



EHN's Outpatient's IOP's: Intensive Outpatient
Programs for Substance use, Workplace
Trauma and Mood and Anxiety Disorders

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AGENDA

Current State: Mental Health, Addiction and the Workplace

Mental Health and Addiction as Chronic Health Conditions in the Workplace

Effective Online Programs to Treatment Employee Mental Health and Addiction

Efficacy of Online Treatment

Efficacy of Group Treatment

Features of an Effective Online Mental Health and Addiction Platform



Effects of COVID-19 on Mental Health, Addiction and the Workplace

In the News

CBC | MENU
NEWS Top Stories Local The National Opinion World Canada
Alarming numbers around men's mental health indicate need for national response

TORONTO SUN
Toronto & GTA
Addiction, mental health problems pandemic's 'third wave'?

CTV NEWS
CORONAVIRUS | NEWS
How to manage mental health during the second wave of COVID-19

TORONTO STAR
'Disturbing trend': Ottawa hospital sees rise in number of babies with severe head injuries during second wave of COVID-19

Global NEWS World Canada Local Politics Money Health Entertainment
'Anxiety and depression are increasing': Alberta doctor sees spike in mental health visits

Global NEWS World Canada Local Politics Money Health Entertainment
Mental Health Series: understanding and managing addiction

Ontario
NEWS RELEASE
Ontario Strengthening Mental Health Services in the Justice System

Ontario
NEWS RELEASE
Ontario Increases Mental Health Funding for Postsecondary Students

TORONTO STAR
Anxiety, depression, insomnia: Pandemic retraumatizing marginalized youth

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Niagara EMS expands COVID-era mental health resources around addiction and homelessness

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As substance abuse rises amid pandemic, employers can help

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'Loneliness pandemic': Work from home during COVID-19 takes mental toll on Canadians

Effects of COVID-19 on Mental Health and Addiction



Increased cases of substance use disorders, relapses and drug/alcohol-related deaths



Increased rates of stress, anxiety, depression



Increased cases of trauma acquired in the workplace



Those with preexisting conditions at risk of severe impacts on mental health



Increased rates of binge drinking



Women experiencing higher than normal rates of depression and loneliness



Change in work conditions leading to increased rates of loneliness, isolation, insecurity

Matching Services with Severity

What are the signs that your employee's mental health symptoms are increasing and how can you help?

	MILD SYMPTOMS	MODERATE SYMPTOMS	SEVERE SYMPTOMS
FUNCTION	Functioning at work	Disrupted functioning at work and outside of work; absenteeism; presenteeism, increased sick days.	Low functioning at work or not working
INTENSITY	Mental health symptoms triggered by an event or a situation (work stress, death, divorce, etc.)	More frequent and intense mental health episodes	Chronic mental health conditions
USE OF SERVICES	Accessing support services for the first time or again after a break	Has accessed or is accessing individual counsellor or digital solutions, but requires more intense and/or more frequent treatment	as accessed intensive mental health support and requires a day program or residential care
SERVICE OPTIONS	<ul style="list-style-type: none"> • Individual counselling • iCBT • Self-guided therapy • Wellness apps • Peer support groups 	Combination individual and group therapy program with corresponding digital component (IOP)	<ul style="list-style-type: none"> • Partial Hospitalization Program (PHP) • Residential treatment

Direct and Indirect Costs to Employers

Mental health issues lead to both direct and indirect economic costs

Direct Costs

- Health care costs, including psychological care benefits and drug costs
- Income support, including short- and long-term disability claims

Indirect Costs

- Absenteeism
 - Presenteeism (i.e., attending work while unwell but with reduced productivity)
 - Employee turnover
-



EHN's Intensive Outpatient Programs

Intensive Outpatient Program (IOP)



8 weeks of Intensive Therapy + 10 months Aftercare

Program Components:

- 1 8 hours of psychoeducational/skills groups per week
- 2 1 hour of Individual Therapy per week
- 3 Specialty groups: Return to Function, Physical Health
- 4 12 Hours of Family Programming
- 5 Integrated Wagon Platform and App

Evidence-Based Approach:

- ✓ Cognitive Behavioural Therapy (CBT)
- ✓ Dialectic Behavioural Therapy (DBT)
- ✓ Behavioural Activation Therapy (BA)
- ✓ Acceptance and Commitment Therapy (ACT)

How Can an IOP Support Employees?

