Substance use disorder treatment: What determines length of care?

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In the scheme of things, it really was not that long ago that the majority of treatment for substance use disorders was offered in inpatient settings; in addition, the most common length of stay was 30 days.

Therapists in private practice seldom offered care for those with substance use issues. Substance use professionals of the past generally assessed clients they saw as needing the same level of care and the same length of stay in that level of care. These professionals already knew what the client needed before they presented themselves. Individualized assessments were completed for all clients; however, these assessments rarely resulted in any diversity in treatment recommendations. This trend was understandable as services were easier to manage when the same program could be repeated every 30 days. Everyone knew that “good” care must be 30 days or it was not going to work.

Managed care entered the picture in the 90’s and created an environment where providers of substance use services became more creative and individualized in their approach to client care. Various levels of care emerged and were developed over time: residential care, day treatment, intensive outpatient and outpatient. Therapists in private practice began to consider alternatives such as outpatient (OP) substance use services, and many providers developed intensive outpatient (IOP) programs.

Substance use providers then repeated a historical mistake: they created pre-determined lengths of stay in these newly developed services. Intensive outpatient programs became standard at eight weeks, and outpatient services became standard at 10 weeks. Professionals again pre-determined what clients needed before an individualized assessment was completed. This trend is still very evident across Nebraska today.

Substance use professionals and managed care have learned that recovery is enhanced when clients are stepped down by transitioning to lower levels of care, levels of care that are not pre-determined before ever meeting the client. Clients are moved along this continuum of care at a pace that fits their motivation to change, their engagement and demonstrated progress, as well as consideration for varying issues, disorders, or needs unique to that individual.
Admission criteria developed by the American Society of Addictions Medicine (ASAM), the development of motivational interviewing, and the concept of stages of change have greatly contributed to our move toward more individualized care. Set requirements such as 30-day or eight-week programs have been transitioned to individualized needs. Clients are expected to complete their program rather than a set number of days. Calendar watching to determine length of stay is no longer acceptable. [There can be] No more complaining when the least intensive levels of care are prescribed before a client meets the criteria for a more intense level of care.

The issues a client presents and each person’s motivational readiness to change determine both the level of care and the length of care.