Clinical Guide

IDDT

INTEGRATED DUAL DISORDER TREATMENT

the evidence-based practice

A training booklet from

CENTER FOR EVIDENCE-BASED PRACTICES

& its Ohio Substance Abuse and Mental Illness Coordinating Center of Excellence

Featuring Stage-Wise Treatment

www.centerforebp.case.edu

CASE WESTERN RESERVE UNIVERSITY EST. 1826

CONSULTING & TRAINING

This booklet is part of an evolving consulting and training process from the Center for Evidence-Based Practices (CEBP) at Case Western Reserve University. For more information about the Center, see the back cover of this booklet. For more information about Integrated Dual Disorder Treatment (IDDT), the evidence-based practice, consult these resources from our website.

INTEGRATED DUAL DISORDER TREATMENT (IDDT): AN OVERVIEW OF THE EVIDENCE-BASED PRACTICE

- 6-page booklet, tri-fold format
- At-a-glance descriptions of IDDT's core components
- Use for education, training & consensus building

IMPLEMENTING IDDT: A STEP-BY-STEP GUIDE TO STAGES OF ORGANIZATIONAL CHANGE

- 40-page booklet
- 5 stages of change, 8 to 10 practical action steps in each stage
- Use in planning and implementation committees

MEDICAL PROFESSIONALS & INTEGRATED DUAL DISORDER TREATMENT (IDDT)

- 8-page booklet
- At-a-glance descriptions of how IDDT can enhance medical practice
- Use for education, training & consensus building

THE SPIRIT OF MI | MOTIVATIONAL INTERVIEWING

- Audio CD
- 19 original tracks, interviews, tips
- Learn how MI enhances direct practice with people who have co-occurring disorders

IDDT POSTER: STAGES OF CHANGE & TREATMENT

- 18"(w) x 24"(h) poster
- Tips for each stage of IDDT treatment
- Display in your office as a reminder of IDDT's core components

READINESS RULER

- 7"(w) x 1.75"(h) laminated ruler
- 2 sides: Importance & Confidence Scales (zero-to-10)
- Use this tool to help people evaluate the importance of the personal changes they desire and their confidence about making those changes

IDDT STAGE-WISE TREATMENT & "STAGING"

	Stages of Change	Stages of Treatment	*Definition of stage of treatment: Substance use disorder	Definition of stage of treatment: Mental disorder
				Objective criteria have not been established for stages of change or stages of treatment as they relate to mental health symptoms.
			The consumer demonstrates the following behavior …	
1	Pre-Contemplation	Engagement	***ENGAGEMENT*** • Has irregular contact with service providers • No working alliance with service providers • No readiness to change substance use ***Frequency of use*** • Is known to use alcohol, tobacco, and/or other drugs actively	***ENGAGEMENT*** • Not thinking about change (engagement)
2	Contemplation and Preparation	Persuasion	***EARLY PERSUASION*** • Has regular contact and working alliance with service provider, will discuss substance use, but unmotivated to take action • Does not acknowledge negative consequences of substance use ***Frequency of use*** • Continues to use same amount or has reduced use for less than one month (i.e., fewer substances, smaller quantities, or both)	***EARLY PERSUASION*** • Thinking about change (persuasion)
			LATE PERSUASION • Has regular contact and working alliance with service provider, discusses substance use and/or attends a persuasion group, is more motivated to take action • Begins to acknowledge negative consequences of substance use ***Frequency of use*** • Shows evidence of reduced use for at least one month (i.e., fewer substances, smaller quantities, or both)	***LATE PERSUASION*** • Thinking about change (persuasion)
3	Action	Active Treatment	***EARLY ACTIVE TREATMENT*** • Has regular contact and working alliance with service provider, discusses substance use, and is engaged in treatment (attends group and/or individual treatment) • Explores negative consequences of substance use, continues to use, but works toward abstinence as goal ***Frequency of use*** • Shows evidence of reduced use for at least the past 4 weeks (i.e., fewer substances, smaller quantities, or both)	***EARLY ACTIVE TREATMENT*** • Trying out changes (active treatment)
			LATE ACTIVE TREATMENT • Has regular contact and working alliance with service provider, discusses substance use, attends a group, engaged in treatment • Acknowledges negative consequences of substance use, may slip-back or relapse ***Frequency of use*** • Has achieved abstinence for less than 6 months, or has not experienced symptoms of substance abuse or substance dependence for at least 6 months	***LATE ACTIVE TREATMENT*** • Trying out changes (active treatment)
4	Maintenance	Relapse Prevention	***RELAPSE PREVENTION*** • Has regular contact and working alliance with service providers, is engaged in treatment ***Frequency of use*** • No substance use for at least 6 months	***RELAPSE PREVENTION*** • Maintaining the changes (relapse prevention)
			IN REMISSION OR RECOVERY • Has not used substance(s) for more than one year	***IN REMISSION OR RECOVERY*** • Maintaining the changes (relapse prevention)
			*This column was adapted from the Substance Abuse Treatment Scales (SATS). (See Mueser, et. al. (2003) in Sources on page 46.)	

