Integrated Dual Disorder Treatment (IDDT)
Evidence Based Practice

Outline
- Overview and definitions
- Background
  - Prevalence
  - Course
- Treatment Models
- IDDT
  - Elements
  - Benefits
  - Implementation Strategies
- Resources

What are dual disorders?
- Definition
  - at least one mental illness plus at least one substance use disorder. Includes Axis II.
  - also commonly called “co-occurring disorder” or “dual diagnosis”

Mental illness
- DSM-IV diagnosis
- symptoms plus frequency, duration, effects on quality of life
  - schizophrenia
  - bipolar disorder
  - major depression
  - anxiety disorders
  - personality disorders

Substance use disorders
- DSM-IV diagnosis
- alcohol or drug abuse
  - harmful effects on person’s life
  - work, relationship, legal problems
- alcohol or drug dependence (addiction)
  - tolerance, withdrawal, inability to cut down, using more than intended

Why focus on dual disorders?
- Substance use disorders are common in people with severe mental illness
- Mental illness is common in people with substance use disorders
- Dual disorders lead to worse outcomes and higher costs than single disorders
What is the prevalence of co-occurring disorders?

- recent high-quality, national-level surveys show the prevalence of co-occurring disorders.

Course of dual disorders

- Both substance use disorders and severe mental illness are chronic, waxing and waning.
- Recovery from mental illness or substance abuse occurs in stages over time:
  - Precontemplation
  - Contemplation
  - Preparation
  - Action
  - Maintenance

Course of dual disorders

- People SMI and social substance use
  - Become abstinent or develop substance use disorder
  - Can’t tolerate social use
- People with more severe substance use disorders
  - Most get worse
  - Bartels et al, 1995
Dual disorders lead to worse outcomes than single disorders

- Relapse of mental illness
- Treatment problems and hospitalization
- Violence, victimization, and suicidal behavior
- Homelessness and Incarceration
- Medical problems, HIV & Hepatitis risk behaviors and infection
- Family problems
- Increase service use and cost

Recovery Index

- Living independently
- Controlling symptoms
- Active remission of substance abuse
- Competitive employment
- Socializing with non-substance users
- Expresses life satisfaction

Drake et al., 2006

Medical Complications of Co-Occurring Substance Use: HIV and Hepatitis B and C

Persons with Substance Use Disorders had:
- 3 times higher chance of having HIV
- 2 times higher chance of having HBV
- 2.5 times higher chance of having HCV

Monthly Income and Expenditures for Substances Among 105 Patients with schizophrenia

- Monthly income: $650
- Disability income: $645
- Expenditures for illegal drugs: $250
- Expenditures for alcohol: $10
  - Median values

Rosenberg et al., AJ Public Health, 2001

Traditional treatment

- Treat each disorder separately
  - Parallel
  - Sequential
- Separate treatment is NOT effective

Why integrated treatment of dual disorders?

- More effective than separate treatment
- 10 studies show integrated treatment is more effective than traditional separate treatment

Principles of Integrated Dual Disorder Treatment (IDDT)

1. Integration of treatment
2. Assertive engagement
3. Comprehensiveness of services
4. Stage-wise treatment
5. Reduction of negative consequences
6. Time unlimited services
7. Multiple psychotherapeutic modalities

IDDT Core Value

- Consumer centered recovery model
  - Unconditional respect and compassion
  - Clinician responsible for helping client with motivation for treatment
  - Focus on client goals and function, not on adherence to treatment
  - Client choice and shared decision making are very important

1. Integration of Treatment

Integration of priorities for mental health and substance abuse treatment
- Both disorders are viewed as "primary" and are targeted for concurrent treatment

Integrated Treatment
- Both disorders treated at the same time
- Same team of dually trained people
- Same location of services
- Integration of Assessment
- Integration of Treatment Plan and Crises Plan
- Integration of Mental Health and Substance Abuse Treatment Strategies

2. Assertive Engagement

- Make every effort to actively engage reluctant clients
- Reach out to clients and provide services in natural living environments
- Core component of dual disorders programs
- Provides practical assistance, means to develop trust and working alliance

3. Comprehensiveness of Services

- Residential
- Assertive Community Treatment (ACT)
- Supported employment
- Family psycho-education
- Social skills training
- Training in illness management
- Pharmacological treatment

4. Stagewise Treatment

Stages of Change

- Clients progress through the stages at different paces.
- Most people go through these stages several times before they are able to make lasting changes in their lives.
- Conceptualized as a ‘wheel of change’.
- If a relapse occurs the person exists the wheel and re-enters at some point, most likely contemplation. Each time a person goes around the wheel they gain experience in how to handle their problems.
4. **Stagewise Treatment**