Substance Use

Mood and Anxiety

Trauma



Skills-based programming with corresponding app

Increased productivity, reduced symptoms at work

Outcome measurement to track progress and inform long-term support recommendations

Symptom reduction and enhanced function

Online format is accessible and convenient

Regular progress reports and post-treatment recommendations to continuity of care

Benefits of an IOP for Employers



Programs are designed to reduce symptoms that interfere with work life



Skills-based curricula to equip employees to identify and manage symptoms



Discharge summaries include recommendations for post-treatment



Separate streams for Substance Use Disorders, Mood and Anxiety Disorders and Workplace Trauma



Maximize ROI by investing in programs that decrease disability costs



Efficacy of Online Treatment

Online vs. In-Person Treatment

Is Online Treatment effective?



Multimodal digital psychotherapy is a[n] **effective treatment** for **adult depression** (Marcelle, et al., 2019)



ICBT and **face-to-face treatment** produced **equivalent overall effects** for **[mood and anxiety] disorder[s]** (Andersson, et al., 2014)



ICBT and is **as effective** as **conventional CBT** (Hedman, et al., 2012)



Yale University
School of Medicine

After initiation of [online treatment] services, patients' **hospitalization [episodes] decreased** by approximately 25% (Godleski, et al., 2012)

Benefits of Online Treatment

Services remain uninterrupted regardless of public health situation

Treating underserved, remote employees

Can accommodate varied schedules/time zones

Reduces commuting and travel time

Increases adherence and participation