	Clinical focus	Psychosocial interventions	
		Each person in recovery may express a need for meaningful activity like employment at a different time or stage. When this occurs, make it a priority or the centerpiece of psychosocial interventions.	
	For substance use and mental disorders . . .	**Use comprehensive services . . .**	**Use psychosocial approaches to support pharmacological (medication) treatment . . .**
1	***ENGAGEMENT*** • Develop therapeutic alliances and build trust • Assess and explore the impact of substance use and mental disorders. • Learn what is important to consumers and demonstrate an understanding of their values • Gain permission from consumer to share in his/her process of change	***ENGAGEMENT*** • Provide assertive outreach • Provide practical assistance for daily living (e.g., food, clothing, shelter, medicine) • Assess continuously • Develop a relationship with outreach, regular contact • Crisis intervention when necessary	***ENGAGEMENT*** • Offer education to consumer and family about benefits and side effects of current and proposed medication • Use motivational interviewing to explore with consumer the pros and cons of medication use and/or adherence • If prescribed, monitor timeliness of prescriptions and refills to support adherence to treatment
2	***EARLY PERSUASION*** • Maintain and enhance therapeutic alliance • Help consumer identify and express his/her goals • Help consumer develop hope that his or her life can improve	***EARLY PERSUASION*** • Use motivational interviewing/ interventions • Assure consumer that ambivalence to change is normal and the decision to change or not is his or hers to make • Use a pay-off matrix to help consumers tip decisions away from ambivalence and toward positive action • Encourage peer support • Provide support to family members • Offer persuasion groups and/or individual treatment	***EARLY PERSUASION*** • Continue to use motivational interviewing to explore with consumer the pros and cons of medication use and/or adherence • Monitor medication regimen agreed upon with consumer • Encourage consumer to report medication usage honestly and to describe adverse effects • Encourage consumer to make requests for medication changes to medical provider rather than altering the prescription regimens alone • Help consumer identify and resolve barriers to medication adherence • Help consumer use behavioral tailoring to incorporate medication into daily routines (e.g., simplifying med regimen; taking medications during daily activities, such as meals; use prompts like Post-It notes) • Offer education regarding tobacco use and its impact upon relapse and recovery
	LATE PERSUASION • Help consumer develop awareness of symptoms of mental illness and negative effects of substance use upon symptoms and quality of life	***LATE PERSUASION*** • Educate consumer about alcohol, drugs, mental illness, and activities that promote health and wellness • Offer skills-training opportunities • Help evoke change toward healthier choices • Offer persuasion groups and/or individual treatment	***LATE PERSUASION*** Continue to ... • Help consumer identify and resolve barriers to medication adherence • Help consumer use behavioral tailoring to incorporate medication into daily routines (e.g., simplifying med regimen; taking meds during daily activities, such as meals; use prompts like Post-It notes) • Offer education regarding tobacco use and its impact upon relapse and recovery
