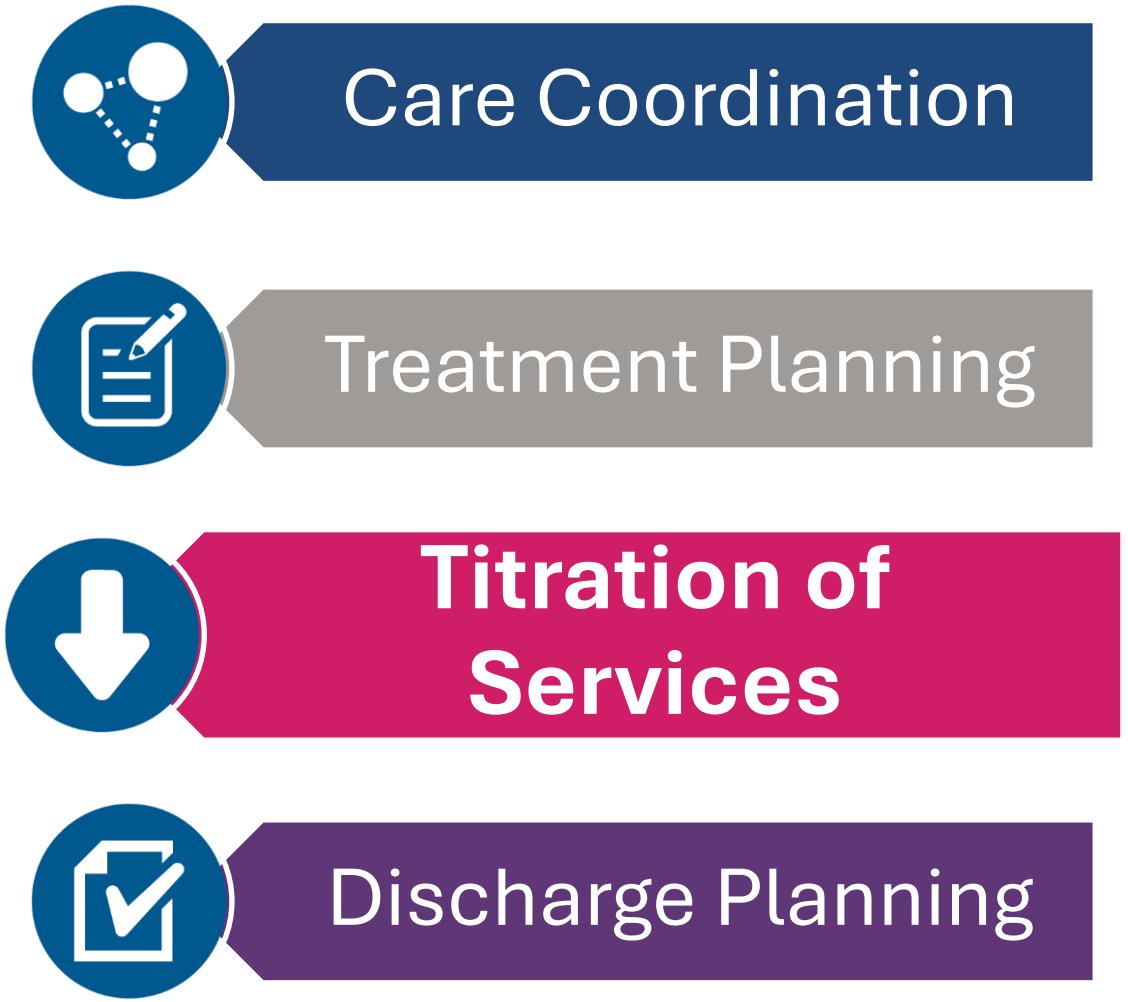
Titration of Services

Confidential and Proprietary Information

Provider Engagement Series



Learning Objectives

1. Define titration of services
2. Identify the importance of titrating services
3. Review best practices for titrating services
4. Identify potential barriers when titrating services

Confidential and Proprietary Information

Member Scenario



- Member is a 34-year-old female.



