

Intensive outpatient services for youths with psychoactive substance use disorders

English summary

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This is the English summary of the guidance entitled Services externes intensifs pour la clientèle jeunesse présentant un trouble de l'usage d'une substance psychoactive published in June 2019.

The complete version of this guidance (in French) is available on the website of INESSS in the Publications section.

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SUMMARY

It is estimated that 3.3% of Québec high school students have an “at-risk” use of psychoactive substance and that 2.9% are abusing these substances, indicating the possibility of a substance use disorder. In the second category, substance use may be associated with health problems, at-risk behaviours, dropping out of school and the deterioration of family relationships. Given the negative repercussions of early substance abuse on adolescent development and the risk of developing substance use disorders in adolescence or adulthood, it is important to intervene as promptly as possible and provide services that address the needs of these youths.

Currently, specialized youth addiction rehabilitation services in Québec are available in outpatient or inpatient settings. However, despite the fact that outpatient services are offered province-wide through weekly or bi-monthly meetings, they do not always meet the youth’s needs in terms of treatment intensity. Furthermore, due to the limited number of inpatient services, some youths are forced to leave their home environment (family, school, community) for up to six months in order to access them. These constraints have also been highlighted by Québec drug rehabilitation centres (DRC) workers in the assessment report on the Mécanismes d’accès jeunesse en toxicomanie (MAJT, centralized application processing system for youth with substance abuse problems) [[Tremblay et al., 2014](#)].

Based on these findings, the Direction des services en dépendance et en itinérance (Homelessness and Addiction Services Division) of the Ministère de la Santé et des Services sociaux (MSSS, Quebec Ministry of Health and Social Services) asked Québec’s Institut national d’excellence en santé et en services sociaux (INESSS, National Institute of Excellence in Health and Social Services) to lay down principles and guidelines for the deployment of specialized intensive outpatient services for youth with substance use disorders in Québec.

Methodology

Three assessment questions guided the drafting of this report. The first question sought to determine which programs or combinations of treatments and activities could promote rehabilitation for youth with substance use disorders. The second question focuses on the terms (duration, format, frequency, intervention setting, place in the continuum, etc.) and essential components (with respect to assessment, family involvement, continuity of services, etc.) specific to intensive outpatient rehabilitation services for youths with substance use disorders. Finally, the last question entailed documenting the perceptions and insights of young people and their relatives regarding intensive outpatient services. Three main information sources were used to address these questions: 1) the scientific and grey literature; 2) the stakeholders by means of focus groups with youth workers

and managers; 3) the advisory committee, made up of managers, clinicians, youth workers and a researcher.

Results

The various sources of information led to the development of five overarching guiding principles and 12 clinical guidelines, grouped according to four themes: 1) Youth assessment and referral to intensive outpatient services; 2) Care management for the youth clientele; 3) Treatment intensity; 4) Service delivery modes and preferred interventions in intensive outpatient services. All of these guiding principles and guidelines are to be considered as a whole when carrying out clinical work with youths.

GUIDING PRINCIPLES

Guiding Principle #1

Intensive outpatient addiction services place the youth at the centre of the intervention and ensure that it is focused on their needs, strengths, capacities and aspirations, while also taking into account the resources in their environment.

Guiding Principle #2

Intensive outpatient services are offered in collaboration with the family and other significant persons in the youth's life.

Guiding Principle #3

Intensive outpatient services aim to foster and maintain the youth's engagement.

Guiding Principle #4

Intensive outpatient services are rooted in a harm reduction approach.

Guiding Principle #5

Intensive outpatient services are intended to complement youth services and are coordinated in collaboration with other services.

CLINICAL GUIDELINES

The clinical guidelines are broken down within each theme and presented in sidebars.

THEME 1: YOUTH ASSESSMENT AND REFERRAL

Clinical Guideline 1: Assessment of target clientele

The young person is referred to intensive outpatient services in accordance with the addiction assessment outcome generated by the access mechanism for youth with substance abuse problems. This assessment is based on a careful review of substance consumption habits, various aspects of the youth's life (psychological, family, relational/social, physical, academic/professional and judicial), the interaction between these aspects and substance use, as well as the youth's motivation to change.

Clinical Guideline 2: Referral of target clientele

The youths most likely to benefit from intensive outpatient services are those with psychoactive substance use disorders, who have one or more associated problems requiring specialized services or specific interventions (e.g., psychological problems, delinquent behaviours, school suspension) and who meet one or several of the following conditions:

- youths whose rehabilitation goals cannot be met through regular outpatient services, as determined by the initial assessment or reassessment (e.g., because of the complexity of their clinical profiles, their level of engagement, the severity of their consumption or previous unsuccessful treatments);
- youths whose needs do not require to be treated in an inpatient setting, as determined by the initial assessment or reassessment;
- youths who, for motivational or harm-reduction purposes, should preferably be referred to specialized intensive outpatient services rather than specialized inpatient services;

These characteristics are assessed by the access mechanism for youth with substance abuse problems.

Clinical Guideline 3: Transitional measures

When the youth cannot be immediately referred to the level of service best suited to their needs, transitional measures should be implemented so as to foster and maintain the youth's engagement in the services.

