. Stable mental health status. B. Compliance with co-occurring treatment.
<b>BASIC LIVING CONCERNS</b>	Client must meet <b>one</b> of the following: A. Continues to address basic living concerns. B. Basic living concerns have been resolved. C. Beginning to demonstrate improved self-sufficiency.
<b>THERAPEUTIC RELATIONSHIP</b>	Client must meet <b>all</b> of the following: A. Regularly attends counseling sessions. B. Continues positive interaction with counselor and treatment staff. C. Demonstrates progress on treatment goals.
<b>MOTIVATION AND READINESS FOR CHANGE</b>	Client must meet <b>all</b> of the following: A. Demonstrates understanding of addiction as a problem. B. Demonstrates positive lifestyle changes. C. Demonstrates progress toward addressing addiction issues, including willingness to follow through with referral to treatment for alcohol or other drug abuse, if applicable.
<b>VOCATIONAL ISSUES</b>	Client must meet <b>one</b> of the following: A. Stable source of legal income. B. Participating in active employment search, involved in ongoing vocational and/or educational program or volunteer work.
<b>FAMILY AND SOCIAL ISSUES</b>	Client must meet <b>A and B and one</b> of <b>C or D</b> : A. Participating in positive social activities and networks. B. Increased responsibility for dependents, if applicable. C. Collaboratively working with counselor to increase family/significant other's involvement in the treatment process. D. Absence of major family or social concerns.
<b>LEGAL CONCERNS</b>	Client must meet <b>A and one</b> of <b>B or C</b> : A. Elimination of illegal activities and is engaged in constructive activities. B. Ongoing efforts to resolve legal issues and compliance with criminal justice system. C. Resolution of legal problems.

## PHASE III CONTINUED

**RECOVERY  
PLANNING**

Client must meet all of the following:

- A. Taking personal responsibility for managing recovery plan.
- B. Involvement in peer-based recovery supports.
- C. Has addressed spirituality issues on a personal level.

**INTRODUCTION TO  
PHASE 4: LONG-TERM SUSTAINED RECOVERY**

**GOALS OF PHASE 4**

The goal of this phase is for the person to continue primary responsibility for his/her life and recovery. This phase may follow successful tapering and readjustment or a person may decide to maintain his/her long-term recovery with the use of methadone.

If person decides to maintain his/her long-term recovery with the use of methadone, the OTP will provide ongoing recovery checkups in all domains according to a frequency collaboratively decided upon between OTP staff and recovering person but no less frequently than that established by federal and state regulatory requirements.

If person has decided to taper off methadone, regular attendance at OTP should be unnecessary, except to return to a more intensive level of treatment if necessary for continuation of recovery. Person should have the opportunity to receive occasional (quarterly or biannually) recovery checkups from the OTP. Person may not want or need continuing-care services after tapering, preferring a complete break from OTP.

## PHASE IV PLACEMENT – DETAILED VIEW

<b>ALCOHOL AND DRUG USE</b>	Client must meet <b>all</b> of the following: A. Discontinuation of illicit drug use and abuse of other psychoactive substances. B. Absence of alcohol use. C. Smoking cessation plan in place, if applicable.
<b>MEDICAL AND MENTAL HEALTH CONCERNS</b>	Client must meet <b>one</b> of the following: A. Stable medical status. B. Compliance with treatment for chronic medical concerns.
<b>CO-OCCURRING ISSUES</b>	Client must meet <b>one</b> of the following: A. Stable mental health. B. Compliance with treatment for chronic co-occurring treatment.
<b>BASIC LIVING CONCERNS</b>	Client must meet <b>all</b> of the following: A. No current basic living concerns. B. Stable living conditions in an environment free of substance use. C. Increased self-efficacy.
<b>THERAPEUTIC RELATIONSHIP</b>	Client must meet <b>all</b> of the following: A. Continues positive relationship with counselor and staff. B. Progress toward completion of treatment goals.
<b>MOTIVATION AND READINESS FOR CHANGE</b>	Client must meet <b>all</b> of the following: A. Acknowledges addiction as a problem. B. Willing to make positive lifestyle changes. C. Willing to follow through with all recommendations for treatment. D. Sustained re-motivation to abstinence.
<b>VOCATIONAL ISSUES</b>	Client must meet <b>all</b> of the following: A. Stable and legal source of income. B. No educational or vocational issues.
<b>FAMILY AND SOCIAL ISSUES</b>	Client must meet <b>A and one</b> of <b>B or C</b> : A. Developing social supports that off-set the influence of pro-substance abusing social networks. B. Family and relationship issues are stable. C. Willing to participating in ongoing family/relationship therapy.
<b>LEGAL CONCERNS</b>	Client must meet <b>all</b> of the following: A. Resolution of or legal concerns or continues ongoing efforts to solve legal problems. B. Absence of illegal activities.

## PHASE IV CONTINUED

**RECOVERY  
PLANNING**

Client must meet **all** of the following:

- A. Adhering to management of collaborative recovery plan.
- B. Continues active participation in peer-based recovery supports.
- C. Demonstrates changes in life circumstances to prevent relapse:
  - 1. Participates in rewarding activities.
  - 2. Ongoing self-monitoring.
  - 3. Self-appraisal of harm.
  - 4. Commitment to abstinence.

**PHASE OF TREATMENT ADMISSION SUMMARY SHEET**

1. Client Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Reviewer/Therapist: \_\_\_\_\_ Phone # & Ext: \_\_\_\_\_

Facility: \_\_\_\_\_ Date: \_\_\_\_\_

Client meets criteria for:

Circle One:    PHASE I        PHASE II        PHASE III        PHASE IV

2. Show the criteria indicated for each treatment issue below (e.g., Phase I--meets all; for medical in Phase II -- meets A or B; for family and social issues in Phase III –meets A& B and either C or D) **and include a brief comment about the client’s individual progress or status for each treatment issue.**

CRITERIA	CLIENT’S STATUS
<b>ALCOHOL AND DRUG USE</b>	_____ _____ _____
<b>MEDICAL CONCERNS</b>	_____ _____ _____
<b>CO-OCCURRING ISSUES</b>	_____ _____ _____
<b>BASIC LIVING CONDITIONS</b>	_____ _____ _____
<b>THERAPEUTIC RELATIONSHIP</b>	_____ _____ _____
<b>MOTIVATION AND READINESS FOR CHANGE</b>	_____ _____ _____
<b>VOCATIONAL ISSUES</b>	_____ _____ _____
<b>FAMILY AND SOCIAL ISSUES</b>	_____ _____ _____
<b>LEGAL CONCERNS</b>	_____ _____ _____
<b>RECOVERY PLANNING</b>	_____ _____ _____