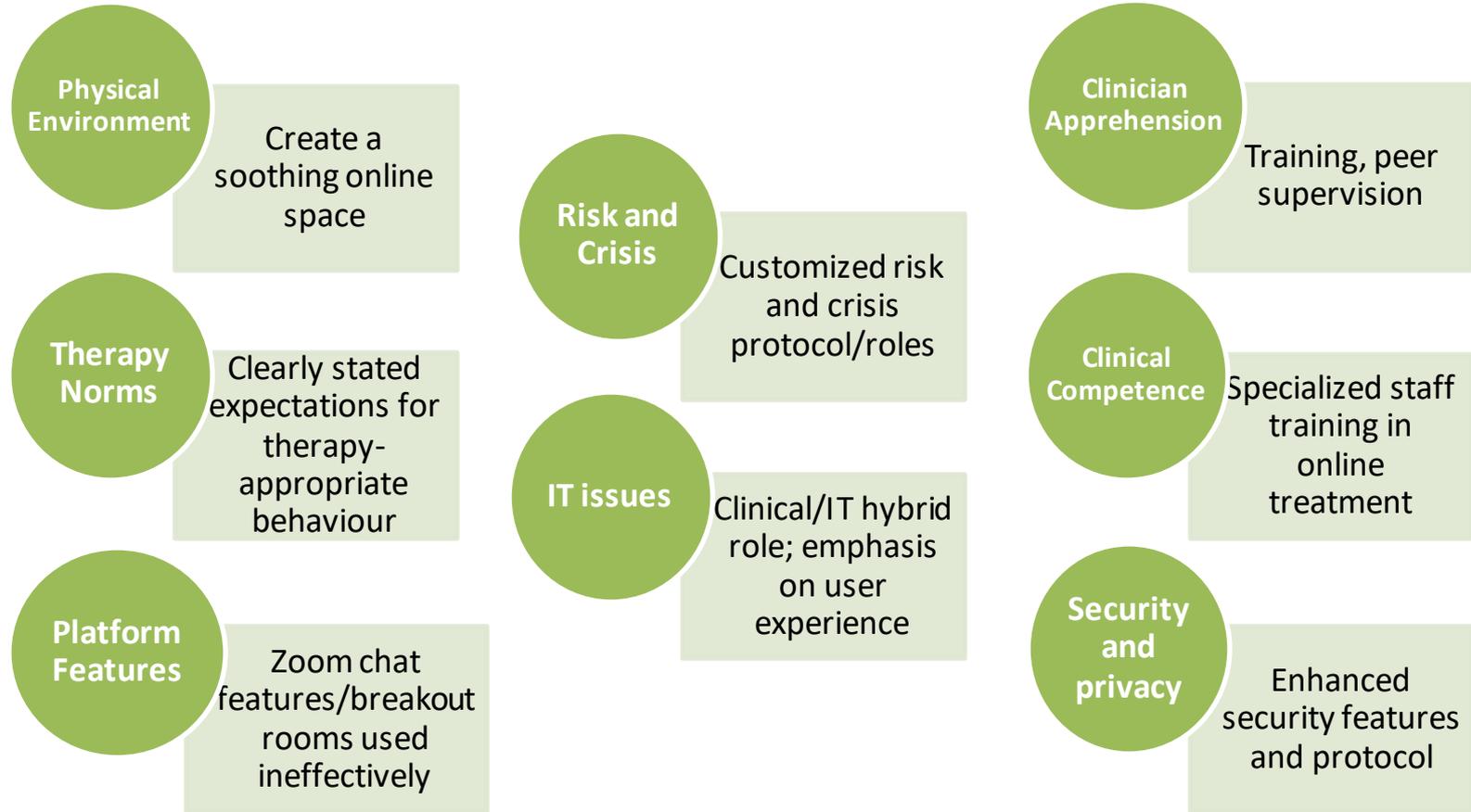
Outcomes similar to in-person treatment

More disclosure when in the comfort of home

Opportunities for innovation and responsiveness to market demands

Diverse group composition (rural, urban, interprovincial)

EHN Best Practice in Addressing Challenges of Online Treatment





Efficacy of Group Therapy

Efficacy of Group Therapy for Mental Health and Addiction Treatment

Why Choose Group Therapy Treatment vs. Individual Counselling only?

Research on Group Therapy Shows:

- Cost savings
- Higher-than-normal completion rates
- Improved outcomes in treating anxiety, substance use, PTSD, compulsive sexuality and depression
- Gains made during treatment are maintained during post-treatment period

Why Choose Group Therapy Treatment:

- Reduces stigma and normalizes client experience
- Practice and improve interpersonal effectiveness skills
- Promotes social skills and combats isolation
- Alliance with peers during treatment leads to post-treatment support
- Peers create accountability and increase employee engagement



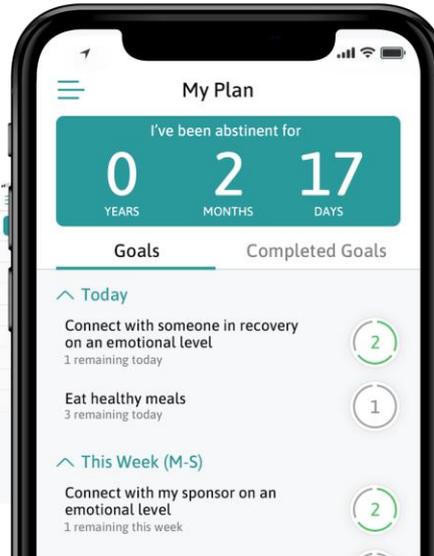
EHN's Online Platform

Platform Features

Video Counselling Capacity



Patient Mobile App



Clinical Dashboard



Video Counselling



HIPPA, PIPEDA and PHIPPA
compliant video
conferencing software
used to facilitate individual
and group sessions



Sessions are scheduled and
clients are added to online
sessions in the **Wagon**
dashboard



Clients can join sessions via
email invitation or by
logging into the **Wagon**
website



Implemented extra security in
Zoom, **including passwords,**
locked meetings, unique
meeting ID and password for
every meeting.

