



Northwest (HHS Region 10)

**ATTC**

Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

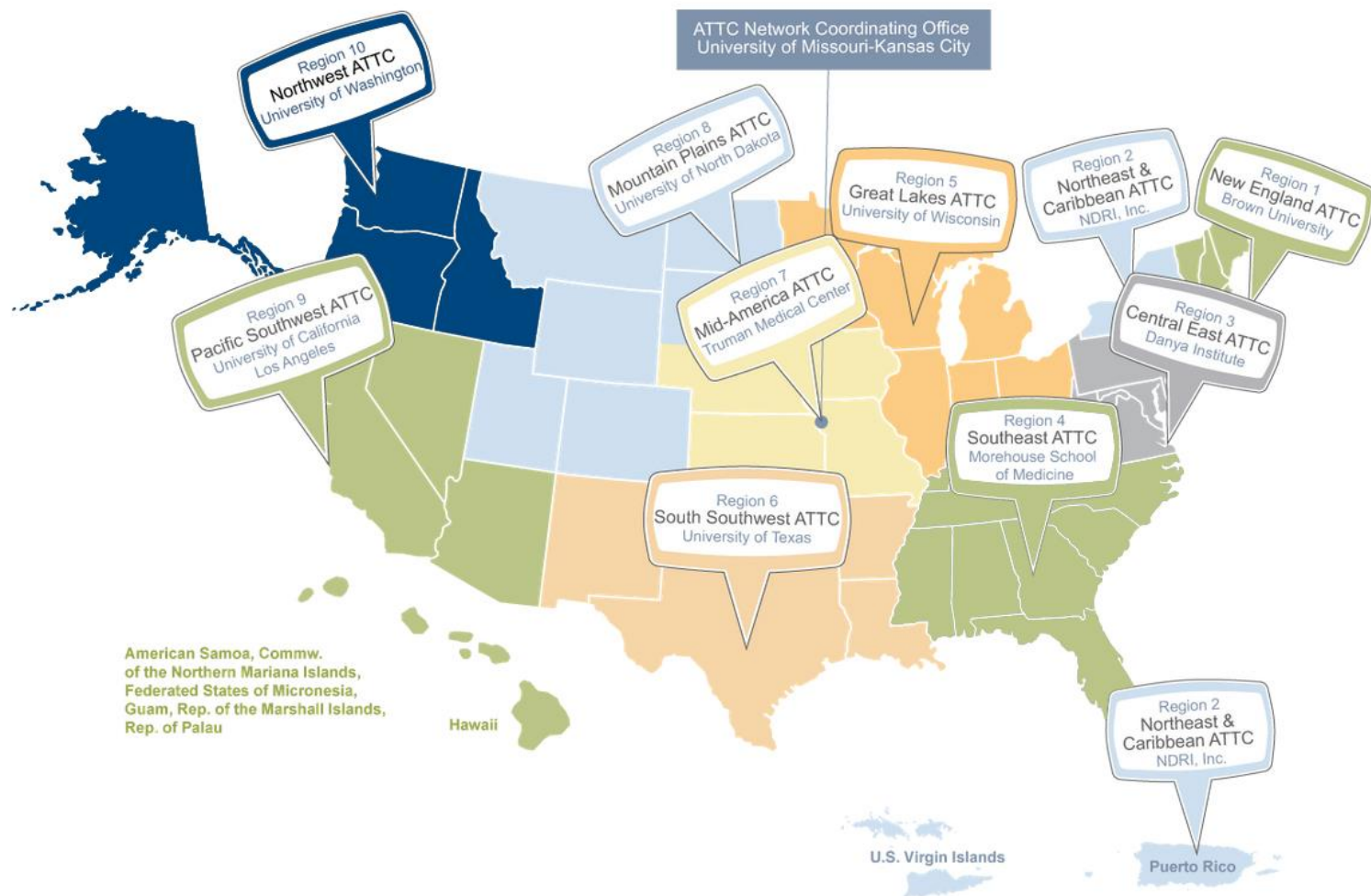


# Integrated Treatment: What does it look like?

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# The ATTC Network

## Ten Regional Centers



# Acknowledgements

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Professor of Psychiatry and Behavioral Health  
Services; Stanford University Medical Center

Heather Gotham, Ph.D.

Director of the Network MHTTC Coordinating Office  
Stanford University Medical Center

# Workshop Objectives

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At the end of this workshop participants will be able to:

- Define integrated treatment and co-occurring disorders using a common language.
- Describe the DDCAT and DDCMHT assessment tool and their respective toolkits.
- Identify one DDCAT/DDCMHT item to improve in his/her agency.



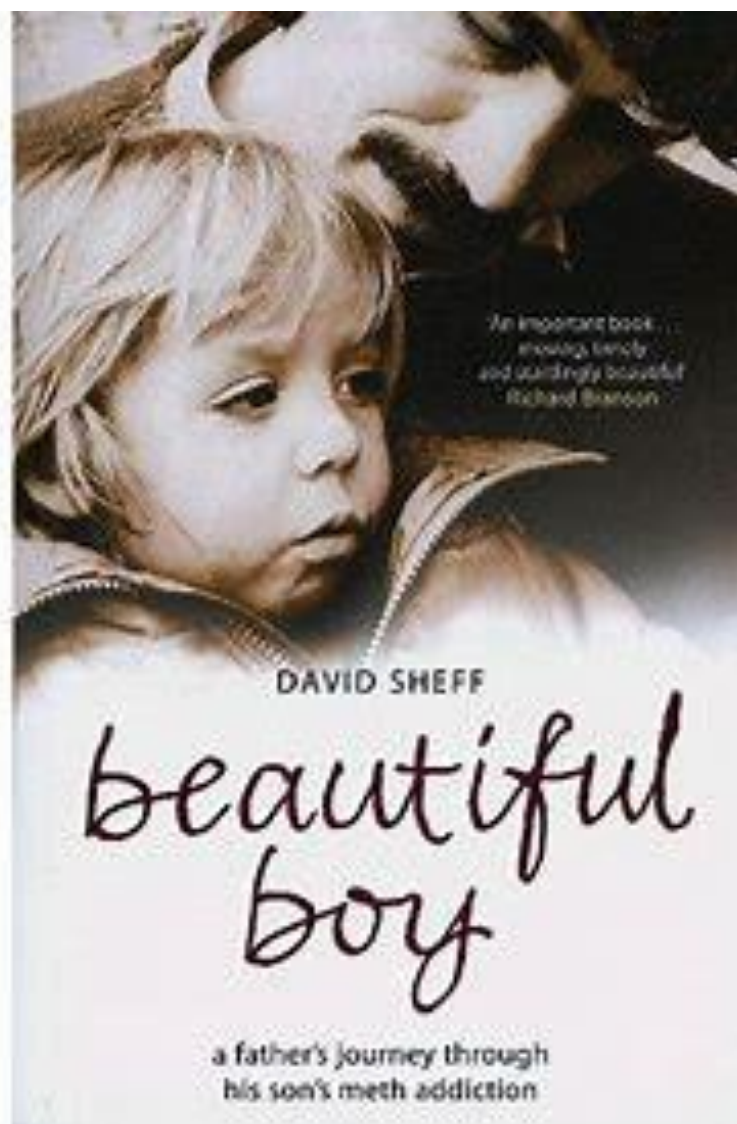
What I hope you get out of this workshop?

