

**Integrated Treatment:  
for persons with Co-  
Occurring Disorders**

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**Terminology**

MICA - Mentally ill chemical abuser  
MISA - Mentally ill substance abuser  
MISU - Mentally ill substance using  
CAMI - Chemically abusing mentally ill  
SAMI - Substance abusing mentally ill  
MICD – Mentally ill chemically dependent  
Dually Diagnosed  
Dually Disordered  
Co-Morbid disordered  
ICOPSD – individuals with co-occurring psychiatric and  
SA disorders

Co-Occurring Disorder

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**Co-occurring Disorders**

*Co-occurring disorders (COD)*

- Refers to co-occurring substance use and mental disorders

*Clients said to have COD have*

- One or more disorders relating to the use of alcohol and/or other drugs and one or more mental disorders

*Diagnosis of COD occurs when*

- At least one disorder of each type can be established independent of the other and is not simply a cluster of symptoms resulting from the one disorder

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### Why focus on COD

- SUD is common with persons with MH disorders, and vice versa
- Ignored, COD can lead to poorer outcomes and higher costs than either single disorder



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### Traditional provider system

- Appropriate for singly trained professionals  
*and / or*
- Singly, uncomplicated diagnosis of SUD or MH disorder
  
- **HOWEVER . . .**

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Humans are allergic to change. They love to say, We've always done it this way. I try to fight that. That's why I have a clock on my wall that runs counter-clockwise.

(Grace Hopper)

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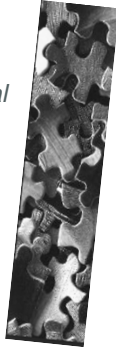
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### Why measure COD program capability?

- Complex and concurrent issues
- Providers: *Internal and external motivation to improve services for persons with COD*
- Clients: *Chronic illness*
- System: *Recovery management / symptom management*



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### Complexity in the current system

- What are the issues you find as a clinician or care provider in working with persons with co-occurring disorders?
- What challenges do clients with COD present to your clinical knowledge and skills?
- How has serving clients with COD affected your practice?

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### Developing a measure

Index that objectively determines dual disorder capability and

- Has practical and operational benchmarks
- Measures change
- Identifies effective change strategies,  
*and*
- Is "do-able"



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**Existing Measures**

1. Co-morbidity Program Audit and Self-Survey for Behavioral Health Services (COMPASS)

- Minkoff and Cline (2002)
- Adult and Adolescent audit tool
- For MH and SUD, but leans in direction of MH
- Not in public domain

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**Existing measures (con't)**

2. Integrated Dual Disorder Treatment (IDDT) Fidelity Scale

- Muser, Drake et al (2003)
- Developed and standardized in MH settings
- For persons with primary SPMI and secondary SUD
- Does not appear to fit well with in SUD treatment settings

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**Fidelity Instruments:**

**Dual Disorder Capability in  
Addiction Treatment**

**Dual Disorder Capability in  
Mental Health Treatment**

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**DDCAT**

*Dual Diagnosis Capability in Addiction Treatment Index:*  
a fidelity instrument for measuring addiction treatment program services for persons with COD

*Two instruments (adapted from):*  
MH treatment programs and Health care settings

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**DDCAT**

- Based on evidence-based practice fidelity methodology
- 2003 created/field tested
- A framework for measuring COD capability
- Not an evidenced based practice
- Not model specific

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**DDCMHT**

*Dual Diagnosis Capability in Mental Health Treatment Index*  
**A fidelity instrument for measuring mental health treatment program services for persons with COD**

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**DDMHT**

- To assess COD capability in MH settings
- To assess COD capability in MH programs not implementing IDDT
- To compare COD capability across mental health and addiction treatment programs with a standard measure

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**DDCAT/DDMHT Methodology**

- Ratings
  - Operational definitions
  - 5 – point scale
- Fidelity assessment to ascertain adherence to and competence in delivery of evidence based practices
- Categorizing of Programs

