



INTEGRATED DUAL DISORDER TREATMENT

an overview of the evidence-based practice



For people with co-occurring severe mental illness and substance use disorders

Increase

- Continuity of care
- Consumer quality of life
- Stable housing
- Independent living
- Employment

Decrease

- Relapse of substance abuse and mental illness
- Hospitalization
- Arrest
- Incarceration
- Duplication of services
- Service costs
- Utilization of high-cost services

A training booklet from

CENTER FOR EVIDENCE-BASED PRACTICES

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

www.centerforebp.case.edu



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INTRODUCTION

One out of every two people with a severe mental illness will have a substance use disorder at some point in their lives.

The Integrated Dual Disorder Treatment (IDDT) model is an evidence-based practice endorsed by the Substance Abuse and Mental Health Services Administration. Integrated treatment improves the quality of life for people with co-occurring severe mental and substance use disorders by combining substance abuse services with mental health services. It helps people address both disorders at the same time—in the same service organization by the same team of treatment providers.

IDDT is multidisciplinary and combines pharmacological (medication), psychological, educational, and social interventions to address the needs of consumers and their family members. IDDT also promotes consumer and family involvement in service delivery, stable housing as a necessary condition for recovery,

and employment as an expectation for many. Treatment is individualized to address the unique circumstances of each person's life.

IDDT promotes ongoing recovery from co-occurring disorders by providing service organizations with specific strategies for delivering services. This booklet provides a brief overview of IDDT's core components. The implementation of IDDT facilitates service system change, organizational change, and clinical change.

FIDELITY & OUTCOMES

Organizations that maintain fidelity to the design of IDDT are likely to achieve and sustain the best outcomes.



TREATMENT CHARACTERISTICS

Consumers experience incremental successes through stages of personal change & stages of treatment.

Successful IDDT programs include the following service philosophies and strategies to maintain fidelity to the model. Integrated treatment produces positive outcomes.

1

MULTIDISCIPLINARY TEAM

The IDDT model views all activities of life as part of the recovery process. Therefore, a variety of service providers help each consumer in all aspects of life.

The service team consists of the following:

- Team leader
- Case manager
- Substance abuse specialist
- Counselor
- Physician/psychiatrist
- Nurse
- Employment specialist
- Housing specialist
- Criminal justice specialist

The multidisciplinary treatment team meets regularly to discuss each consumer's progress in all areas of his or her life and to provide insights and advice to one another. Team members also meet individually and as a group with each consumer and their caregivers (family, friends, and other supporters) to discuss the consumer's progress and goals. Successful IDDT programs coordinate all aspects of recovery to ensure that consumers, caregivers, and service providers are working toward the same goals in a collaborative manner.

2

STAGE-WISE INTERVENTIONS

Research suggests that individuals with co-occurring disorders gain the most confidence with their abilities to recover or develop independent living skills and to meet daily living needs when they experience incremental

successes through stages of personal change. With an understanding of these stages, caregivers (family and friends) and service providers are best equipped to help persons with co-occurring disorders recover and maintain their self-confidence and independence. The IDDT model stresses that caregivers and service providers should utilize the four stages of treatment described in the table on page 3 to guide every interaction with individuals who have dual disorders.

3

ACCESS TO COMPREHENSIVE SERVICES

Successful IDDT programs offer comprehensive services because the recovery process occurs in the context of daily living. Services are available to meet the needs of consumers in all stages of treatment. Below is a list of comprehensive services:

- Case management
- Integrated substance abuse and mental health counseling
- Medical services
- Housing/residential services
- Supported employment
- Family services
- Assertive community treatment (ACT) or intensive case management

4

TIME-UNLIMITED SERVICES

Research suggests that consumers with co-occurring disorders may experience cycles of relapse and recovery throughout their lives. Research also suggests that consumers will achieve the highest quality of life when they have access to services all the time. Therefore, the IDDT model encourages organizations to provide services to consumers throughout the lifespan, even when

symptoms are mild and/or infrequent. The IDDT model also encourages organizations not to discharge consumers from treatment if they stop taking their medication or continue using alcohol or other drugs. Research shows that setbacks like these may occur naturally as part of a cycle of relapse and recovery.

5 ASSERTIVE OUTREACH

Successful IDDT programs utilize assertive outreach to keep clients engaged in relationships with service providers, family members, and friends. Service providers who utilize assertive outreach meet with consumers in community locations that are familiar to consumers, such as in their homes or at their favorite coffee shops or restaurants. Service providers meet regularly with consumers and offer practical assistance with daily needs and living skills. This frequent and helpful interaction enables them to develop trust and a working alliance with consumers. Service organizations that utilize the IDDT model engage in assertive outreach with all of their clients, whether symptoms are severe or mild. They especially meet with those who are in the engagement stage of treatment (see table below).