Wagon App

Provided to Clients in Aftercare and Online Programs

Goal-Setting

- Custom goal-setting for each client based on treatment programs
- Goals are displayed on the home screen and checked off as they are completed

Coping Tools

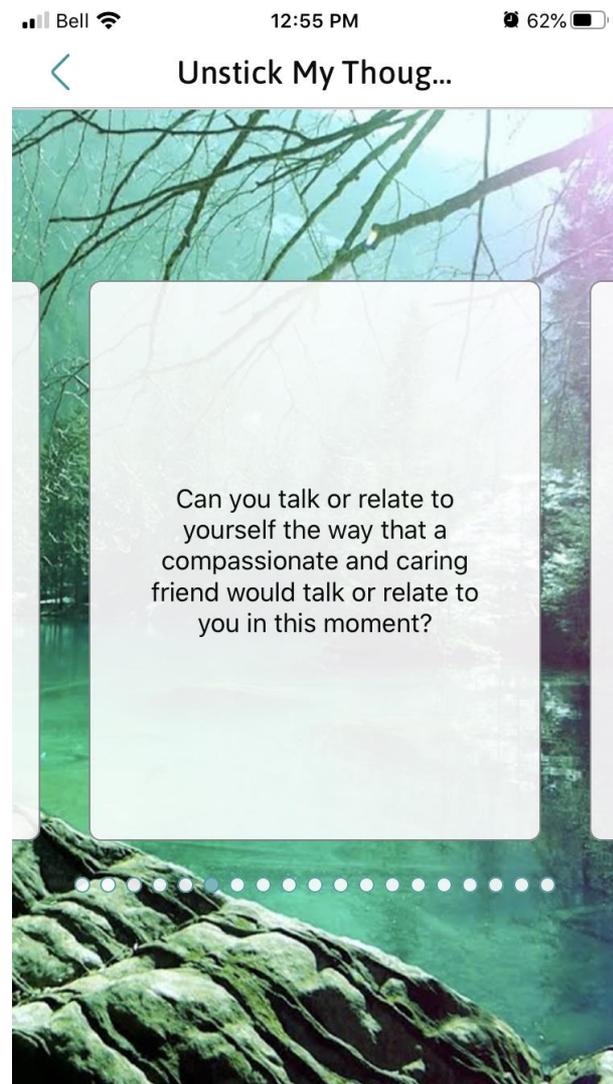
- Coping tools based on skills taught in treatment program
- Includes guided exercises, meditations and coping cards; CBT, DBT, Mindfulness, etc.

Daily Check-In

- Set of 5-10 questions clients answer each day that track mood, symptoms and use of learned skills
- Different Daily Check-In for each specialty program

Progress

- Clients can view their progress in goal completion and from their daily check-in
- Allows them to see patterns and connect symptoms reduction with use of skills



Specialized App Content

Daily Check-Ins

Substance Use

1:31 Daily Check-In

5

How often were you kind or compassionate to your partner or to yourself?

Never A little bit Some of the time Most of the time All of the time

Mood and Anxiety

10:48 Daily Check-In

2

How intense were your emotion(s)?

Anxiety	90	Extreme	<input type="checkbox"/>
	80	Very High	<input type="checkbox"/>
Distress	70	Strong	<input checked="" type="checkbox"/>
	60	Moderate to Strong	<input type="checkbox"/>
Fear	50	Moderate	<input type="checkbox"/>
Anger	40	Mild to Moderate	<input type="checkbox"/>
	30	Mild	<input type="checkbox"/>
		Green Zone	<input type="checkbox"/>
	-30	Mild	<input type="checkbox"/>
Sadness	-40	Mild to Moderate	<input checked="" type="checkbox"/>
	-50	Moderate	<input type="checkbox"/>
Low mood	-60	Moderate to Strong	<input type="checkbox"/>
Guilt	-70	Strong	<input type="checkbox"/>
Shame	-80	Very High	<input type="checkbox"/>
	-90	Extreme	<input type="checkbox"/>