# Who is in the room?

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- How many of you identify as working with program's where the primary focus is on addictions/substance use disorder treatment?
- How many of you identify as working with program's where the primary focus is on mental health treatment?
- How many of you are with programs with an equal focus on MH and SUD?
- Clinicians? Program Directors? State/County Administrators? Executive Directors? Educators?

Why focus on co-occurring disorders and integrated treatment?



An important book  
moving, timely  
and startlingly beautiful  
Richard Branson

DAVID SHEFF

# beautiful boy

a father's journey through  
his son's meth addiction





## WHY FOCUS ON CO-OCCURRING DISORDERS?

# People with COD typically

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- higher percentage of relapse episodes
- more inpatient hospital visits
- higher number of emergency room visits
- higher rates of chronic disease (HBP, Diabetes, Hepatitis, HIV/AIDS)
- drop out of treatment earlier
- have higher rates of suicide
- have more legal problems

SAMHSA, 2011

# Mental and Substance Use Disorders in America

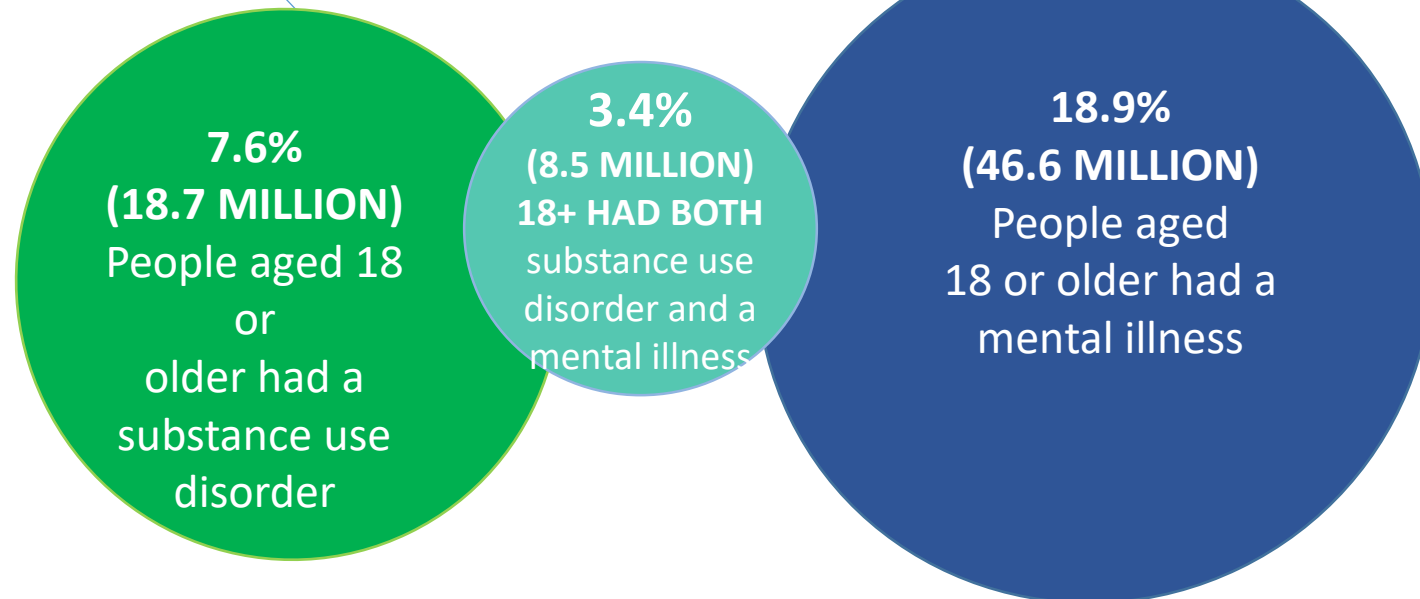
PAST YEAR, 2017, 18+

## Among those with a substance use disorder:

- **3 IN 8 (36.4%)** struggled with illicit drugs
- **3 IN 4 (75.2%)** struggled with alcohol use
- **1 IN 9 (11.5%)** struggled with illicit drugs and alcohol