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**COD Capable – COD Enhanced**

- Addiction Only Services (DDCAT)
- Mental Health Only Services (DDMHT)
  
- Co-Occurring Capable
  
- Co-Occurring Enhanced

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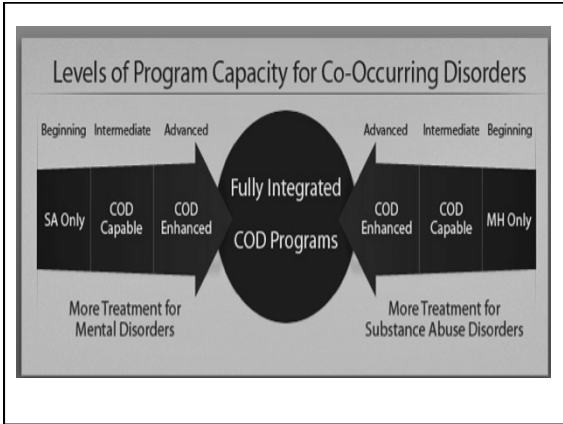
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### Complexity Capability

- “Complexity Capability”
  - Multiple and concurrent needs
  - Complex needs – health, MH, legal, housing, parenting, educational, vocational, diverse families
  - Tend to have poorer outcomes
- Comprehensive Integrated System of Care
  - Framework and process
  - All programs engage in partnership, along with leadership, individual, family, stakeholders

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### DDCAT/DDMHT 7 Dimensions

| Dimension                        | Content of items                                                                                           |
|----------------------------------|------------------------------------------------------------------------------------------------------------|
| I Program Structure              | Program mission, structure and financing, format for delivery of mental health or addiction services.      |
| II Program Milieu                | Physical, social and cultural environment for persons with mental health or substance use problems.        |
| III Clinical Process: Assessment | Processes for access and entry into services, screening, assessment & diagnosis.                           |
| IV Clinical Process: Treatment   | Processes for treatment including pharmacological and psychosocial evidence-based formats.                 |
| V Continuity of Care             | Discharge and continuity for both substance use and mental health services, peer recovery supports.        |
| VI Staffing                      | Presence, role and integration of staff with mental health and/or addiction expertise, supervision process |
| VII Training                     | Proportion of staff trained and program's training strategy for co-occurring disorders.                    |

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**Integrated  
Dual Disorder  
Treatment**

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**IDDT**

- Evidenced Based practice model with over 25 years of research
- Primarily leans more toward MH than SUD
- Goal is to support persons in their recovery process
- Recovery means both illnesses so that one can pursue personally meaningful life goals

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**Practice Principles**

- Integrated to meet needs of persons with COD
- Integrated treatment specialists treat both disorders
- Stage-wise treatment
- Motivational interviewing techniques appropriate for SOC
- SUD counseling using a CBT approach
- Multiple array of services including individual, family, group, and self-help
- Medication services are integrated and coordinated with psychosocial supports

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### IDDT Fidelity Scale Protocol

- Ratings
  - Operational definitions
  - 5 – point scale
- List of data sources most appropriate for each fidelity item
- Decision rules to score each item

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### IDDT Fidelity Site Visits

- Observations of milieu and setting
- Open ended interviews: leadership, staff, clients, stakeholders
- Review of documentation
- Observation of clinical processes

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### Integrated Treatment Fidelity Scale

|   | Criteria                         | Content of items                                                                                    |
|---|----------------------------------|-----------------------------------------------------------------------------------------------------|
| 1 | Multidisciplinary Team           | Case managers, psychiatrist, nurse,, employment / employment staff work collaboratively on MH tx tm |
| 2 | Integrated Treatment Specialists | Work collaboratively with multidisciplinary tx tm, modeling ITS skills and training other staff     |
| 3 | Stage-wise Interventions         | Svcs consistent with each client's SOC / stage of treatment                                         |
| 4 | Access to Comprehensive Svcs     | Clients have access to comprehensive services: Res; Emp; Family; ACT; Illness mgmt and recovery     |
| 5 | Time-unlimited Services          | Time-unlimited basis with intensity modified according to each clients needs                        |
| 6 | Outreach                         | Outreach strategies to connect clients to community services                                        |
| 7 | Motivational Interventions       | That include motivational approaches (empathy, rolling with resistance, self-efficacy)              |