Workplace Trauma

10:49 Daily Check-In

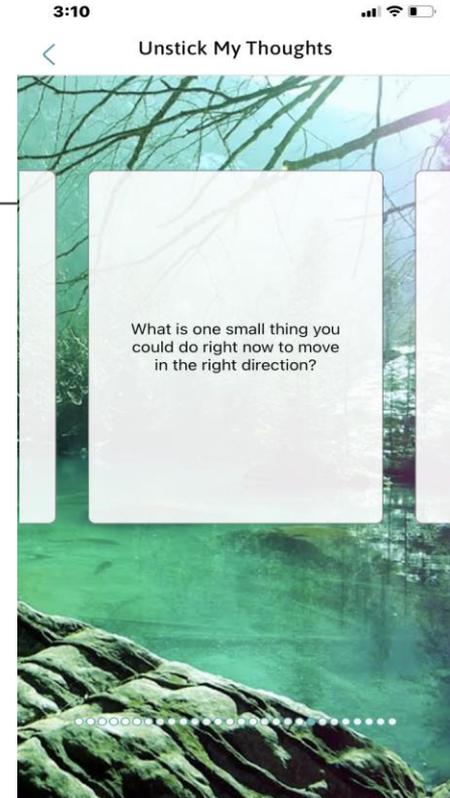
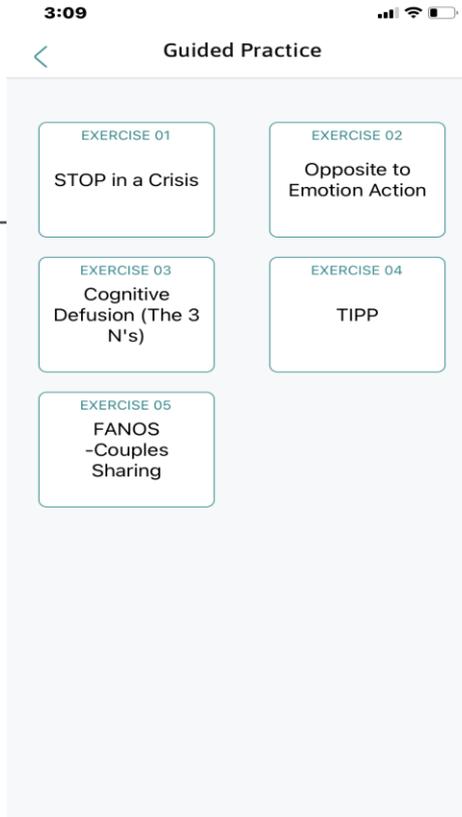
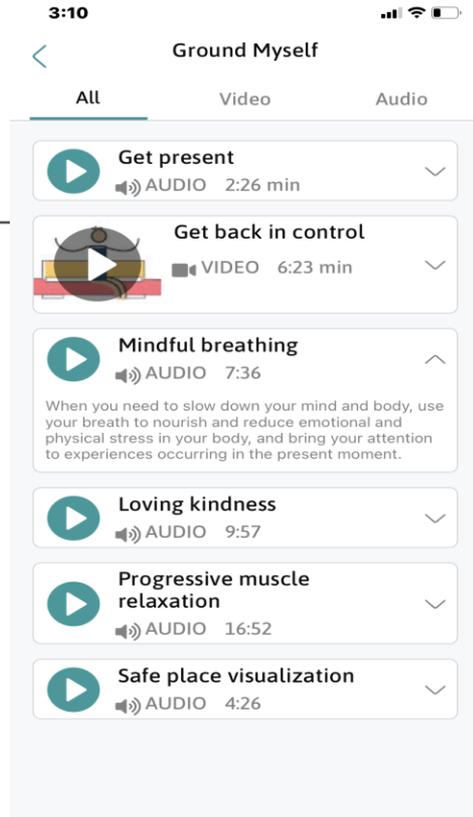
8

Which skill(s) did you use to cope with distressing emotions or situations?

