# Understanding and Supporting Transitions Between the Levels of Care: OPs, IOPs, PHPs, IPs, and More

Caitlin Engelhard, MD, PhD

# Speaker

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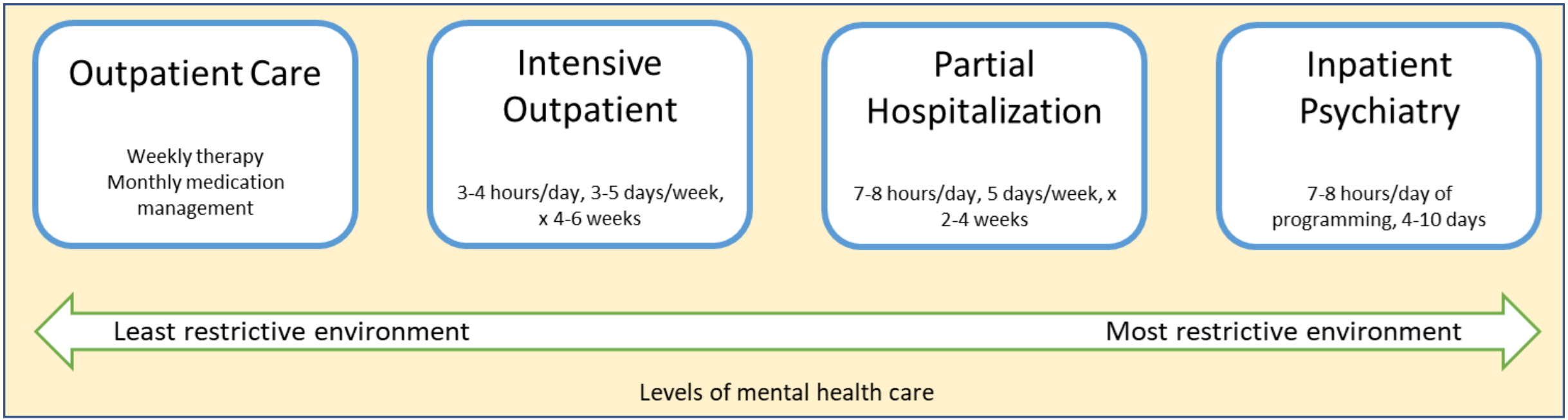
# Understanding and Supporting Transitions Between the Levels of Care: OPs, IOPs, PHPs, IPs, and More

- At the end of this session, learners will be able to…
  - Describe the different levels of psychiatric care including outpatient services, Intensive Outpatient Programs (IOPs), Partial Hospitalization Programs (PHPs), and inpatient psychiatric units.
  - Identify what is the appropriate level of care for a patient, considering factors such as acuity, treatment history, and community resources.
  - Discuss how PCPs can support patients after discharge from the hospital, PHP, or IOP and promote returning to school.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Weekly therapy
Monthly medication management
Intensive Outpatient
3-4 hours/day, 3-5 days/week, x 4-6 weeks
Partial Hospitalization
7-8 hours/day, 5 days/week, x 2-4 weeks
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7-8 hours/day of programming, 4-10 days
Least restrictive environment
Most restrictive environment
Levels of mental health care