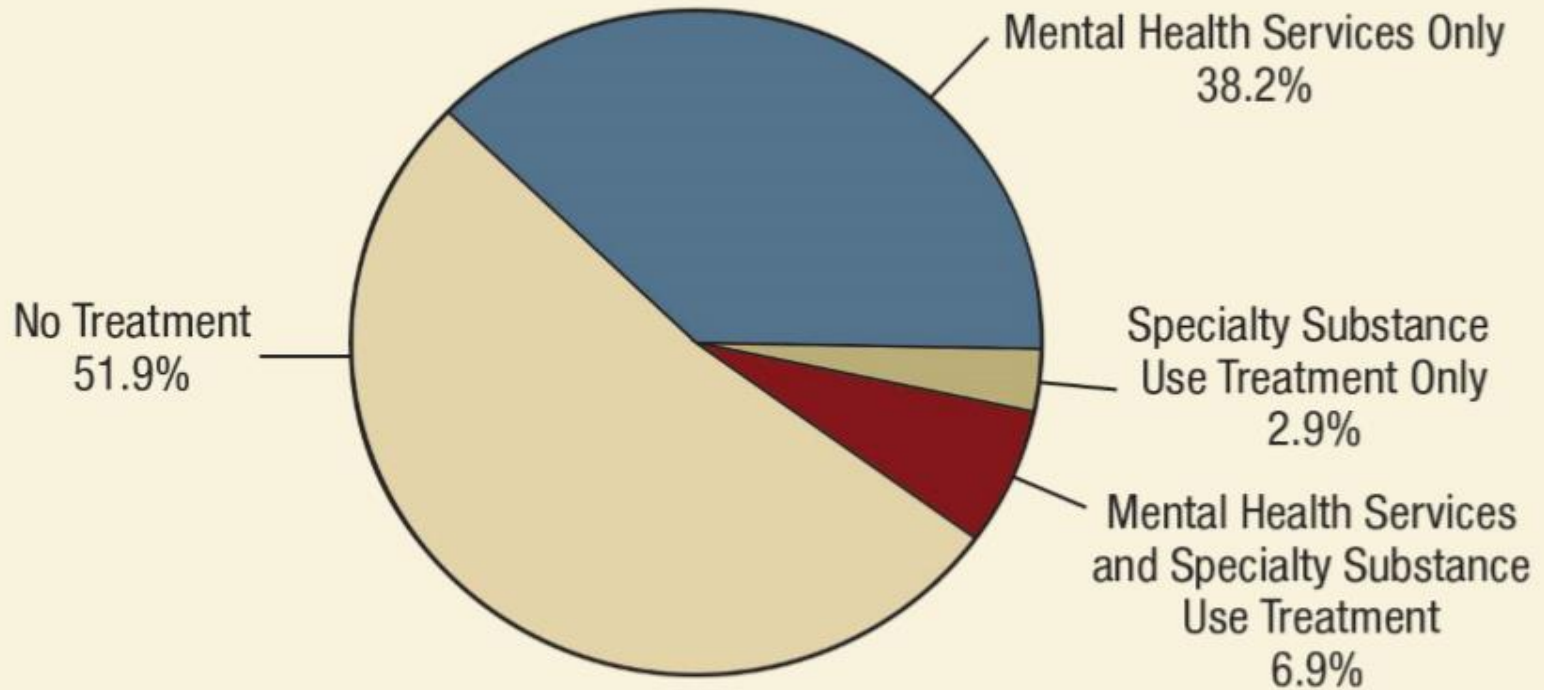
## Among those with a mental illness:

- **1 IN 4 (24.0%)** had a serious mental illness



See figures 40, 41, and 54 in the 2017 NSDUH Report for additional information.

# Treatment for Substance Use Problems Adults Aged 18 or Older With Both Mental Illness and a Substance Use Disorder: 2016



**8.2 Million Adults with Co-Occurring Mental Illness and Substance Use Disorders**

Note: Mental health services are defined as having received inpatient care or outpatient care or having used prescription medication for problems with emotions, nerves, or mental health. Specialty substance use treatment refers to treatment at a hospital (inpatient only), rehabilitation facility (inpatient or outpatient), or mental health center in order to reduce or stop drug or alcohol use, or for medical problems associated with drug or alcohol use.

Note: The percentages do not add to 100 percent due to rounding.

Defining integrated  
treatment and co-occurring  
disorders.

# What the heck is integration anyway?

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Buzzwords sometimes begin to lose their potency. With much use, words can begin to obscure more than they reveal.

Let's take some time to consider what integration and co-occurring disorders mean to us in the context of our work.

***How do you define integrated treatment?***

Turn to your neighbor (or neighbors) and discuss how you define integrated treatment.



which make a unity; composite; of or pert. to a whole so constituted; made complete, whole, or perfect. — *n.*

Anything integrate.

**in'te-grate** (in'tĕ-grāt), *v.*; -GRAT'ED (-grāt'ĕd; -ĭd; 119); -GRAT'ING (-grāt'ĭng). [L. *integratus*, past part. of *integrare* to make whole, renew, fr. *integer* whole. See INTEGER.] *Transitive*: **1.** To form into one whole; to make entire; to complete; to round out; to perfect.

**2.** To unite (parts or elements), so as to form a whole; also, to unite (a part or element) with something else, esp. something more inclusive.

**3.** To indicate the whole of, to give the sum or total of; as an *integrating* anemometer.

**4. Math.** To subject to the operation of integration; to find the integral of, as a function or equation.

—, *Intransitive*: To become integrate; to form into whole; specif., *Evolution*, to become compacted into th



Why measure co-occurring  
disorder capability?

# Why measure co-occurring disorder capability?

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1. Generic terms “integrated” or “enhanced” are “feel good” rhetoric but lack specificity.
2. Systems and providers seek guidance, objective criteria and benchmarks for providing the best possible services.
3. Patients and families should be informed about the range of services, to express preferences and make educated treatment decisions.
4. Change efforts can be focused, and outcomes of these initiatives assessed.