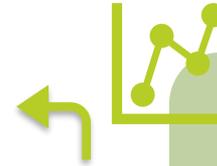
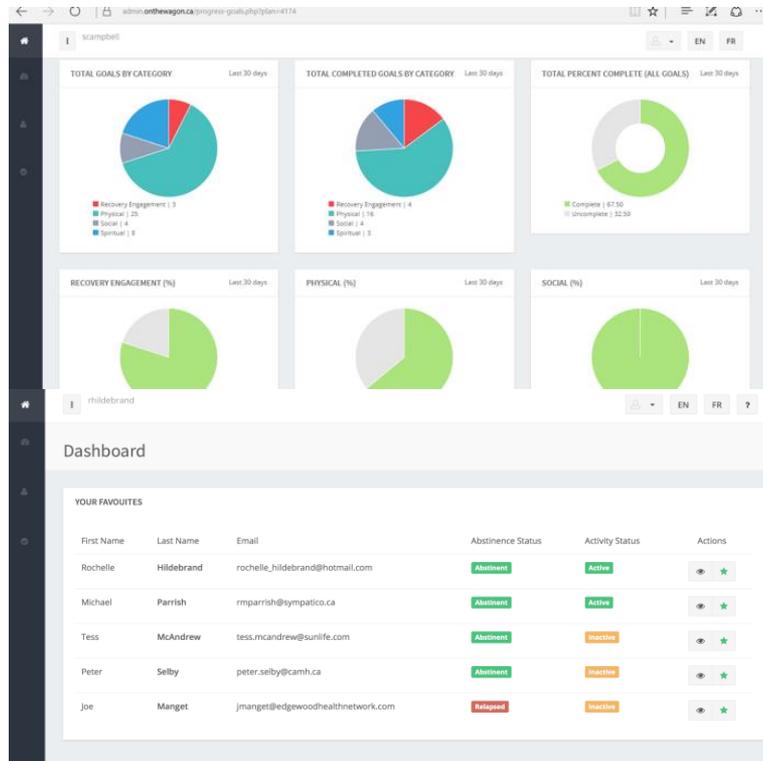
None	<input type="checkbox"/>
Activating Wise Mind	<input type="checkbox"/>
Nonjudgmental Stance	<input type="checkbox"/>
Participate: fully engage in experience	<input type="checkbox"/>
Objective Effectiveness DEARMAN	<input type="checkbox"/>
Self-respect effectiveness: FAST	<input type="checkbox"/>
Accumulate Positive Experiences - Activation	<input type="checkbox"/>
Distract (ACCEPTS)	<input type="checkbox"/>
Radical Acceptance	<input type="checkbox"/>
Dialectical Thinking	<input type="checkbox"/>
Mechanical Eating	<input type="checkbox"/>
Thought Record	<input type="checkbox"/>
Check the Facts	<input type="checkbox"/>
STOP	<input type="checkbox"/>
Cognitive Diffusion	<input type="checkbox"/>
Observe (Urge Surf)	<input type="checkbox"/>
Describe: Put words on what works	<input type="checkbox"/>
Effectiveness: focus on what works	<input type="checkbox"/>
Relationship effectiveness: Give	<input type="checkbox"/>
Build Mastery	<input type="checkbox"/>
Opposite to Emotion Action	<input type="checkbox"/>
Self-Sooth with 5 Senses	<input type="checkbox"/>
Cope Ahead	<input type="checkbox"/>
Validate Self or Others	<input type="checkbox"/>
Challenge Negative Self-Talk	<input type="checkbox"/>
Self-Compassion	<input checked="" type="checkbox"/>
STOP	<input type="checkbox"/>
Cognitive Diffusion	<input type="checkbox"/>

Specialized App Content

Tools and Resources



Clinical Dashboard



An EHN Differentiator is that our Wagon platform allows our Clinical Team to access **real-time client data** which enables them to **optimize outcomes** and the work they do each week



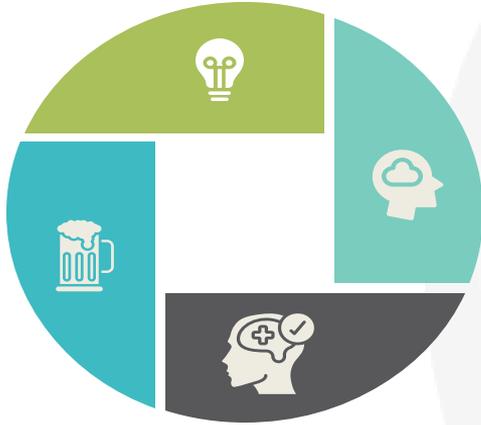
For example, **evaluating progress** of patient goals, log of the daily-check-ins, red flags