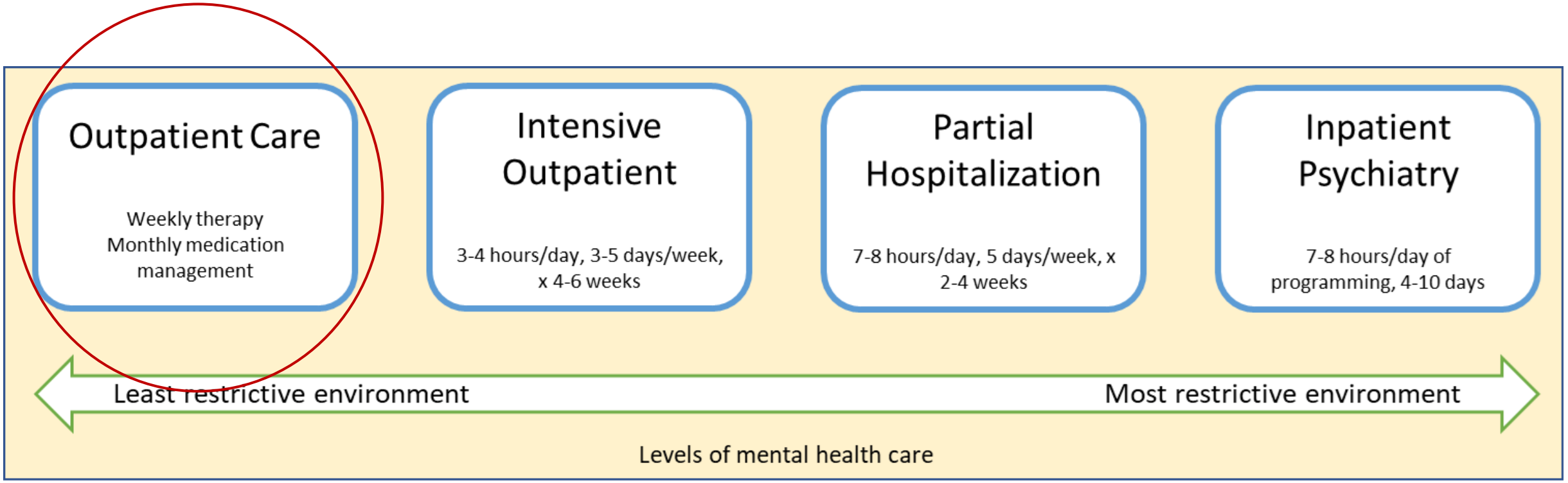
# Case: Sam

- Sam is a 12-year-old male who presents for his yearly well-child check.
- Endorses worsening anxiety over the last two years including:
  - School performance
  - Social settings
  - Panic attacks several times per month
  - Difficulty sleeping due to worries
  - Frequent stomachaches
- SCARED: 43 (elevated) with symptoms of Generalized Anxiety Disorder
- Denies significant depressive symptoms; PHQ-9 is 3 (no or minimal depression)
- Denies SI; ASQ suicide screen is negative

# Case: Sam

- You diagnose Sam with Generalized Anxiety Disorder
- Sam's mother also has an anxiety disorder, and has done well on sertraline

- You refer Sam to an outpatient therapist for cognitive behavioral therapy
- After discussion with Sam and parents, you prescribe sertraline 25 mg (SSRI)
- You ask Sam to come back in 2-4 weeks for follow up and medication titration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# Outpatient Care

- **Outpatient therapy**
  - ~Weekly visits with therapist or counselor
  - Therapist can be psychologist, clinical social worker, licensed counselor, psychiatrist
  - Common types: cognitive-behavioral therapy (CBT), trauma focused (TF-CBT), supportive therapy, family therapy, parent management training (PMT), group therapy
- **Medication management**
  - Psychiatrist or psychiatric nurse practitioner
  - Every 1-3 months visits

