

LEVELS OF CARE

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IV. Hospital Care (24 hours/day)

Modalities – case management, medications, psychoeducation

Goals – safety, stabilize emotions, facilitate treatment & situational change

Mechanism – **symptom focus; holding, asylum from stressors**

LOS – 1-2 weeks

Availability – high

Staff requirements - suicide/DSH assessment/management

- validation

- limit setting

- secondary gain assessment/management

Mistakes – overusage for DSH and discharge without aftercare

III. Partial Hospital Care (10-20 hours/week)

Modalities – case management, groups (self-assessment, C/B)

Goals – (stabilize community reentry/living), alliance building, impulse control

Mechanism – **behavioral focus; contractual alliance; goals/roles**

LOS – 2-8 weeks

Availability – limited

Staff requirements - crisis management skills
- recognizing calls for help
- impulse control strategies

Mistakes – insufficient attention to social situations/stressors

IIIb. Residential

**Goals - community living (collaboration,
compromise, competition)**

**- ADL's (sleep, diet, budget,
hygiene)**



II. Intensive OP Care (4-10 hours/week)

**Modalities – groups (self-assessment, C/B, interpersonal),
individual**

Goals – emotional control, assertiveness, listening

Mechanism – emotional focus; skill building

LOS – 3-12 months

Availability – limited

**Staff requirements - team participation: collaboration/
communication**

- coverage

- involvement/initiation

**Mistakes – insufficient attention to involvement/participation
“pseudo therapies”**

I. Outpatient Care (1-3 hours/week)

Modalities – individual, groups (interpersonal, mentalization)

Goals – reflectiveness, agency, generalizing skills

Mechanism – interpersonal focus; mentalization

LOS – indefinite (can be brief)

Availability – high (limited supply of trained clinicians)

Staff requirements - comfort with anger, personal limits
- introspective (countertransference awareness)
- boundary regulation
- supervision/supports

Mistakes – insufficient emphasis on social rehabilitation

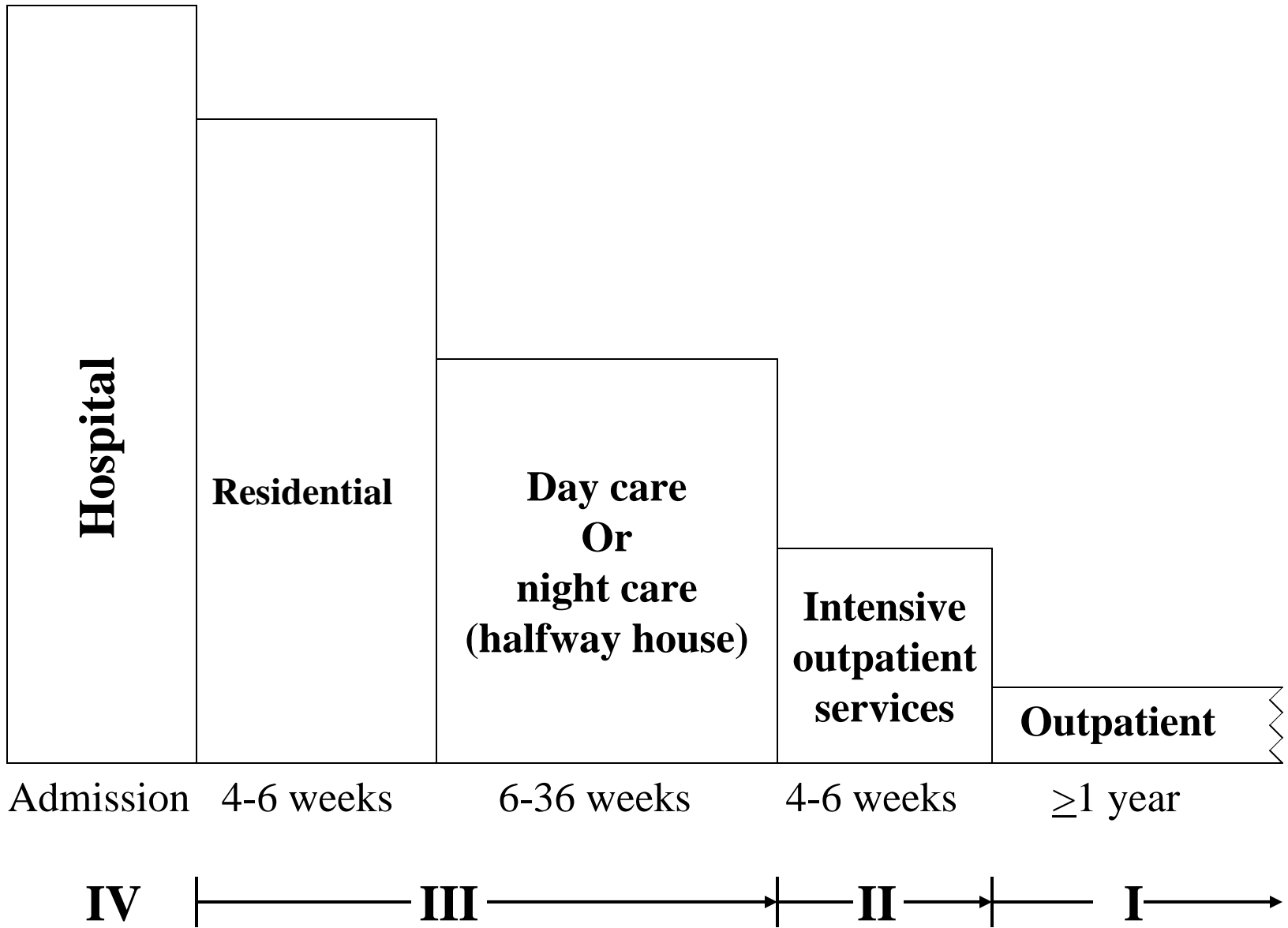
Overview I

LEVELS OF CARE (LOC) EQUAL GRADIENTS OF “HOLDING”

- Being held is cherished
- Knowing/accepting this is unusual
- Being held too much is regressive
- Moving to lesser LOC is always a source of anxiety (abandonment/rejection)

Overview II

- **Treaters need communication and support**
- **The less intensive the LOC the longer its duration and the more training required**



From: Gunderson & Links, APPI, 2008

Overview III

- **The least restrictive level of care is the best**
- **Underavailability of levels 2 & 3 and of adequately trained staff for level 1 necessitates overuse of level 4: the most intensive/expensive. Very poor health benefits or cost benefits.**