McGovern, 2010

# Measures of Co-occurring Disorder Capability

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- Dual Diagnosis Capability in Addiction Treatment (DDCAT) – McGovern et al., 2007
- Dual Diagnosis Capability in Mental Health Treatment (DDCMHT) – Gotham et al., 2013
- Dual Diagnosis Capability in Healthcare Settings (DDCHCS) – McGovern et al., 2012

# ASAM Taxonomy of Dual Diagnosis Services

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- **ADDICTION OR MENTAL HEALTH ONLY SERVICES (AOS/MHOS)** - serve clients with no or minimal co-occurring disorders
- **DUAL DIAGNOSIS CAPABLE (DDC)** -serve clients with low severity mental health disorder or substance use disorder
- **DUAL DIAGNOSIS ENHANCED (DDE)** - serve clients with more severe, unstable mental health and substance use disorders

# DDCAT/DDMHT Index Ratings

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1- Mental Health/ Addiction Only Services  
(AOS/MHOS)

2-

3 - Dual Diagnosis Capable (DDC)

4-

5- Dual Diagnosis Enhanced (DDE)

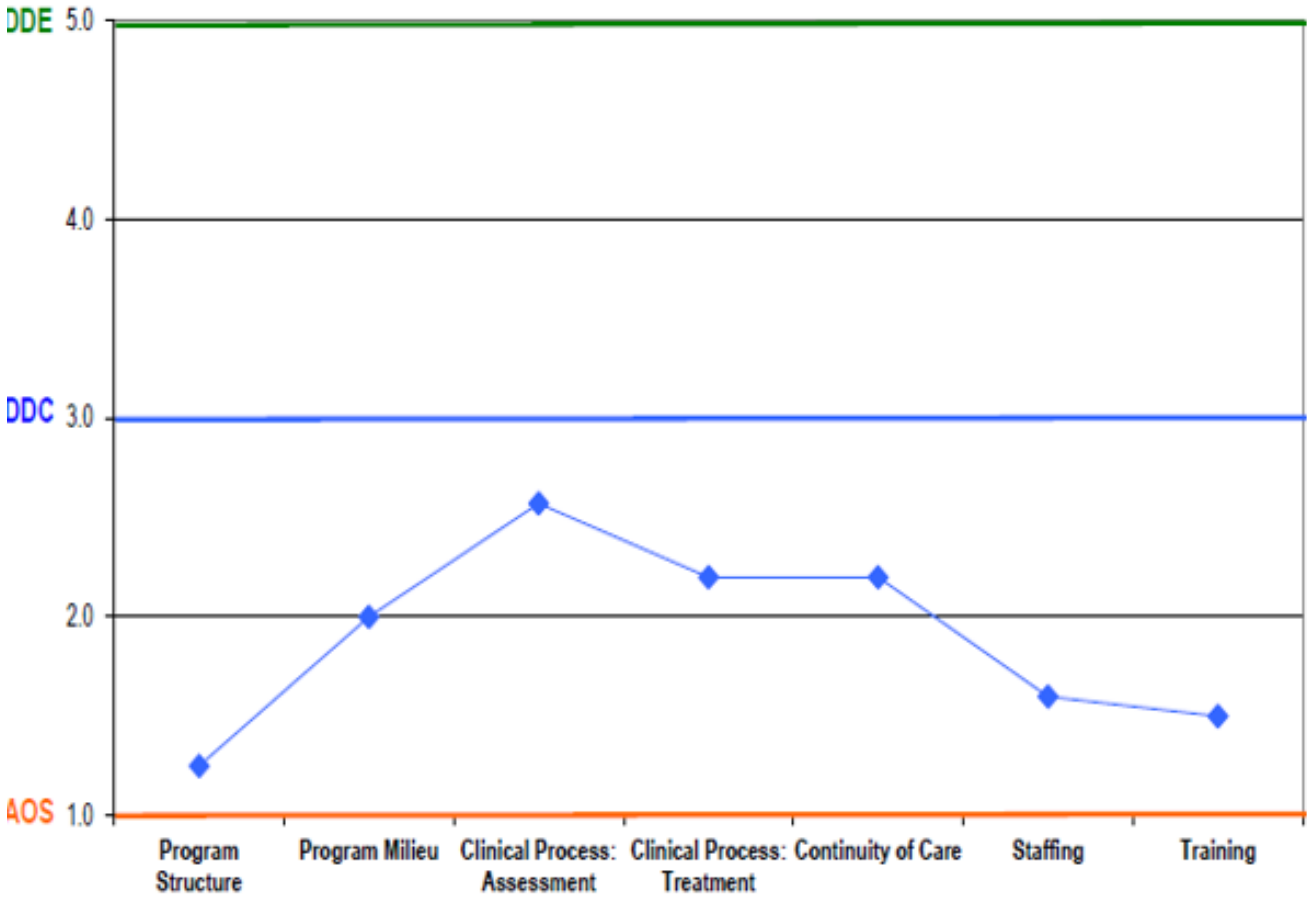
<b>Policy</b>	
<b>Program Structure</b>	Do the program structures and policies help or inhibit the ability to provide COD treatment?
<b>Program Milieu</b>	Are the staff and environment welcoming to client's with co-occurring disorders?
<b>Clinical Practices</b>	
<b>Assessment</b>	How do staff make the distinction between substance-induced disorders and psychiatric disorders?
<b>Treatment</b>	What treatments and services are delivered in the agency to support the assessments?
<b>Continuity of Care</b>	What types of supports are in place for continuation of services for both disorders.
<b>Workforce</b>	
<b>Staffing</b>	What percentage of staff members have expertise in assessing and treating individuals with co-occurring disorders?
<b>Training</b>	What kind of on-going training is provided to staff on co-