# When to refer to outpatient care?

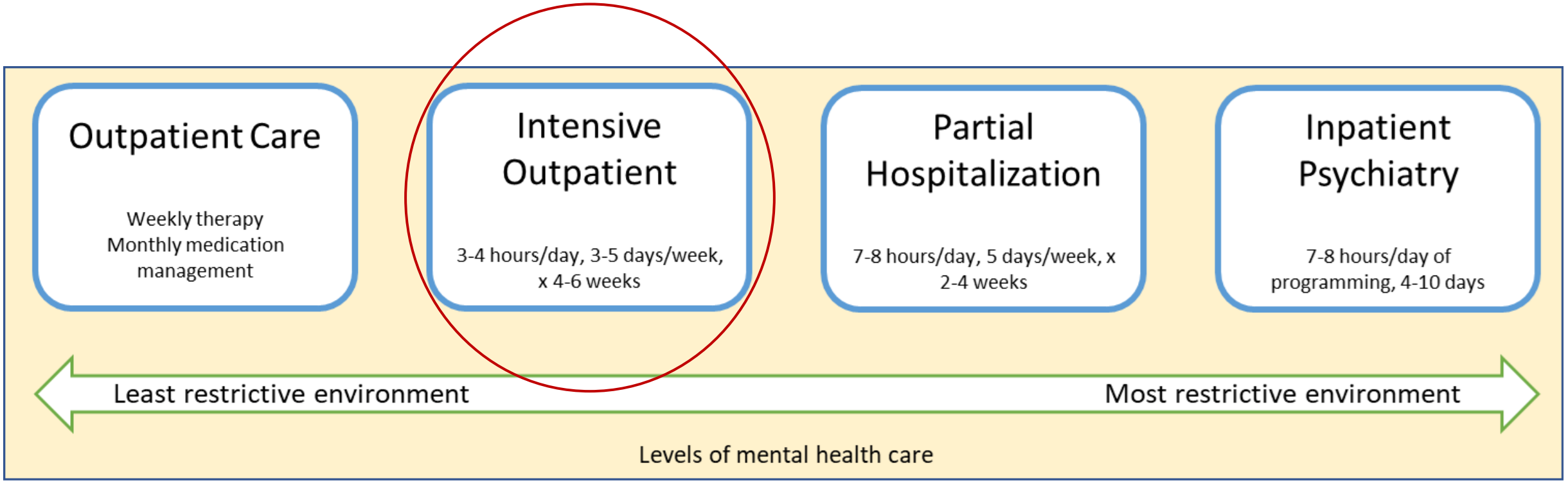
- Patient has mental health concerns and would benefit from therapy
- Patient has failed initial psychotropic medication trials in primary care
- Patient has more complex psychiatric diagnoses that cannot be managed in primary care and needs specialist assessment

# Sam: initial follow up

- Sam returns after 2 weeks
- He is tolerating the sertraline well without side effects
- Anxiety is still severe
  - Now having panic attacks 2-3 times a week
  - Has come home early from school twice due to panic attacks
  - He has cut himself on several occasions to “relieve stress”
  - Continues to deny SI and ASQ is negative
- He is on waitlist for CBT therapist but with an estimated wait of 2-3 months
- Mother is very concerned about how to help him

# Sam: initial follow up

- You refer Sam to an intensive outpatient program (IOP) for more intensive therapy, given his severity of symptoms and distress
- You increase Sertraline to 50 mg
- You bring him back in 2 weeks for close follow up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# Intensive Outpatient Program (IOP)

- Program structure: 3-5 days per week, ~3 hours per day, for 4-6 weeks
- Usually weekdays after school
- May be offered in person or by telemedicine
- Predominantly therapy: individual, group, family therapy
- Staffed by psychologists, clinical social workers, therapists
- **Often do not provide medication management**

# Example: Lurie Children's IOP

- Virtual program
- Monday - Thursday, from 3:30pm - 5:30pm
  - Group therapy
  - Individual therapy
  - Weekly family therapy
  - NO medication management
- Ages: 10-16
- Diagnoses: anxiety, depressive disorders, OCD
- Length of treatment: 4-6 weeks

# When to refer to IOP?

- **When patients need more intensive therapy AND they are still low-risk enough to remain at home and attend school**
- IOP is often a step-down from inpatient treatment or partial hospitalization program
- Patients must be able to participate in group therapy
- IOPs often include/exclude certain age ranges, diagnoses, developmental disabilities, insurance carriers
- Common presentations: recurrent non-suicidal self injury, severe anxiety/depression, OCD, eating disorders
- How to access: PCP can refer, patient can self-refer