3	***EARLY ACTIVE TREATMENT*** • Help consumer reduce substance use and attain periods of abstinence • Help consumer acquire skills and support for managing symptoms of both disorders and for pursuing personal goals	***EARLY ACTIVE TREATMENT*** • Teach illness management skills for both disorders • Encourage positive peer support • Encourage lifestyle changes • Utilize cognitive behavioral interventions • Offer family interventions • Encourage self-help and/or 12-step groups and/or individual treatment • Encourage active-treatment groups	***EARLY ACTIVE TREATMENT*** • Continue to support consumer's choices and needs for pharmacological treatment • Offer education regarding tobacco use and its impact upon relapse and recovery • Consider inpatient residential treatment as an option as needed
	LATE ACTIVE TREATMENT Continue to ... • Help consumer reduce substance use and attain periods of abstinence • Help consumer acquire skills and support for managing symptoms of both disorders and for pursuing personal goals	***LATE ACTIVE TREATMENT*** Continue to ... • Encourage lifestyle changes • Utilize cognitive behavioral interventions • Offer family groups and family therapy • Encourage self-help groups and/or individual treatment • Encourage active-treatment groups • Begin to develop a relapse-prevention plan with consumer	***LATE ACTIVE TREATMENT*** • Offer education regarding tobacco use and its impact upon relapse and recovery • Begin to develop a relapse-prevention plan with consumer
4	***RELAPSE PREVENTION*** • Maintain awareness that relapse can and does occur • A "slip" is not a failure; it's a learning opportunity • Help consumer maintain awareness that relapse can occur • Help consumer extend recovery to other areas of life (e.g., social relationships, work) • Shift focus to healthy lifestyle	***RELAPSE PREVENTION*** • Develop a relapse-prevention plan with consumer • Help consumer develop strategies to monitor feelings, thoughts, and behavior • Support consumer as he/she maintains healthy lifestyle changes learned in active treatment • Offer group treatments and social skills training • Encourage self-help groups • Encourage relapse-prevention groups and/or individual treatment • If a consumer experiences a decrease in motivation, use Motivational Interviewing to help consumer recommit to maintaining his or her change	***RELAPSE PREVENTION*** • Help consumer take more responsibility for coordinating his/her medications • Teach consumer skills to monitor, log, and report symptoms and to negotiate with medical provider for changes to prescriptions • Develop relapse-prevention plan with consumer • Support self-sufficiency of consumer: requesting refills directly from medical provider, picking up medications from pharmacy, filling pill-minders (planners), and monitoring side effects • Offer education regarding tobacco use and its impact upon relapse and recovery
	IN REMISSION OR RECOVERY • Help consumer in stable remission develop and use strategies for maintaining recovery • Prepare consumer for a transfer to a lower level of care	***IN REMISSION OR RECOVERY*** • Continue to utilize a full range of recovery support	***IN REMISSION OR RECOVERY*** • Gradually reduce monitoring activities
		• See "Comprehensive Services" column on page 53.	