- Alcohol Use Disorder, Severe
- Generalized Anxiety Disorder
- Major Depressive Disorder, Moderate, Recurrent
- Diabetes

Member Scenario:
Care Coordination/Service Engagement



Legal/Department of Children and Families (DCF)

- Probation involvement
- DCF involvement - removal of child from care.
- Member's mother is child's current caregiver following DCF involvement



Services at Multiple Agencies

- Behavioral Health Provider - Targeted Case Management and Individual Therapy
- Parenting Program Provider - Parenting Class
- Psychiatry Provider - Medication Management
- Medical Provider - PCP for diabetes management
- Substance Use Treatment Provider - Court ordered substance use groups

Confidential and Proprietary Information

What is Titration?

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

Why is Titrating Services Important?

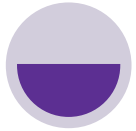


Evidence-Based Improvement

Most symptom improvement occurs in the first 6 sessions

Later session often show minimal or no additional change

Long-term improvement does not require years of therapy

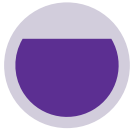


Promote Independence

Encourage effective functioning outside of therapy

Supports use of natural and community-based supports

Reinforces therapy as skills-building, not indefinite care



Supports Individualized Treatment

Treatment length should match severity, acuity, and diagnosis

Acute concerns typically need fewer sessions than chronic conditions

Frequency and duration should adjust as symptom change



Service Intensity

Reduces unnecessary or non-medically necessary sessions

Prevents dependency on providers or fixed levels of care

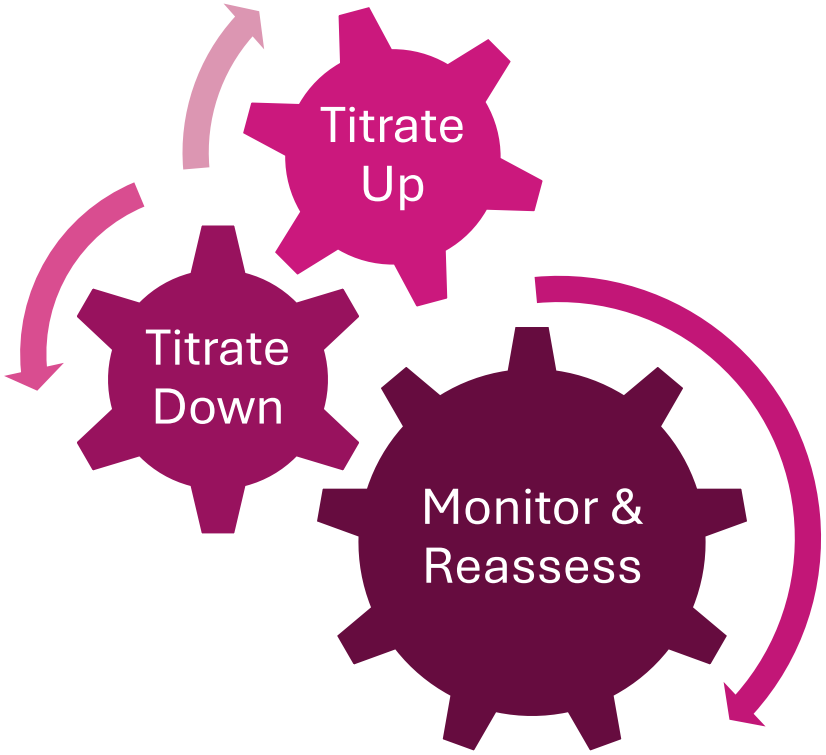
Promotes responsible use of limited mental health resources

(Tiemens, et.al, 2019; American Psychological Association, 2017; Simon, 2015)

Confidential and Proprietary Information

Titration of Behavioral Health Services

Service Intensity Adjusts Based on Clinical Need



Titration is individualized, goal-driven, & responsive to change.

(Tiemens, et.al, 2019; American Psychological Association, 2017; Simon, 2015)

Confidential and Proprietary Information

Best Practices for Titrating Services

- Conduct a thorough initial assessment
- Identify purpose of treatment
- Develop baselines and targets
- Plan for discharge
- Document improvement and regression
- Identify natural supports

(The Joint Commission, n.d.)