# Sam: 1 year later

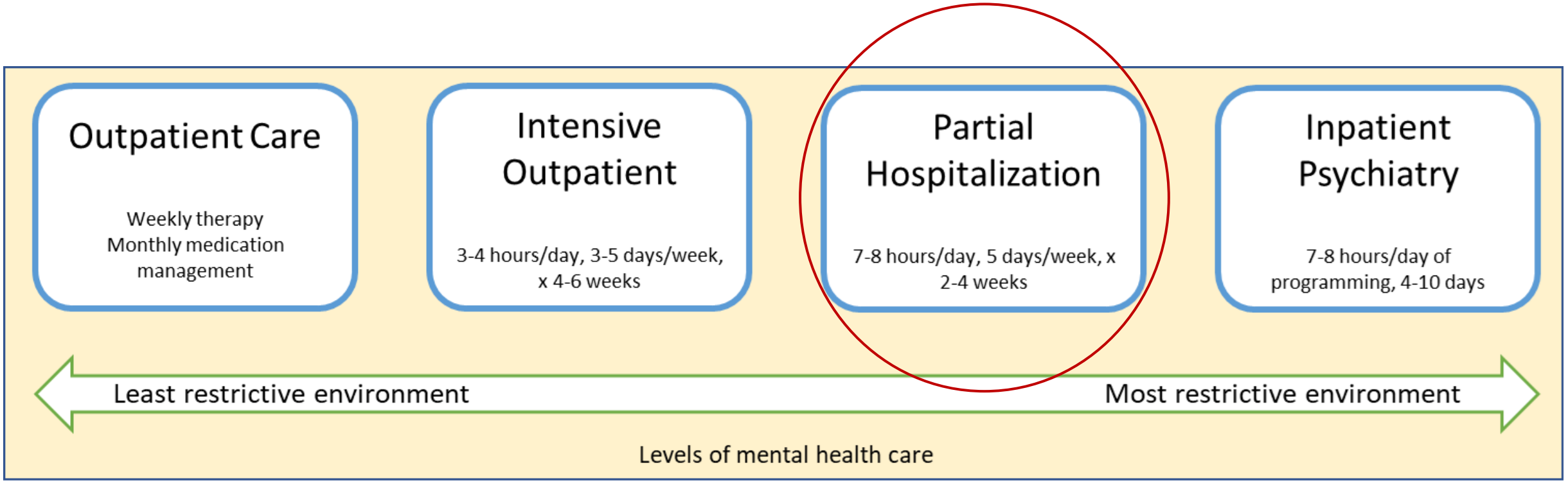
- Sam initially did well:
  - He completed an IOP program in 4 weeks, then did weekly CBT for 6 months
  - Sertraline titrated up to 100 mg daily with good benefit
  - Sam and parents noted significant improvement; SCARED down to 21 (normal)
- After IOP you followed up with Sam monthly while titrating Sertraline, then every 3 months when he was on a stable dose
- After 6 months he completed therapy
- Because he felt better, after 9 months he stopped medication

# Sam: 1 year later

- Now it is the start of the school year (8th grade), and he is struggling
- Over the summer he mostly stayed at home with minimal outside activities
- Anxiety symptoms have returned
  - Anxiety is high, panic attacks 2-3x/week, SCARED 37 (elevated)
  - He has been refusing to go back to school due to anxiety
  - He has resumed cutting
  - He denies SI; ASQ negative
  - He is back in weekly therapy but mother worries “it is not enough”

# Sam: 1 year later

- You refer Sam to a partial hospitalization program (PHP) given the severity of his anxiety symptoms AND that he is refusing to attend school
- You resume sertraline 25 mg with a plan to titrate back up to at least 100 mg (prior dose with good effect)
- Sam gets an intake appointment with a PHP for the following week
- You ask mother to bring Sam back within 1-week after completing PHP for discharge follow up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# Partial Hospitalization Program

- “Day Hospital”
- In person
- 5 days per week, during school hours (~9am-3pm), for 2-4 weeks
- Therapy: individual, group, and family therapy
- Medication management
- Includes daily time for school-work, teacher on site liaises with child’s school
- Multidisciplinary team: psychiatrists, psychologists, clinical social workers, therapists, teachers