	Pharmacological interventions	Comprehensive services
	Prescribers re-evaluate medication regimens based upon consumer feedback in all stages of treatment. **Use medication to support psychosocial treatments …**	■ **Integrated substance abuse and mental health counseling** ■ **Stages-of-change approach** ■ **Motivational Interviewing (MI)** ■ **Time-unlimited Services** ■ **Cognitive Behavioral Therapy (CBT)** ■ **Assertive Community Treatment (ACT) and/ or Intensive Case Management (ICM)** • Low caseload • Assertive outreach & engagement • Close monitoring • Team approach • Community-based services ■ **Housing/residential services** Offer a full continuum of housing resources, for example: • Continuum of wet-, damp-, and dry-housing • Residential treatment • Group home • Transitional independent living (includes onsite groups and supervision) • Independent living ■ **Medical services (to promote health)** • Pharmacological treatments • Integrated primary health services • Tobacco recovery (cessation) ■ **Illness Management and Recovery (IMR)** • Psychoeducation • Cognitive behavioral methods for using medication • Relapse prevention services • Coping skills interventions ■ **Group interventions** • Persuasion groups or motivational groups • Social-skills training • Active-treatment groups • Relapse-prevention groups • Family therapy (see family services) • Recreational group activity ■ **Self-help groups** • Double Trouble/ Dual Recovery Anonymous (DRA) • Alcoholics Anonymous (AA) • Narcotics Anonymous (NA) • Cocaine Anonymous (CA) • Depression and Bipolar Support Alliance (DBSA) • Schizophrenia Anonymous (SA) • Emotions Anonymous (EA) ■ **Family services** • Family outreach • Consultations with individual families • Collaborations with NAMI • Family psychoeducation • Multiple family groups • Behavioral Family Therapy (BFT) • Multisystemic Family Therapy (MFT) • Al-Anon ■ **Supported Employment/Individual Placement and Support (SE/IPS)** • Zero exclusion • Consumer preferences are important • Rapid job search • A competitive job is the goal • Employment is integrated with mental-health services • Time-unlimited support • Personalized benefits planning • Job development ■ **Supported Education (SEd)**
1	***ENGAGEMENT*** • Facilitate therapeutic alliance • Reduce acute symptoms of mental disorders and/or substance use disorders • Minimize impairments to consumer's insight and judgment • Minimize withdrawal symptoms • Improve cognitive functioning ***Rx*** • (see below)	
2	***EARLY PERSUASION*** • Stabilize and help decrease psychiatric symptoms to improve cognitive functioning and enhance insight about negative effects of substance use ***Rx*** • Treat psychiatric illness, which may have secondary effects upon cravings/ addiction (e.g., selective serotonin reuptake inhibitors, atypical antipsychotics, buspirone) • Avoid (or judiciously prescribe) medications that may be addictive (e.g., benzodiazepines, amphetamines, opiates) • Discuss pros and cons of nicotine replacement therapies and/or other medications for tobacco cessation and recovery • Explore the relationship between tobacco use and psychotropic medication	
	LATE PERSUASION • (see above)	
3	***EARLY ACTIVE TREATMENT*** • Stabilize and manage psychiatric symptoms and/or symptoms of substance use disorders • Create opportunities for participation in counseling and enhanced social relationships • Provide detox treatment as needed ***Rx*** • Support abstinence (e.g., disulfuram, naltrexone, suboxone) • Reduce craving (e.g., naltrexone) • Avoid meds that may be addictive (see Persuasion stage Rx above) • Discuss pros and cons of nicotine replacement therapies and/or other medications for tobacco cessation and recovery • Explore the relationship between tobacco use and psychotropic medication	
	LATE ACTIVE TREATMENT • (see above)	
4	***RELAPSE PREVENTION*** • Consider medications known to support abstinence and ongoing recovery • Reduce risk of relapse of symptoms of both disorders • Help consumer stay focused on his/her personal recovery goals ***Rx*** • Support abstinence (e.g., disulfiram, naltrexone, suboxone) • Avoid meds that may be addictive (see Persuasion stage Rx above) • Discuss pros and cons of nicotine replacement therapies and/or other medications for tobacco cessation and recovery • Explore the relationship between tobacco use and psychotropic medication	
	IN REMISSION OR RECOVERY	
	• See tables on pages 35 & 36.	