# DDCAT/DDDCMHT Assessment

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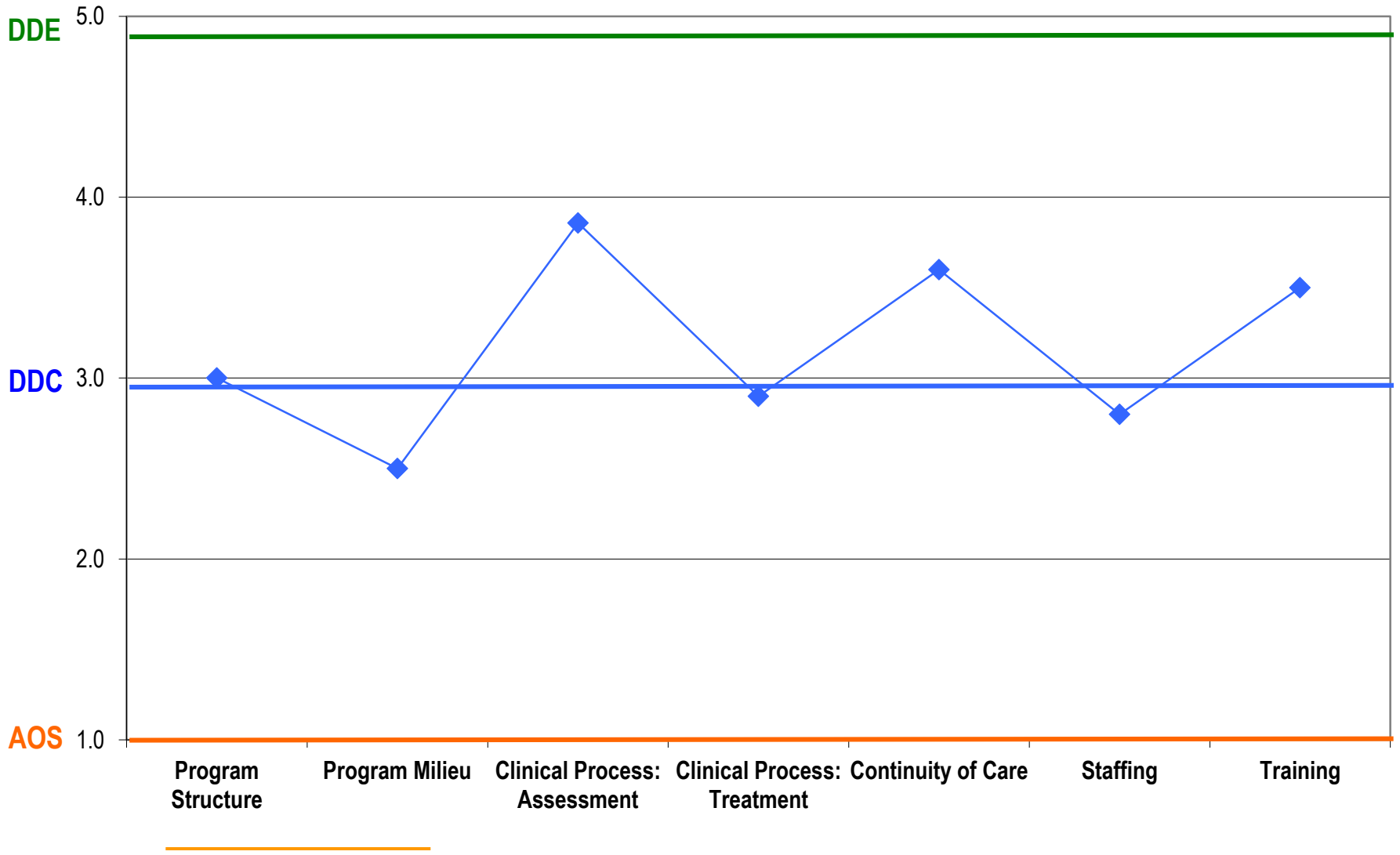
- 4-6-hour site visit
- Tour of facility
- Interview with Administrative or Agency Director and Clinical Director
- Interview with clinicians providing services
- Interview with clients
- Multiple chart reviews
- Observation of group treatment sessions
- Policy/Procedure/Programmatic Manual Review