# Example: Lurie Children's PHP

- Monday - Friday, from 9am - 3pm
  - Daily: group therapy, schoolwork, individual therapy, medication management
  - Weekly family meetings, parent training
  - Teacher liases with school to support transition back to school
- Ages: 10-14
- Diagnoses: anxiety, depression, OCD
- Length of treatment: 2 weeks

# When to refer to PHP?

- **When a patient's mental health symptoms are severe enough that they cannot function in home or school AND they are not at imminent risk of harm**
- PHP is often a step-down from inpatient treatment or after patient goes to ED
- Patients must be able to participate in group therapy
- PHPs may include/exclude certain age ranges, diagnoses, developmental disabilities, insurance carriers
- Common presentations: recurrent non-suicidal self injury, severe anxiety/depression, OCD, eating disorders, school avoidance
- How to access: PCP can refer, ED can refer, patient can self-refer,

# IOP vs PHP?

| | IOP | PHP |
|---|---|---|
| Schedule | 3-4 days/wk after school (2-3hr) | Weekdays 9am-3pm |
| Telemedicine? | Virtual or in person | In person |
| Interventions | Therapy only | Therapy<br>Medication management<br>School |
| Length of stay | 4-6 weeks | 2-3 weeks |

## Key Considerations

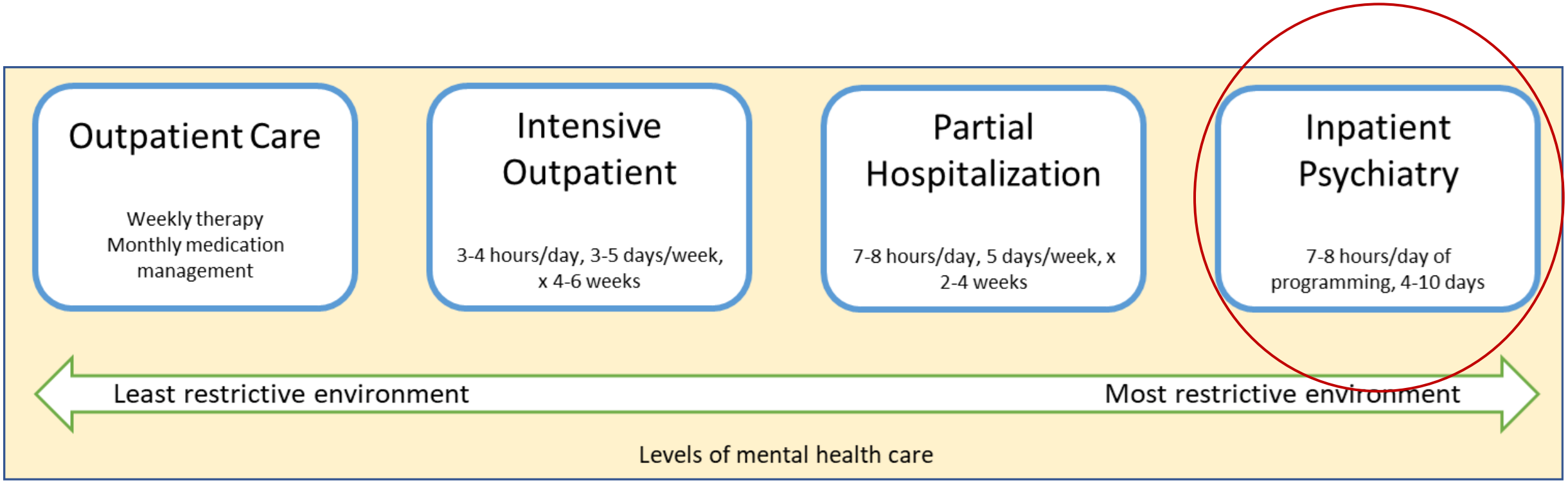
- Is the child going to school?
- Is medication management needed?
- What programs are in your area and take the patient's insurance?

