Titrating Services Microlearning Audio Transcript

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Welcome to our microlearning series, brought to you by the clinical provider training team. This module focuses on Titration of Services

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This series will cover Care Coordination, Treatment Planning, Titration of Services and Discharge Planning. Welcome to our module on Titration of Services.

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By the end of this module, you will be able to: Define titration of services, identify the importance of titrating services, review best practices for titrating services and Identify potential barriers when titrating services

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On these slides, we'll introduce the member scenario that will be used throughout this module to help apply concepts to real-world clinical practice. You may wish to review the Member Scenario handout located in the handouts for training section of the Course Outline

The member is a 34-year-old female with co-occurring substance use, behavioral health, and medical diagnoses, including Alcohol Use Disorder, Generalized Anxiety Disorder, Major Depressive Disorder, and diabetes.

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The member is involved with multiple systems and service providers. There is legal involvement of probation and the child welfare system where there has been the removal of the members child, who is in the care of the members mother. There are also behavioral health services of targeted case management and individual therapy, a parenting class, psychiatry for medication management, primary care for diabetes management as well as court ordered substance use treatment.

For the purpose of this training, assume you are one of the providers involved in this member's care. As we move through the module, we will use this scenario to demonstrate how titration of services should be thoughtful, gradual, and based on the member's progress, supports, and clinical presentation — not simply the passage of time.

Keep this member in mind as we explore when and how services can be safely stepped down, while continuing to support recovery and independence.

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Titration implies stepping the member down in their services to match their clinical presentation, progress, baseline, and supports.

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Let's take a moment to discuss why titrating services is such an important part of effective behavioral health care.

Research on psychotherapy consistently shows that most improvement occurs early in treatment. In fact, studies indicate that the greatest symptom reduction typically happens within the first six outpatient therapy sessions. In later phases of treatment, many individuals experience only small improvements or no additional change. These findings demonstrate that meaningful progress does not require being in therapy for years.

Another important reason for titration is that it promotes independence. From the very beginning of treatment, providers should openly discuss that one of the goals of therapy is to help members function effectively outside of sessions. This includes identifying natural supports, strengthening coping skills, and coordinating care with other providers, or community resources. As skills increase, reliance on therapy should gradually decrease.

Titration also supports individualized treatment planning. The appropriate length and frequency of therapy varies from person to person and should always align with the nature and severity of the presenting concern. Acute issues often require fewer sessions, while chronic conditions may require longer-term care. Treatment should be adjusted as symptoms improve or worsen, rather than remaining fixed.

Additionally, titrating services helps prevent unhealthy dependency on providers or treatment. As members meet their treatment goals, and demonstrate progress, services can be titrated down. If symptoms increase, services can be titrated up, as long as documentation supports medical necessity. This flexibility ensures members are not stuck in a particular level of care longer than clinically appropriate.

Finally, titration supports the responsible use of limited mental health resources. Providing services that are not medically necessary leads to overutilization. By addressing each one of these areas in titrating services appropriately, providers act as good stewards of resources and help ensure access to care for members who need it most.

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This model shows that titration is not a one-way process. Services can be increased or decreased based on clinical need, symptom presentation, and goal progress. As members demonstrate

improvement and independence, services may be titrated down. If symptoms worsen or new stressors emerge, services can be titrated up when medically necessary. The goal is always to maintain the most appropriate level of care for the member at any point in time.

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Here are some best practices for titrating services:

Conduct a thorough initial assessment: a complete and accurate assessment drives the identification and delivery of the care, treatment, and services needed by the individual served. This includes identifying the purpose of treatment, and includes the desired outcomes, strengths and any barriers.

This involves accurately identifying mental health diagnoses and documenting frequency, duration, and severity of symptoms using evidence-based screenings, assessment and treatments. A baseline should be established, as well as targets for progress, and planning for discharge from the beginning. We are trying to envision what the person's presentation and needs would be if they were ready for discharge.

These things help to determine the appropriate level of care, as well as the frequency and duration of services. Remember, the length of treatment for mental health problems will vary from one individual to another, depending on how severe the presentation of the illness is.

Plan for discharge, starting at the beginning of treatment

Have an individualized plan for care: It is important to have a plan for care, treatment, and services that reflects the assessed needs, strengths, preferences, and goals of the individual member. The objectives of the plan for care, treatment, or services should include steps to achieve the goal or goals, they should be specific to assess the progress of the member, and should be expressed in terms that provide indices of progress (for example the SMART format) and reflect the use of evidence-based treatment.

Document improvement and regression to justify units requested – It is important to maintain a complete and accurate clinical record.