Outcome Measurement

Outcomes & Psychometric Testing

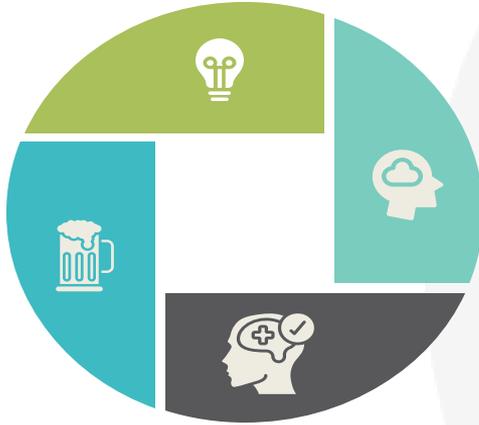
Outcome Measures are administered at intake, during treatment and post-treatment phase



- **PHQ-9** - measures improvement of depression symptoms
- **LDQ** - measures dependence on substance (alcohol and opiates)
- **GAD-7** - measures improvement of generalized anxiety symptoms
- **OQ45** - measures symptom distress, interpersonal relations, social role
- **PCL-5** – assessment tools for symptoms of PTSD

Outcomes & Psychometric Testing

Current Outcomes – Average Patient Scores:



- Clients see an average decrease of 66% on the LDQ; this means they are starting with moderate substance dependence symptoms and completing with low dependence symptoms
- Clients begin programs in Moderately High Distress and decrease to Moderate Distress by the end of the program
 - Scores continue to decrease during the aftercare portion of the program
- Critical Item scores such as suicidal ideation, aggression and self-harm drop by 54% on average

References

1. Andersson, G., Cuijpers, P., Carlbring, P., Riper, H. and Hedman, E. (2014), Guided Internet-based vs. face-to-face cognitive behavior therapy for psychiatric and somatic disorders: a systematic review and meta-analysis. -, 13: 288-295. <https://doi.org/10.1002/wps.20151>
2. Chandrashekar P. (2018). Do mental health mobile apps work: evidence and recommendations for designing high-efficacy mental health mobile apps. *mHealth*, 4, 6. <https://doi.org/10.21037/mhealth.2018.03.02>
3. Deloitte Insights. *The ROI In Workplace Mental Health Programs: Good For People, Good For Business*. Deloitte Insights, 2019, p. 2-6, <https://www2.deloitte.com/content/dam/Deloitte/ca/Documents/about-deloitte/ca-en-about-blueprint-for-workplace-mental-health-final-aoda.pdf>.
4. Erik Hedman, Brjánn Ljótsson & Nils Lindefors (2012), Cognitive behavior therapy via the Internet: a systematic review of applications, clinical efficacy and cost-effectiveness, *Expert Review of Pharmacoeconomics & Outcomes Research*, 12:6, 745-764, DOI: 10.1586/erp.12.67
5. Linda Godleski, Adam Darkins, and John Peters Psychiatric Services (2012), Outcomes of 98,609 U.S. Department of Veterans Affairs Patients Enrolled in Telemental Health Services, 2006–2010, 63:4, 383-385 <https://doi.org/10.1176/appi.ps.201100206>
6. Marcelle, E. T., Nolting, L., Hinshaw, S. P., & Aguilera, A. (2019). Effectiveness of a Multimodal Digital Psychotherapy Platform for Adult Depression: A Naturalistic Feasibility Study. *JMIR mHealth and uHealth*, 7(1), e10948. <https://doi.org/10.2196/10948>
7. McKay JR, Lynch KG, Shepard DS, Pettinati HM. The Effectiveness of Telephone-Based Continuing Care for Alcohol and Cocaine Dependence: 24-Month Outcomes. *Arch Gen Psychiatry*. 2005;62(2):199–207. doi:10.1001/archpsyc.62.2.199