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**Integrated Treatment Fidelity Scale (con't)**

|    | Criteria                                   | Content of items                                                                                                                      |
|----|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| 8  | Substance Abuse Counseling                 | Understanding of SA counseling, including MI, incentives / sanctions, relapse prevention, problem solving / coping skills             |
| 9  | Group Treatment for COD                    | Offered group therapy specifically designed to address both MH and SUD diagnosis / problems                                           |
| 10 | Family Interventions                       | Inclusion of family offering education about COD to support collaboration and offer coping skills support                             |
| 11 | Alcohol/Drug Self-Help                     | Attending community based self help supports                                                                                          |
| 12 | Pharmacological Treatment                  | Collaboration with prescribing authority to focus on med adherence and avoid meds that may be contrary for persons with SUD           |
| 13 | Health Promotion Interventions             | Avoidance of high-risk behaviors, finding safe housing, proper diet and nutrition                                                     |
| 14 | Secondary Interventions for Non responders | Protocol to identify clients who do not respond to basic treatment for COD, evaluating needs and linking to appropriate interventions |

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**The  
Take-Away**

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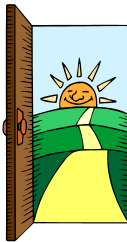
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**COD: Advances in Care**



- “No Wrong Door” Policy: Providers must be trained to meet all of a client’s needs
- Mutual self-help for people with COD: Support and 12 step groups
- Integrated care as a priority for people with MI: Integrated SA and MH treatment is most effective
- Pharmacological Advances: New and improved antipsychotics, antidepressants, and addictions related medications.

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### Integrated Services

are specific treatment techniques where interventions for both disorders are combined in a single session or a series of interactions.

Examples include:

- Integrated screening and assessment process
- Dual recovery self-help meetings
- Dual recovery groups
- Motivational enhancement interventions addressing issues relating to both MH & SA
- Pharmacological interventions that address medications to reduce cravings & MH symptoms

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### Co-Occurring Center for Excellence

Established in 2003 with a 3 point mission:

- Transmit advances in SA/MH treatment at all levels of severity
- Guide enhancements in structure and clinical capacities
- Foster the use of evidence-based treatment into clinical practice




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### Lessons Learned

Use the implementation toolkit to structure feedback, set goals and monitor progress

Use external expertise and existing implementation networks that are committed to ongoing research and technical assistance

Staff "fit" is critical – to support movement toward Co-Occurring Capable program



Quality staff supervision is critical to support staff proficiency and accompanying skills

Pay attention to organizational readiness of change, and work from there

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### Change is a Process

- Organizational change takes time (and money)
- Focus on pilot site and then expand
- Focus on 1 or 2 core skills /dimensions, set achievable six-month goals, so as not to overwhelm staff and leadership
- Training, research, and quality improvement advances implementation, but is NO substitute for executive management support and buy-in

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### In conclusion

Our understanding of integrated treatment for co-occurring disorders, like the model, is constantly evolving.

The work of sustaining Integrated Treatment for Co-Occurring Disorders practices is never done.



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### Resources

Co-occurring Center of Excellence, SAMHSA.  
[www.coce.samhsa.gov](http://www.coce.samhsa.gov)

Dartmouth Psychiatric Research Center.  
<http://ahsr.dartmouth.edu/html/ddcat.html>

DDCAT Toolkit: SAMHSA, 2011

Integrated Treatment of Co-occurring Disorders:  
SAMHSA, 2009

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