Teaching members what they need to know about their care, treatment, and services promotes recovery, resilience, and independence and assures never-ending therapy is not being promoted. It also prepares them to manage their own care once they are discharged or stepped down to a lower level of care.

In addition, providers can assist members with identifying natural supports (such as family, friends, and community groups) that can assist them once treatment is titrated or when they are discharged from treatment.

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Over the past several months, this member has demonstrated steady progress toward her treatment plan goals. Providers have observed a reduction in symptoms and sustained improvements in behavioral functioning. This progress has been evaluated through member self-report, standardized screening tools, and ongoing coordination among providers involved in her care.

Other members of the care team have also reported continued improvement. The Targeted Case Manager noted that the member has achieved stable housing, secured part-time employment, and is nearing completion of a parenting course. Providers collaborated to identify a virtual parenting support group to help maintain support following discharge. Substance-use services continue to support her recovery, and the member has developed healthy accountability supports.

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Let's continue by addressing the Titration Planning for the member scenario. Based on this progress, services were thoughtfully titrated from weekly therapy sessions to biweekly sessions. This change allows the member opportunities to practice skills learned in treatment, while increasing reliance on natural and community-based supports.

While services are being titrated, providers continue to actively assess progress, monitor stressors, and evaluate the member’s ability to independently use coping skills and available resources. Titration does not mean disengagement; it reflects an adjustment in service intensity that remains responsive to the member’s needs.

As part of this process, the treatment plan and discharge plan are updated to reflect changes in service frequency and the member’s continued progress. This ensures consistency, clarity, and continuity across the care team.

This scenario reinforces that titration decisions should be collaborative, guided by clinical information, responsive to change, and focused on maintaining safety while promoting independence.

Ultimately, titration supports recovery by matching services to current need — not by routine — and by preparing members to succeed beyond formal treatment.

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Centene recognizes that barriers may arise for both providers and members when working to titrate mental health services. These barriers can come from the member, social drivers of health, or even the provider.

From the member perspective, it is common for individuals to worry that reducing, or ending therapy may cause their symptoms to return or worsen. Many members also become accustomed to the routine and emotional support that comes with regular appointments. There also may be hesitancy to change familiar treatment patterns. Because of this, they may need reassurance, education, and encouragement when transitioning to a different level of care.

Social drivers of health—such as financial stressors or unstable housing, loss, grief, medical issues or crisis events, transportation difficulties, and limited access to resources, or limited family or community support—may increase a member's need for ongoing services or make titration less feasible at certain times.

Lastly, providers themselves may unintentionally become a barrier. This can occur when providers are unfamiliar with available community-based resources, or when countertransference impacts clinical judgement and can lead to continuing services beyond clinical necessity. Administrative or productivity pressures or leadership and system constraints can also influence decision-making.

It is important to remember that while these challenges are real, service decisions should always remain centered on the member's clinical needs, recovery goals, and overall well-being.

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This slide provides examples of common barriers to titration and demonstrates how coordinated, person-centered interventions can help address them while maintaining safety and progress.

In this scenario, as services begin to be titrated, the member expresses fear of relapse, and concern about maintaining progress while reducing therapy frequency. Providers respond by revisiting the relapse prevention plan, reinforcing skills already learned in treatment, and confirming that appropriate supports remain in place. To build confidence, the member checks in with both her therapist and substance use group leader to process these concerns and strengthen her sense of readiness.

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Let's continue addressing the barriers to Titration for the member scenario.

A medical barrier also emerges, when the member experiences a diabetes-related health crisis. The primary care provider addresses the immediate medical concern and adjusts medications as needed. Care is coordinated with the psychiatrist to ensure continuity, while the Targeted Case Manager supports the member in accessing disease management services and obtaining new monitoring equipment. This collaboration helps stabilize the medical issue without disrupting behavioral health progress.

From the therapy provider's perspective, there is some concern about whether the member has enough supports to sustain improvement as services are reduced. Through coordination with other providers and direct conversation with the member, existing supports are identified and reinforced. The member also works with the therapist to identify additional coping strategies, such as using crafts as a distraction skill, and expands her list of self-soothing and distress-tolerance techniques.

This example highlights that barriers to titration are common, and do not mean services should automatically remain at the same intensity. When addressed through collaboration, reassessment,

and empowerment, services can be adjusted appropriately while continuing to prioritize safety, confidence, and continued recovery.

Effective titration doesn't eliminate support — it strengthens a member's ability to use it independently.

Barriers to titration can be addressed through collaboration, reassessment, and empowerment — allowing services to adjust while prioritizing safety and continued recovery.

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References for this microlearning are shown here. If you would like to review any of these references, please click the pause button and write down the items of interest. To move on from this video, please click the "next" button at the bottom of your screen.