# Addiction Only Treatment Program Profile

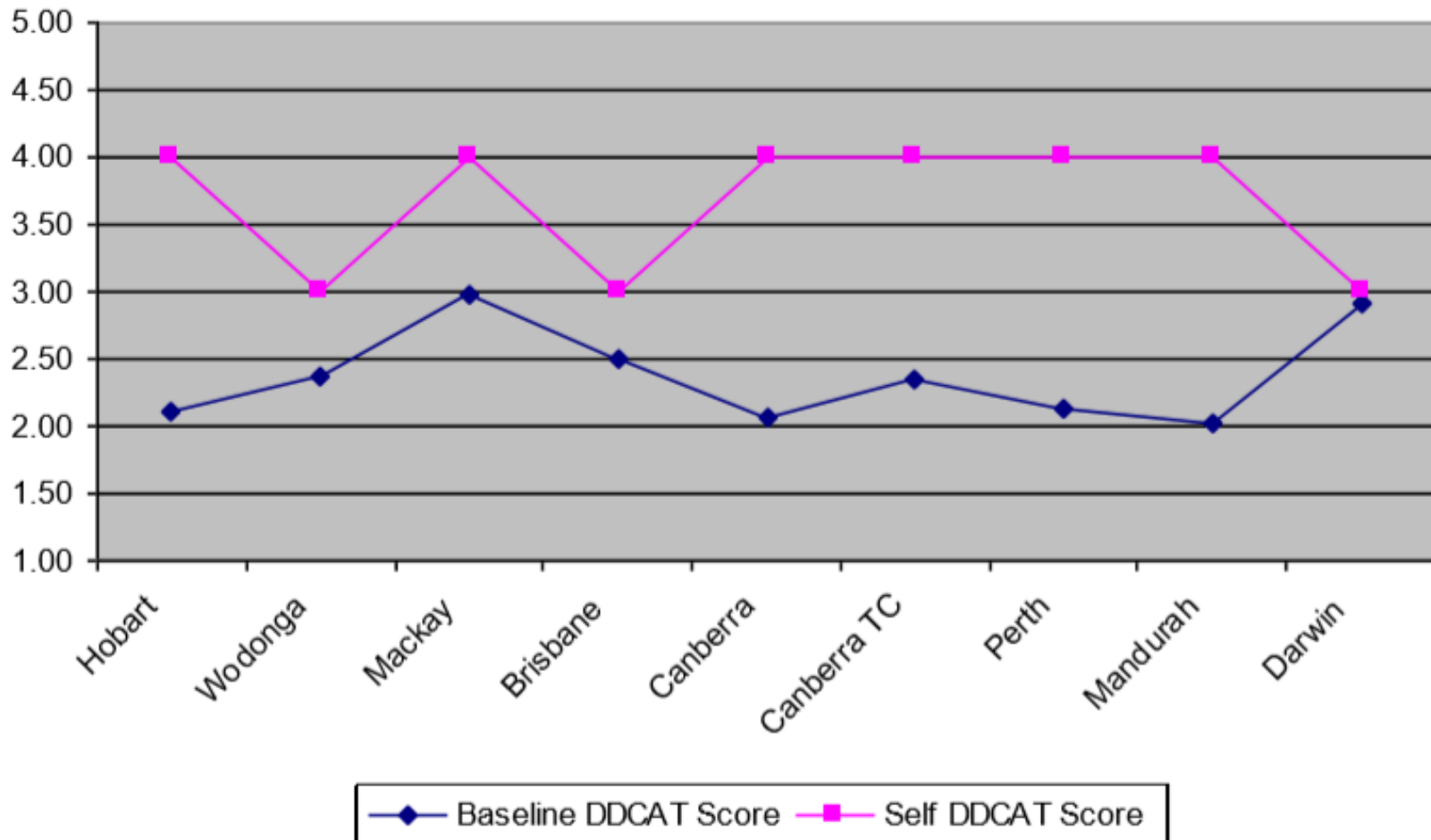


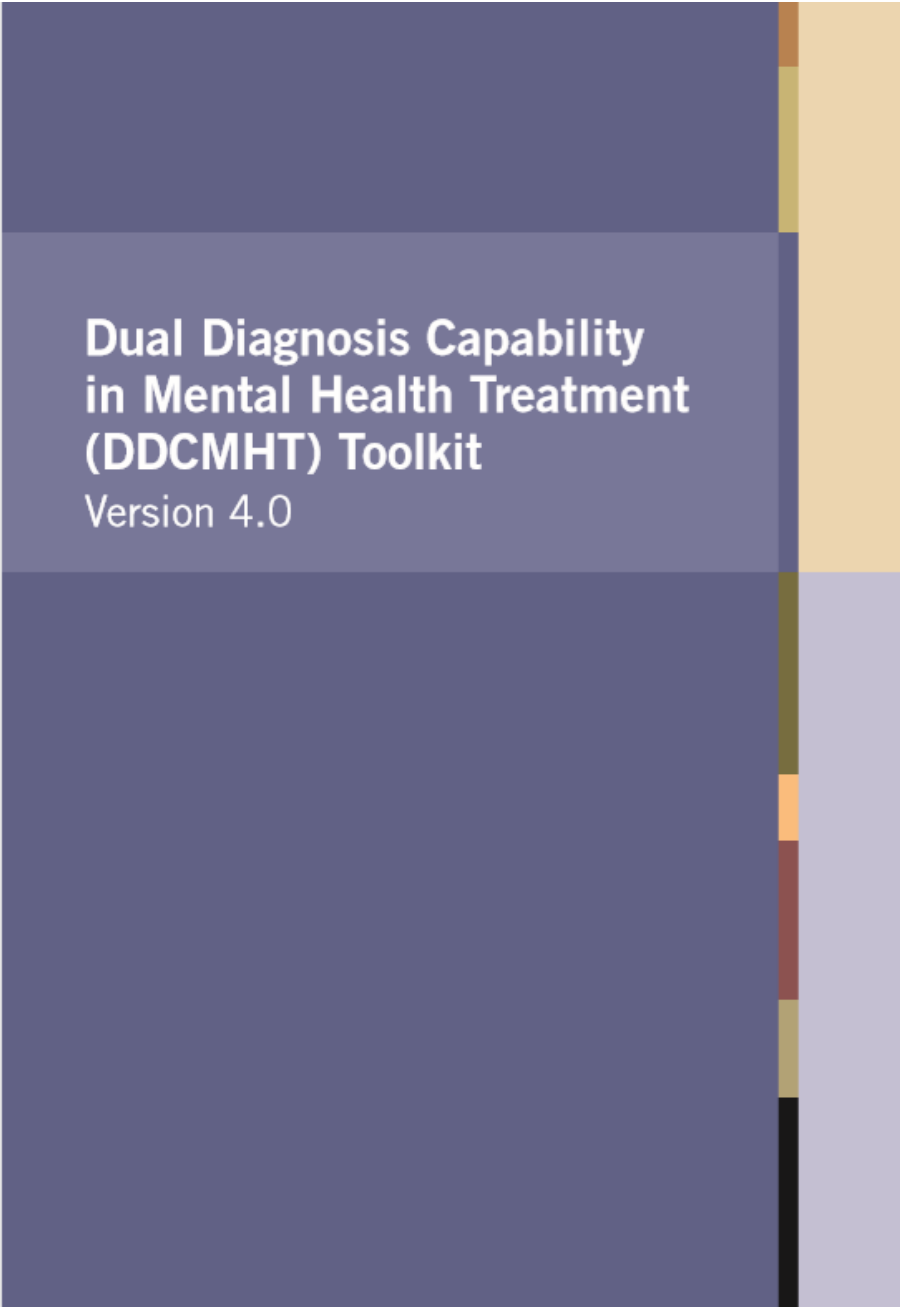


# DDCAT Summary Profile:



# DDCAT: SELF VS. INDEPENDENT RATINGS (agencies in Australia)





**Dual Diagnosis Capability  
in Mental Health Treatment  
(DDCMHT) Toolkit**

Version 4.0



**Dual Diagnosis Capability  
in Addiction Treatment  
(DDCAT) Toolkit**

Version 4.0

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# Dimension I: Program Structure

- Primary treatment focus as stated in your mission statement.
- Organizational certification and licensure.
- Coordination and collaboration with addiction/mental health services.
- Ability to merge funding streams to provide COD services.

## DDCAT — Rating Scale

	1 – AOS	2	3 – DDC	4	5 – DDE
<i>I. Program Structure</i>					
IA. Primary focus of agency as stated in the mission statement <i>(If program has mission, consider program mission).</i>	Addiction only.		Primary focus is addiction, co-occurring disorders are treated.		Primary focus on persons with co-occurring disorders.
IB. Organizational certification and licensure.	Permits only addiction treatment.	Has no actual barrier, but staff report there to be certification or licensure barriers.	Has no barrier to providing mental health treatment or treating co-occurring disorders within the context of addiction treatment.		Is certified and/or licensed to provide both.