THEME 2: CARE MANAGEMENT FOR THE YOUTH CLIENTELE

Clinical Guideline 4: Involving family and other significant persons

In collaboration with the young person, youth workers identify family members and other significant persons in the youth's life who might be able to make a positive contribution towards achievement of the intervention goals.

The nature and frequency of meetings with the individuals involved in the youth's treatment are established with the youth and in accordance with their clinical goals.

Clinical Guideline 5: Comprehensive treatment

A comprehensive treatment is based on an analysis of the youth's needs in the various areas of their life and must result in an Intervention Plan (IP) or equivalent (Individualized Service Plan [ISP] or Individualized Intersectoral Service Plan [IISP]) with the following characteristics :

- the Intervention Plan is individualized and focuses on the youth's specific needs and best interests;
- the Plan offers interventions that encourage development of the youth's skills (e.g., to foster their feeling of personal effectiveness and give them tools to regulate their emotions better);
- it coordinates additional interventions or offers support in referring the youth to other services, according to their needs.

Clinical Guideline 6: Taking into account the youth's physical and mental health and psychosocial development

- Youth workers in intensive outpatient services pay particular attention to the youth's physical/mental health and psychosocial development;
- They remain watchful and sensitive to the young person's psychological distress and suicide risk as well as any sign of a significant worsening of the youth's condition;
- They are attentive to the youth's physical health and, in particular, the risk of sexually transmitted and blood-borne infections (STBBIs) in clients who engage in risk behaviours;
- They provide personalized referrals or support to get appropriate services in accordance with the youth's needs.

Clinical Guideline 7: Developing positive interpersonal relationships and interests not focused on substance use

The Intervention Plan (IP) should include coaching activities to encourage young people to develop new interests or new relationships that are not focused on substance use.

In every situation, the therapeutic approach is consolidated by seeking a balance between developing the youth's self-reliance and providing the appropriate professional and community support.

THEME 3: TREATMENT INTENSITY

Clinical Guideline 8: Treatment intensity

The treatment intensity required for intensive outpatient services must be established in accordance with the complexity of the clinical profile, the needs and mobilization of the youth and the quality of support they are receiving from their family and other significant persons.

This intensity must then be adjusted over time to ensure that it is aligned with the youth's treatment response and the established clinical goals; any such adjustment is made in collaboration with the appropriate partners.

Clinical Guideline 9: Continuing care

When the reassessment indicates that the intervention should be adjusted because of changes in the youth's needs, level of engagement and mobilization, the transition is carried out to ensure that there is no interruption in the services offered. The Intervention Plan (IP) details the modalities to be put in place for transitioning and is established with the youth.

This continuity can also be achieved by helping the youth to find other types of services or activities that support their effort and ensuring that they have a support network around them.

At another level, continuity could be achieved by facilitating young people's access to DRC services when needed and with the same youth worker, if appropriate and possible.

THEME 4: SERVICE DELIVERY MODES AND PREFERRED INTERVENTIONS IN INTENSIVE OUTPATIENT SERVICES

Clinical Guideline 10: Service delivery modes and preferred interventions in intensive outpatient services

The clinical goals identified with youths who are receiving intensive outpatient services may be achieved either through a combination of coordinated interventions and activities or through structured family or group programs.

The choice of the delivery mode depends on the characteristics of the clientele to be served and on regional realities.

Regardless of the delivery mode chosen, the interventions included in intensive outpatient services must have demonstrated their efficacy or be promising with young people.

Clinical Guideline 11: Service delivery via a combination of coordinated interventions and activities

Service delivery via a combination of coordinated interventions and activities implies that the services are structured through an intervention plan or individualized service plan. This coordination is essential for treatment planning, carrying out regular assessments and making adjustments to established goals.

This intervention plan is established with the youth, their family and other significant persons in the youth's life and with the youth workers. It details the responsibilities of each party and the anticipated means and timelines that will support achievement of the goals.

The literature review indicates that motivational and cognitive behavioural interventions, and family therapies, are effective in reducing substance use in young people and would benefit from being integrated into a delivery mode that uses a combination of coordinated interventions and activities.

The literature review also shows that, in general, different types of interventions tend to produce similar results when they are based on recognized theoretical models for which youth workers have received training and supervision.

Clinical Guideline 12: Delivering services through structured family or group programs

In the case of intensive outpatient services, a delivery mode based on structured family or group programs helps to provide interventions and activities in a clinical framework where interventions and activities are combined in a consistent, explicit and structured fashion.

According to the literature review, structured family or group programs are especially effective to treat youths with complex clinical profiles due to, among other things, the concurrent presence of mental health or behavioural disorders.

Although there is little data collected on formally identified intensive outpatient services, the triangulation of information sources highlights the relevance of offering youths with substance use disorders an environment that is both structured and flexible. In light of the multidimensional aspect of substance use, consideration of the overall needs of young people must be encouraged. Collaborative and partnership relationships at the sectoral and intersectoral levels also need to be established with the goal to provide comprehensive treatment and addressing the long-term needs of the youth. Implementing procedures for collaboration between the youth workers and the services offered fosters the young people's engagement, mobilization and, ultimately, their rehabilitation.

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