6 MOTIVATIONAL INTERVIEWING

Motivational interviewing is a technique that service providers use routinely while interacting with clients. Motivational interviewing helps consumers identify their goals for daily living, as well as strategies (activities) for achieving those goals. It also helps consumers examine their ambivalence about their goals and strategies. This process enables consumers to develop discrepancy and understand the relationship between what they want in life and what keeps them from achieving their goals. Motivational interviewing includes the following:

- Expressing empathy
- Avoiding argumentation
- Rolling with resistance
- Encouraging self-confidence and hope
- Developing discrepancy between goals and current lifestyle/behaviors
- Acknowledging accomplishments and incremental changes

7 SUBSTANCE ABUSE COUNSELING

Clients who are motivated to manage their illnesses are ready to develop skills to control symptoms and to pursue an abstinent lifestyle. Successful IDDT programs support motivated consumers by providing counseling that promotes recovery skills. The counseling may take place in individual, group, or family settings.

Clients who are in the active-treatment stage or relapse-prevention stage (see table below) receive substance abuse counseling that includes the following:

- Techniques to identify and manage internal emotional signals (cues) that precede a return to substance use and psychiatric relapse
- Techniques to identify and manage consequences of use
- Skills to refuse alcohol and other drugs
- Problem-solving skills
- Techniques to avoid high-risk situations
- Examination of and challenges to their beliefs about substance use
- Coping skills and social skills training to deal with symptoms or negative mood states related to substance abuse (e.g., relaxation training, cognitive-behavioral therapy for depression or anxiety, coping strategies for hallucinations)

8 GROUP TREATMENT

Research indicates that individuals with co-occurring disorders achieve better outcomes when they engage in stage-wise group treatment that addresses both disorders. Group treatment is an ideal setting for consumers to develop peer supports. In groups, consumers share their experiences and learn effective coping strategies from each other. Service organizations using the IDDT model should offer a menu of group treatment options to all consumers who experience co-occurring disorders. They should engage approximately two-thirds of these consumers regularly (e.g., at least weekly) in a range of stage-wise group treatments.

Consumers achieve better outcomes with stage-wise group treatment that addresses both disorders at the same time.

Stages of Change	Stages of IDDT Treatment	Clinical Focus
Pre-Contemplation	Engagement	Build a relationship and working alliance with the consumer; provide practical support for daily living; assess continuously
Contemplation and Preparation	Persuasion	Help the engaged client develop the motivation to reduce substance use and to participate in other recovery-oriented interventions
Action	Active Treatment	Help the motivated client acquire skills and supports for managing symptoms of both disorders and for pursuing goals
Maintenance	Relapse Prevention	Help clients in stable remission develop and use strategies for maintaining abstinence and recovery

The stages of change are adapted from the following: James O. Prochaska, John C. Norcross, Carlo O. DiClemente (1995). *Changing for Good: A Revolutionary Six-Stage Program for Overcoming Bad Habits and Moving Your Life Positively Forward*. New York: Harper Collins.

The stages of treatment are adapted from the following: Kim T. Mueser, Douglas L. Noordsy, Robert E. Drake, and Lindy Fox (2003). *Integrated Treatment for Dual Disorders: A Guide to Effective Practice*. New York: Guilford Publications, Inc.



9 FAMILY PSYCHOEDUCATION

Research shows that social support plays a critical role in improving assessments and in reducing relapse and hospitalization in persons with severe mental illness. Family psychoeducation fosters social support. It includes consumers, caregivers (family members and friends), and service providers in the treatment process. Psychoeducational programs help caregivers learn about the symptoms and effects of mental illness and the effects of substance use and abuse, about the medicines used in treatment, and the challenges that consumers face. Caregivers also learn about consumers' hopes, fears, and goals for daily living.

Family programs encourage partnerships and communication among consumers, caregivers, and service providers. They also help reduce caregiver stress. Research has shown that family psychoeducational programs can be a powerful approach for improving substance abuse outcomes in clients who have a severe mental illness. Service providers should always attempt to involve family members or friends in collaborations with consumers and treatment teams. Service providers should develop relationships with representatives from the Alliance for the Mentally Ill and refer families to the organization through these representatives. Service providers should also help family members access all members of the treatment team as necessary. Family programs and treatments may include the following:

- Behavioral Family Treatment (BFT)
- Multisystemic Family Therapy (MFT)
- Multifamily groups
- Individual consultations with family members

11 PHARMACOLOGICAL TREATMENT

Research indicates that psychotropic medications are effective in the treatment of persons with severe mental illness and co-occurring disorders. Medications generally include the following:

- Antipsychotics
- Mood stabilizers
- Antidepressants

Although medications are powerful allies in the treatment process, research shows that medications are most effective when accompanied by comprehensive integrated services and treatments that address the biological, psychological, and social conditions and needs of consumers. Physicians or nurses who prescribe medications are trained in dual disorder treatment and work with consumers, service providers, and caregivers to help consumers increase their adherence to their prescriptions. They are also trained to decrease the use of potentially addictive medications and to offer medications that may help reduce addictive behavior. Physicians and nurses should consider the following when prescribing medication to persons with co-occurring disorders:

- Prescribe psychiatric medications despite active substance use
- Work closely with consumers and their treatment teams
- Focus on increasing consumer adherence to prescriptions
- Avoid benzodiazepines and other addictive substances
- Use clozapine, naltrexone, methadone and disulfiram to reduce cravings and urges to use

Family programs encourage communication and partnerships among consumers, family members, and service providers.