Confidential and Proprietary Information

Member Scenario: Titration Planning

Member Background

- Adult member receiving outpatient services for co-occurring substance use and mental health conditions
- Working toward recovery, stability, and family reunification
- Medical and behavioral health needs managed through coordinated care

Demonstrated Progress

- Sustained reduction in symptoms and improved functioning
- Progress supported by:
  - Member self-report, screening tools, and care team collaboration
- Achieved stable housing and part-time employment
- Engaged in parenting education and recovery supports

Confidential and Proprietary Information

Member Scenario: Titration Planning

Titration Decision

- Increased stability and supports outside of therapy
- Therapy frequency reduced from **weekly to biweekly**
- Goal: support skill practice, confidence, and independence

Ongoing Oversight

- Continued monitoring of symptoms and stressors
- Treatment and discharge plans updated as services change
- Services remain adjustable based on clinical need

Key: Titration is proactive, collaborative, and based on progress — not routine.

Confidential and Proprietary Information

Barriers to Titrating Services



Member

- Fear of symptom relapse when reducing services
- Attachment to routine and provider support
- Hesitancy to change familiar treatment patterns



Social Drivers

- Financial stressors or unstable housing
- Loss, grief, medical issues, or crisis events
- Transportation barriers or limited access to resources
- Limited family or community support



Provider

- Limited awareness of community-based resources
- Countertransference impacting clinical judgment
- Administrative or productivity pressures
- Leadership or system constraints

(Manuel, et.al. 2017)

Confidential and Proprietary Information

Member Scenario: Addressing Barriers to Titration

Member-Identified Barrier

- Expresses fear of relapse as therapy frequency is reduced
- Concern about maintaining progress with fewer sessions

Coordinated Interventions

- Relapse prevention plan reviewed and reinforced
- Skills gained in treatment revisited and normalized
- Member checks in with therapist and substance use group leader

Confidential and Proprietary Information

Member Scenario: Addressing Barriers to Titration

Medical & Environmental Barrier

- Diabetes-related health crisis temporarily impacts stability
- Primary care adjusts treatment and coordinates with psychiatry
- Targeted Case Manager connects member to disease management services and monitoring equipment

Provider Perspective

- Therapist questions adequacy of supports during titration
- Care team collaborates to identify and reinforce existing supports
- Member develops additional coping strategies, including distraction and self-soothing skills

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

Confidential and Proprietary Information

References

- American Psychological Association (2020). *APA dictionary of psychology*. https://dictionary.apa.org/titration
- American Psychological Association. (2017). *How Long Will It Take for Treatment to Work?* www.apa.org/ptsd-guideline/patients-and-families/length-treatment
- Centene Advanced Behavioral Health. (2020, September 25). *Centene advanced behavioral health's mission & vision*. https://cnet.centene.com/News/CenteneAdvancedBehavioralHealth/Pages/CABH-Mission-Vision.aspx
- Manuel, J. I., Yuan, Y., Herman, D. B., Svikis, D. S., Nichols, O., Palmer, E., & Deren, S. (2017). *Barriers and facilitators to successful transition from long-term residential substance abuse treatment*. Journal of substance abuse treatment, 74, 16–22. https://doi.org/10.1016/j.jsat.2016.12.001
- Simon, G. (2015). *How Long Is Too Long In Therapy?* https://counsellingresource.com/features/2015/06/22/how-long-is-too-long/
- The Joint Commission. (n.d.). *Behavioral health care standards sampler*. https://www.jointcommission.org/-/media/tjc/documents/accred-and-cert/bhc/bhc-standards-sampler-book.pdf
- Tiemens, B., Kloos, M., Spijker, J., Ingenhoven, T., Kampman, M., & Hendriks, G. J. (2019). Lower versus higher frequency of sessions in starting outpatient mental health care and the risk of a chronic course; a naturalistic cohort study. *BMC psychiatry*, *19*(1), 228. https://doi.org/10.1186/s12888-019-2214-4

Confidential and Proprietary Information