# Sam: 2 weeks later

- You receive a phone call from Sam's mother after 2 weeks
- Sam attended his PHP intake, but has refused to attend PHP for the last week

- You bring Sam back for an acute care visit
  - High anxiety, frequent panic attacks, now cutting multiple times per week
  - He is isolating from parents/friends, refusing PHP, refusing school, sleeping poorly
  - PHQ-9 now elevated at 12 (moderate depression)
  - He admits to having passive SI most days
  - ASQ suicide screen is positive; when asked about current SI/plan – "I don't know"

- You send Sam to ED for safety assessment; he is admitted to inpatient psychiatry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# Inpatient Psychiatry

- Locked unit in the hospital
- Caregivers cannot stay with patient, can only visit during daily visiting hours
- Structured daily schedule of therapeutic activities
  - Day is spent in group therapy and individual therapy sessions
  - Daily assessment by psychiatrist for medication management & treatment planning
  - Daily school with a teacher
  - At least one family meeting during admission for family therapy, safety planning
- Team: psychiatrists, psychologists, clinical social workers, therapists, teachers.
- Average length of stay: 5-7 days
- **Key goals: diagnostic assessment, medication management, safety planning, discharge planning, coordination with school and outpatient providers**

# Example: Lurie IPU daily schedule

| | |
|---|---|
| 7:45-10:00 AM | **Awake/Shower/Breakfast**<br>**Bathroom/Patient's Room/Classroom** |
| 10:00-10:45 AM | Community Meeting<br>Classroom |
| 10:45-11:45 AM | Staff Therapeutic Activity<br>Dining Room |
| 11:45 AM-12:15 PM | Lunch<br>Dining Room/Patient Room |
| 12:15-1:15 PM | Recreational Therapy<br>RT Room |
| 1:15-2:15 PM | Group Therapy<br>RT Room |
| 2:15-3:15 PM | School<br>Classroom |
| 3:15-4:00 PM | Snack/Free Time<br>Classroom |
| 4:00-5:00 PM | RT (M,W,F) or Staff Activity (T,TH,SA)<br>RT or Classroom |
| 5:00-5:30 PM | Relaxation<br>Patient's Room |
| 5:30-6:00 PM | Dinner<br>Dining Room |
| 6:00-6:45 PM | Journaling<br>Dining Room |
| 6:45-8:00 PM | Group Talk<br>Dining Room |
| 8:00-10:00 PM | Free Time/Phone Calls/Bedtime<br>Classroom/Bathroom/Patient's Room |

# When to admit to inpatient psychiatry?

- Patient is at imminent risk
  - Danger to self or others
  - Unable to care for self (e.g. not eating/drinking)

- How to access care: admission through ED or after medical admission

# Sam: hospital course

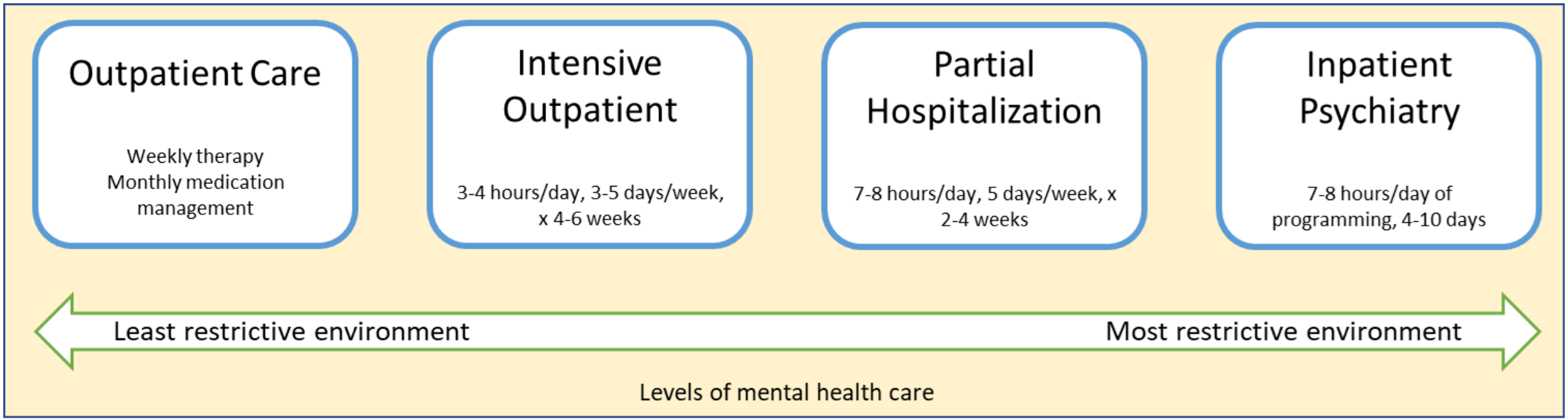
- Sam is admitted to inpatient psychiatry for 5 days
- He attends group therapy, two safety planning sessions, & one family meeting
- Sertraline is increased to 50 mg daily
- He steps back down to PHP for further care
- He has a follow up appointment with you within 1 week after discharge from the hospital