### Table Header Key

1-AOS	Addiction Only Services
3-DDC	Dual Diagnosis Capable
5-DDE	Dual Diagnosis Enhanced

The mission of Riverside Behavior Health Services is to improve the quality of life for adults and adolescents with addictive disorders. This is accomplished by ensuring access to integrated network of effective and culturally competent behavioral health services that are matched to persons' needs and preferences; thus promoting consumer rights, responsibilities, rehabilitation, and recovery.”

The North Side Alcohol and Drug program is dedicated to assisting persons with alcohol and drug problems regain control over their lives.

Behavioral Health Inc. is a private, non-profit organization dedicated to providing services that support recovery of families and individuals who experience co-occurring mental health and substance use disorders.

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# Dimension II: Program Milieu

- Expectation and welcome of clients with Co-occurring Disorders.
- Display and distribution of substance abuse and mental health related literature and patient educational materials.

# Literature & Patient Education

## Client Handouts and Pamphlets

SAMHSA Clearinghouse for Co-occurring Disorders

<https://www.store.samhsa.gov/issues-conditions-disorders/co-occurring-disorders>



National Institute on Mental Health

<https://www.nimh.nih.gov/health/topics/index.shtml>



## Dimension III: Assessment

- Routine screening for MH and SUD
- Routine assessment methods for clients who screen positive
- Frequency and documentation of diagnoses
- Documentation of history in the medical record
- Capability to provide services based on clients' acuity of symptoms
- Capability to provide services based on severity and persistence of disability
- Initial assessment of readiness for change

### III. Clinical Process: Assessment

<p>IIIA. Routine screening methods for mental health symptoms.</p>	<p>Pre-admission screening based on patient self-report. Decision based on clinician inference from patient presentation or by history.</p>	<p>Pre-admission screening for symptom and treatment history, current medications, suicide/homicide history prior to admission.</p>	<p>Routine set of standard interview questions for mental health using a generic framework, e.g., ASAM-PPC (Dimension III) or “Biopsychosocial” data collection.</p>	<p>Screen for mental health symptoms using standardized or formal instruments with established psychometric properties.</p>	<p>Screen using standardized or formal instruments for both mental health and substance use disorders with established psychometric properties.</p>
<p>IIIB. Routine assessment if screened positive for mental health symptoms.</p>	<p>Assessment for mental health disorders is not recorded in records.</p>	<p>Assessment for mental health disorders occurs for some patients, but is not routine or is variable by clinician.</p>	<p>Assessment for mental health disorders is present, formal, standardized, and documented in 50-69% of the records.</p>	<p>Assessment for mental health disorders is present, formal, standardized, and documented in 70-89% of the records.</p>	<p>Assessment for mental health disorders is formal, standardized, and integrated with assessment for substance use symptoms, and documented in at least 90% of the records.</p>

#### Table Header Key

1-AOS	Addiction Only Services
3-DDC	Dual Diagnosis Capable
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# Rating Scale Activity

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- Find a partner to work with to get familiar with the rating scale.
- Each person will pick a DDCAT or DDCMHT item from the Assessment Dimension.
- Read across the 5-point scale for each item and thinking about your program/agency assess where you think the program might fall on the scale.
- Discuss your reasons for rating your program at the level you did with each other.

# Screening

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**DDC Level** – Routine set of standard interview questions for mental health using a generic framework (e.g. ASAM-PPC or biopsychosocial data collection)

**DDE Level** – Screen using a standardized or formalized instrument for both mental health and substance use disorders with established psychometric properties.

- GAIN SS
- Modified MINI Screen
- Mental Health Screening Form III
- Simple Screening Instrument for Alcohol and Other Drugs
- PTSD Checklist
- GAD-7
- PHQ-9

**HRSA/SAMHSA Integrated Health Solutions**

<https://www.integration.samhsa.gov/clinical-practice/screening-tools#samplescreeningforms>

**On a 10-point scale, how much do you want to change your substance use now?**

Not at all 1-----10 Totally

**On a 10-point scale, how sure are you that you will be able to make this change?**

Not at all 1-----10 Totally

**On a 10-point scale, how much do you want to change your mental health problem?**

Not at all 1-----10 Totally

**On a 10-point scale, how sure are you that you will be able to make this change?**

Not at all 1-----10 Totally

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# Dimension IV: Treatment

- Documentation in treatment plans
- Ongoing capability to assess/monitor disorders and **interactive course**
- Emergencies and crisis management
- Ongoing assessment of readiness for change
- Medication evaluation, management, monitoring
- Specialized interventions, psychoeducation
- Family education and support
- Facilitate use of peer-support groups
- Peer recovery support

# Treatment Plans

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What kind of interventions might you list to treat the MH or SUD Disorder?

- Stabilization
- Patient education about the disorder and treatment options
- Assessing, monitoring, and working with the patient's motivation for change and treatment.
- Coping skills
- Illness management and recovery skills
- Medications

# Specialized Interventions

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- Seeking Safety
- DBT-S
- Community Reinforcement Approach
- Matrix Manuals
- Trauma Recovery and Empowerment
- Integrating Combined Therapies
- Hazelden Integrated Treatment CBT
- Individual Therapies focused on specific disorder:
  - Interpersonal and Social Rhythm Therapy for Bi-Polar Disorder
  - Integrated Group Therapy for Bi-Polar
  - Affect focused Body Psychotherapy