**Motivation-based treatment**

- Interventions must be adapted for clients’ motivation for change
- The concept of *stages of treatment* is central to IDDT
- *Stages of treatment* provides framework for assessing client's motivation al states, setting goals, selecting interventions appropriate to achieving those goals

---

4. **Stagewise Treatment**

**Stages of Change**

- Precontemplation - Engagement
  - Outreach, practical help, crisis intervention, develop alliance, assessment
- Contemplation & Preparation - Persuasion
  - Education, set goals, build awareness of problem, family support, peer support,
- Action - Active Treatment
  - Substance abuse counseling, medication treatments, skills training, family support, self help groups
- Maintenance - Relapse prevention
  - Relapse prevention plan, continue skills building in active treatment, expand recovery to other areas of life

---

5. **Reduction of Negative Consequences**

- Focus on reducing harmful effects of substance abuse
- Do not worry efforts will be “enabling”
- Protect clients from the dire consequences of substance use (homelessness, infectious diseases, safer sex)
- Develop good working alliance
- Methods for reducing negative consequences essential to achieving positive outcomes

---

5. **Stagewise Treatment**

**Stages of Change**

- Precontemplation - Engagement
  - Outreach, practical help, crisis intervention, develop alliance, assessment
- Contemplation & Preparation - Persuasion
  - Education, set goals, build awareness of problem, family support, peer support,
- Action - Active Treatment
  - Substance abuse counseling, medication treatments, skills training, family support, self help groups
- Maintenance - Relapse prevention
  - Relapse prevention plan, continue skills building in active treatment, expand recovery to other areas of life

---

6. **Time Unlimited Services**

- IDDT programs do not produce dramatic changes over short periods of time.
- Clients gradually improve over time, approximately 10-20% per year achieving stable remission of SUDS.
- Effective integrated programs recognize that individuals recover at his/her own pace given sufficient time and support.

---

7. **Multiple Psychotherapeutic Modalities**

- **Individual**: motivational interviewing, cognitive behavioral
- **Groups**: educational, stage-wise, Social skills, self-help
- **Family interventions**: family psycho-education

---

6. **Time Unlimited Services**

- IDDT programs do not produce dramatic changes over short periods of time.
- Clients gradually improve over time, approximately 10-20% per year achieving stable remission of SUDS.
- Effective integrated programs recognize that individuals recover at his/her own pace given sufficient time and support.

---

7. **Multiple Psychotherapeutic Modalities**

- **Individual**: motivational interviewing, cognitive behavioral
- **Groups**: educational, stage-wise, Social skills, self-help
- **Family interventions**: family psycho-education

---

8. **Factors Associated With Remission From Dual Disorders**

- Stable housing
- Sober support network/family
- Regular meaningful activity
- Trusting clinical relationship

  - Alverson et al, Community MHJ, 2000
### Abstinence is Associated with Improved Outcomes in Other Areas

- Reduce institutionalization
- Reduce symptoms, suicide
- Reduce violence, victimization, legal problems
- Better physical health
- Improve function, work
- Improve relationships and family

  - Drake et al, 1998

### Stable Remission Improves Other Aspects of Life

- Objective: Living situation, decrease in victimization
- Subjective: overall satisfaction with life, housing, family, health

### Good News

- Dual disorders are treatable
- Many people attain stable remission of substance use disorders over time
- Recovery encompasses other areas of adjustment including health, work, housing, and relationships

  - Mead et al, 2000

### Implementation Strategies for Policy Makers

- Building consensus for the vision of integrated dual disorder services
- Conjoint planning
- Define standards
- Structural, regulatory, reimbursement, and contracting mechanisms
- Demonstrations
- Training and monitoring

### Implementation Strategies for Program Leaders

- Consensus and vision
- Specific leader
- Train all clinicians
- Comprehensive integration
- Records
- Outcomes
- Quality assurance

### Strategies for Clinicians and Supervisors

- Outcome based supervision
- Knowledge base
- New skills
  - Assessment
  - Motivational treatment
  - Substance abuse counseling
- Specialty training
- Secondary strategies
Implementation Strategies for Families/Supports

- Obtain information
- Support
- Collaboration with Treatment/Team
- Learning skills and reinforcing consumer's skills
- Advocacy and involvement for better services

Implementation Strategies for Consumers

- Information
- Peer discussion
- Counseling
- Rehabilitation
- Training
- New roles - life is more persuasive than research

IDDT Resources

- DHS: Co-occurring disorders Website: http://www.dhs.state.mn.us/id_028650
- DHS monthly newsletter on integrated treatment: “Co-Occurrences”: http://www.dhs.state.mn.us/dhs16_138281
- **underscore**

IDDT Resources

- SAMHSA’s Co-Occurring Center of Excellence: http://coce.samhsa.gov/