# Sam: follow up after inpatient

- You see Sam 1 week after he returns home from the hospital
  - He is now attending PHP daily
  - Anxiety and depressive symptoms are still elevated, but improveing
  - He denies SI; ASQ negative
- The PHP psychiatrist is managing his sertraline dose during his PHP course
- Sam will follow up with you 1-2 weeks after he completes the PHP program

# Sam: follow up after PHP

- Sam returns the week after completing PHP
  - He is now attending school daily
  - Anxiety and depressive symptoms are improving
  - Denies cutting, denies SI
  - Taking Sertraline 150 mg daily and tolerating well
- He is seeing his CBT therapist weekly
- PHP made a referral to outpatient psychiatry; estimated wait is 6 months
- You plan to see Sam every 1-3 months as a bridge until he gets into psychiatry
- You write a brief letter recommending a 504 plan at school to support anxiety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# Other specialized types of care

- School-based mental health treatment
  - All schools have some mental health supports (e.g. school counselor)
  - A subset of schools have more intensive programs with psychologists, clinical social workers, and/or psychiatrists in which children can receive mental healthcare at school.

- Residential treatment
  - Intensive psychiatric treatment in a campus-like setting for severe conditions
  - Treatment duration: weeks to months
  - Often extremely difficult to access with long wait lists and do not take many insurances
  - Examples: eating disorders, substance abuse, chronic severe suicidality

# What is the right level of care?

- Level of care must match the acuity and severity of symptoms
  - Risk assessment (safety)
  - Distress
  - Functional impairment
  - Resources (insurance, available community resources)

# Risk assessment (safety)

- Assessment of suicidal thoughts, plans, intent and access to means
  - Can use a validated tool such as **Ask Suicide-Screening Questions (ASQ)**

- Assessment of risk and protective factors

### Risk Factors

- Previous history of suicidal ideation
- Family history of suicide
- History of abuse
- Depression and hopelessness
- Poor impulse control, substance use
- Low social and school connectedness

### Protective Factors

- Connectedness to family and friends
- Sense of responsibility to others
- Religious faith
- Strong relationships with medical/mental health professional

# Safety Assessment Triage

## High risk:

- Has a plan with intent and cannot contract for safety
- Has a history of suicide attempts and a current plan

Emergent Assessment
Consider ambulance transport.

## Moderate risk:

- Has thoughts but does not intend to carry them out
- No history of previous suicide attempts
- Has family support/able to put safety plan in place