AT-A-GLANCE

Here's a quick overview of stage-wise treatment and the process of staging. Use the table in this publication for both.

The information below is excerpted from the *Clinical Guide for Integrated Dual Disorder Treatment (IDDT)* booklet. Consult pages 28 to 37 for more information. Get a free PDF from our website.

STAGES OF TREATMENT

There are four primary stages of IDDT treatment:

- Engagement
- Persuasion
- Active treatment
- Relapse prevention

The stages of treatment are based upon the Substance Abuse Treatment Scale (SATS). They focus upon each consumer's behavior as it relates to his or her use of alcohol and other drugs.

STAGES OF CHANGE

The stages of change are separate yet related. They are commonly used to describe a process that people experience as they embark on a personal journey to improve the quality of their lives (e.g., diet, exercise, managing symptoms of mental illness and substance use disorders). The stages-of-change suggest that personal change occurs incrementally over time. Thus, big changes like sobriety, symptom management, and an increase in independent living are usually built upon a series of small, overlapping, incremental changes.

STAGING

"Staging" is a process to help you plan treatment after you screen for, assess, and diagnose co-occurring mental illness and substance use disorders among consumers you serve. "Staging" is a word that is commonly used to describe an individual's readiness to make a change and the process of matching a menu of comprehensive services with each consumer's stage of treatment. The table on pages 51-53 has been created to help you with this process. It includes the following:

- Stages of treatment
- Tips for interventions
- A list of comprehensive services

Open here for Stage-Wise Treatment table.

TWO IN ONE

The Cover!

8 PAGES

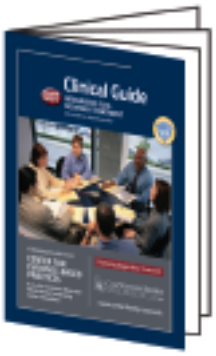
The stage-wise treatment table that appears inside this document is designed to be used with the *Clinical Guide for Integrated Dual Disorder Treatment (IDDT)* booklet and as a separate clinical tool for service teams. In fact, this document is actually the cover of the booklet, but we have printed it separately to provide you with a lightweight resource. Visit our website to order some copies for your team members. Also use it to inform, educate, and build consensus among collaborators and stakeholders.

The Booklet!

56 PAGES

We are providing the entire *Clinical Guide* as a free PDF download on our website.

WWW.CENTERFOREBP.CASE.EDU/RESOURCES/TOOLS/CLINICAL-GUIDE-FOR-IDDT



Open here for Stage-Wise Treatment table.

ABOUT US

The Center for Evidence-Based Practices at Case Western Reserve University is a technical-assistance organization that promotes knowledge development and the implementation of evidence-based practices and emerging best practices for the treatment and recovery of people with mental illness and substance use disorders. The Center helps service systems, organizations, and providers implement and sustain the practices, maintain fidelity to the practices, and develop collaborations within local communities that enhance the quality of life for consumers and their families. The Center provides these services:

- Service systems consultation
- Program consultation
- Clinical consultation
- Training and education
- Professional peer-networking
- Evaluation (fidelity and outcomes)
- Research

The Ohio Substance Abuse and Mental Illness Coordinating Center of Excellence (Ohio SAMI CCOE) is an initiative of the Center for Evidence-Based Practices.

The *Clinical Guide for Integrated Dual Disorder Treatment (IDDT)* is available as a free PDF download from our website.

This booklet is part of an evolving training and consultation process from the Center for Evidence-Based Practices and its Ohio SAMI CCOE initiative. It is written for direct-service providers who want to implement and sustain Integrated Dual Disorder Treatment (IDDT), the evidence-based practice. It is also written for administrators, policymakers, and advocates.

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See page 50.

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Dartmouth Psychiatric Research Center (PRC)

The Integrated Dual Disorder Treatment (IDDT) model was developed by Robert E. Drake, MD, and his colleagues at the Psychiatric Research Center of Dartmouth Medical School.

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Improve outcomes
Promote recovery

Consultation and training events are available.

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The **Center for Evidence-Based Practices** at Case Western Reserve University is a partnership between the **Mandel School of Applied Social Sciences** at Case Western Reserve and the **Department of Psychiatry at the School of Medicine.** The partnership is in collaboration with and supported by the **Ohio Department of Mental Health** and the **Ohio Department of Alcohol and Drug Addiction Services.**

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