10 PARTICIPATION IN ALCOHOL & DRUG SELF-HELP GROUPS

Research shows that social support plays an important role in reducing relapse for persons with co-occurring disorders. Self-help groups are excellent sources of social support for individuals who are motivated to achieve and maintain abstinence. Self-help groups provide consumers with opportunities to share and learn from others who experience dual disorders. They help consumers feel fellowship—that they are not alone. Clinicians should connect consumers who are in the active-treatment and relapse-prevention stages (see page 3) with substance abuse self-help programs in the community, including but not limited to the following:

- Dual Recovery Anonymous (DRA)
- Double Trouble
- Alcoholics Anonymous (AA)
- Narcotics Anonymous (NA)
- Cocaine Anonymous (CA)
- Rational Recovery

12 INTERVENTIONS TO PROMOTE HEALTH

Research indicates that individuals with co-occurring disorders are at increased risk for poor health, including the following:

- Hospitalization and emergency room visits
- Infectious diseases, such as HIV, hepatitis, and sexually transmitted diseases
- Complications resulting from chronic illnesses such as diabetes and cancer
- Exposure to violence as witnesses and victims of assault, physical abuse, and sexual abuse
- Suicide

(continued on next page)

increase
quality of life



(continued from page 4)

Treatment team members encourage consumers to live healthy lifestyles by helping them learn to do the following:

- Exercise
- Eat nutritious meals that balance their consumption of proteins and carbohydrates to control the amount of sugar in their blood
- Find safe and affordable housing where housing managers support individuals who are in substance abuse treatment
- Avoid high-risk situations and behaviors, such as promiscuous sexual behavior, using alcohol and other drugs while driving, and committing acts of violence or being a victim of violence
- Prevent or seek treatment for infectious diseases
- Decrease involvement in activities that adversely affect health and wellness
- Develop and maintain friendships with people who do not use and abuse alcohol and other drugs

13 SECONDARY INTERVENTIONS FOR NON-RESPONDERS TO SUBSTANCE ABUSE TREATMENT

Successful IDDT programs have a specific plan to identify individuals who are not responding to IDDT treatment (non-responders). Examples of secondary interventions include the following:

- PTSD (post-traumatic stress disorder) interventions for consumers who experience increased nightmares, intrusive thoughts, and anxiety
- Family interventions for consumers who are not making progress yet have regular contact with family members
- Monitored use of naltrexone or methadone for consumers who experience severe craving
- Monitored use of disulfiram for consumers who are impulsive drinkers
- Monitored use of clozapine, naltrexone, or disulfiram for cravings and urges to use
- Intensive monitoring recommended by the legal system (e.g., protective payeeship or conditional discharge)
- Intensive psychosocial interventions (e.g., family treatment, trauma interventions, group programs, long-term residential care)



ORGANIZATIONAL CHARACTERISTICS

The IDDT model provides service systems and organizations with management philosophies and strategies that ensure the longevity of the treatment model. Organizations that implement these philosophies and strategies help consumers achieve the positive outcomes that research has shown will occur. These outcomes motivate consumers, family members, service providers, and community stakeholders to maintain a long-term commitment to the model. A detailed description of the Organizational Characteristics that guide the management of IDDT programs may be obtained from the Center for Evidence-Based Practices (see back panel). Some key items include the following:

- Integrate a commitment to the IDDT model and a quality-improvement process into the organization's vision and mission

- Assemble a steering committee that is comprised of all relevant community stakeholders. The committee will guide implementation of the model and monitor the goals, objectives, target outcomes, and fidelity to the design of the model.
- Provide ongoing training and supervision of all staff involved in providing services
- Encourage consumer choice: inform consumers of their options, encourage them to set their goals for daily living and to make choices for themselves, and support them as they learn to respond and adapt to the challenges of recovery in the community
- Routinely monitor key outcomes and process-indicators with administrators, managers, and direct-service staff



Systems change.

Organizational change.

Clinical change.

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

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.

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, policy makers, and advocates.

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To download a free PDF of this booklet or to obtain additional printed copies, visit our web site.

Build trust
Improve outcomes
Promote recovery



RESOURCES

For more information about IDDT, consult these and other resources from our website.



Medical Professionals & Integrated Dual Disorder Treatment



Implementing IDDT: A step-by-step guide to stages of organizational change

Consultations and training events are available.
www.centerforebp.case.edu/events



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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