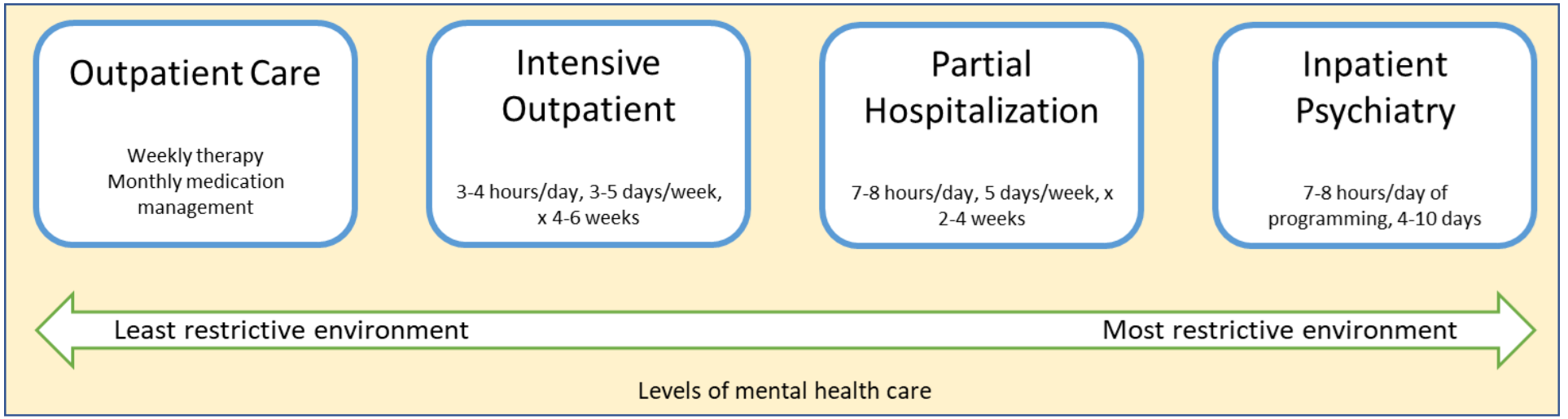
Safety Plan
Follow up ~ days with you or MH professional

## Lower risk

- This is usually when children are using suicidal statements to express their anger or frustration and have no plan or intent to harm themselves

Safety Plan
Follow up ~ 2 weeks

# What is the right level of care?




| | OP | IOP | PHP | IP |
|---|---|---|---|---|
| Risk | Low | Low-Moderate | Moderate | High |
| Distress | Moderate | Moderate-High | High | High |
| Impairment | Moderate | Moderate | High | High |

# How can pediatricians support patients through the different levels of care?

# What should pediatricians do after IOP?

- See patient within a few weeks after completing IOP for follow up
- If prescribing psychiatric medications – keep seeing patient while they are in IOP! IOPs usually do not offer medication management
- Patient should step down from IOP to weekly outpatient therapy
- Usually do not need to refer to outpatient psychiatry just because patient was at IOP as long as symptoms are not complicated & medications are straightforward
- Encourage patient to continue attending school throughout IOP course

# What should pediatricians do after PHP?

- See patient within 2 weeks after completing PHP for follow up
- PHP will usually manage medications while patient is at PHP and provide a 30-day supply at discharge
- After discharge, medication management will revert to PCP (or psychiatrist)
- After PHP, patient should step down to weekly therapy
- Depending on the complexity/severity, patient may or may not be referred to psychiatry. If no medications prescribed, will not usually be referred to psychiatry
- **Closely monitor to ensure that patient returns to school successfully after PHP**
- Family may ask you to write a letter in support of extra school supports through 504 plan or IEP

# What should pediatricians do after inpatient admission?

- See patient within 1-week of discharge for hospital follow up

- Inpatient team will provide 30-day supply of medications at discharge
- Inpatient team should set up follow up mental health care (outpatient, IOP, PHP)
- At discharge patients should have a follow up mental health appointment

# What should pediatricians do after inpatient admission?

- **Important for pediatrician to see patient soon after hospital discharge to assess symptoms, safety, medications, and make sure they are back at school**

- BECAUSE often issues arise
  - The scheduled mental health appointment gets canceled or patient/family refuses to go
  - If patient steps down to IOP/PHP, inpatient team does not make a separate referral to outpatient care. It is up to IOP, PHP, or pediatrician to refer to therapy/psychiatry as needed.
  - Patient has an intake with psychiatry but is >30 days after discharge, and pediatrician must prescribe medications as a bridge

# Resources

## Resources for Advancing Mental Health in Pediatrics

RAMP

- https://ramp.luriechildrens.org/
- Supports pediatricians in treating mental health
- Free online curriculum and educational resources