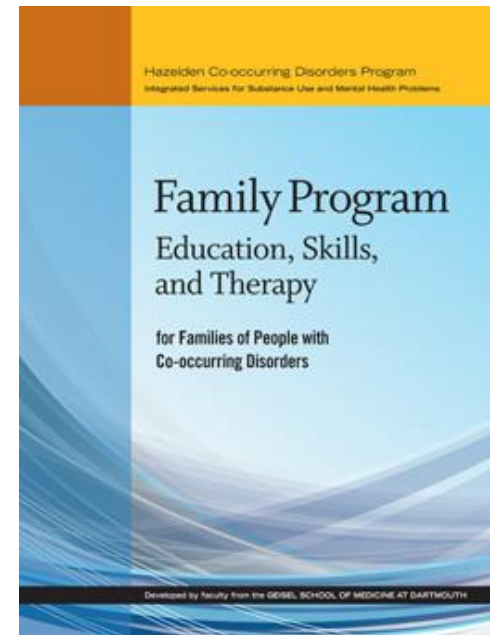
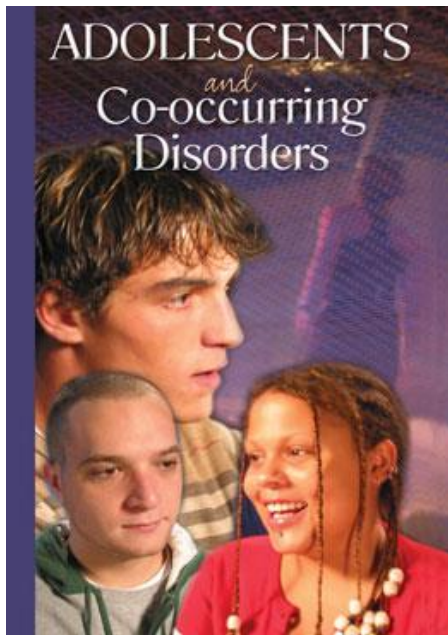
# Family education and support (DDCAT pgs. 65-66)

## **What does it look like?**

- Focus of the education is on co-occurring disorders.
- Information on treatment for co-occurring disorders.
- Discusses features of both disorders

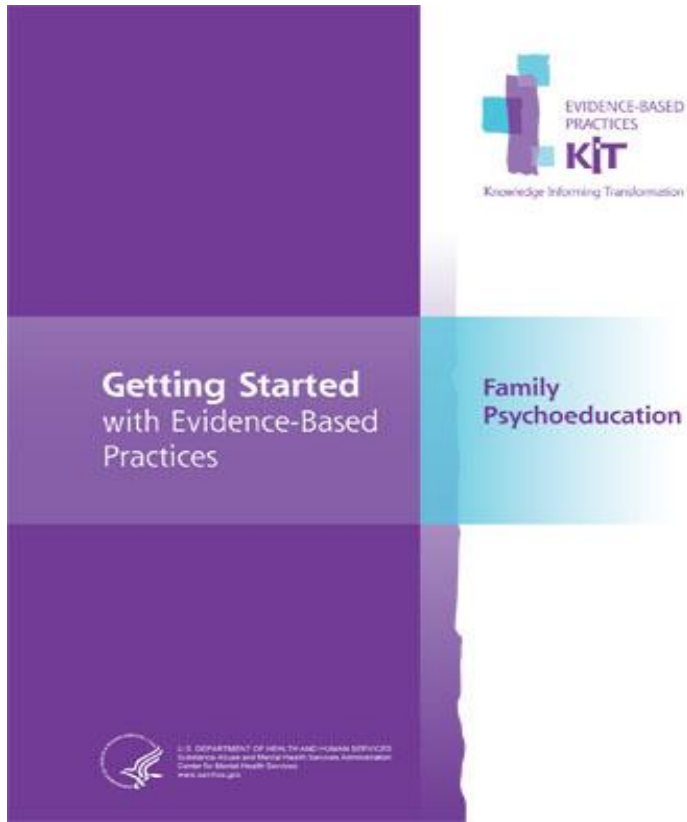
## **What are the goals?**

- Educate families about realistic expectations.
- Increase understanding of the interactive course of disorders.
- Educate families about the positive prospects of recovery
- Provide a supportive environment for family to be involved in the client's treatment.

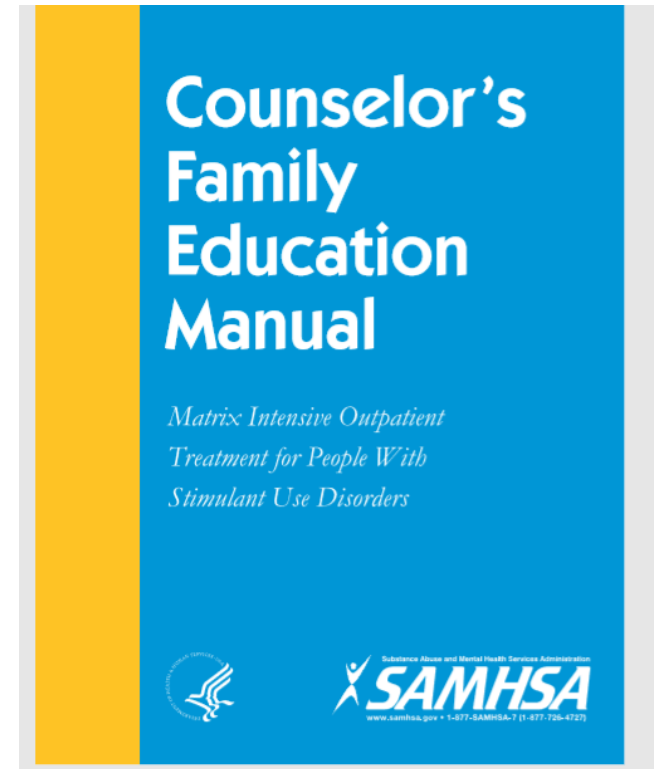


# Hazelden Publishing Products

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<https://store.samhsa.gov/product/Family-Psychoeducation-Evidence-Based-Practices-EBP-KIT/SMA09-4423>



<https://store.samhsa.gov/shin/content/SMA12-4153/SMA12-4153.pdf>

# Dual Recovery Resources

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- Dual Recovery Anonymous [www.draonline.org](http://www.draonline.org)
- Double Trouble in Recovery  
<http://www.bhevolution.org/public/doubletroubleinrecovery.page>
- Twelve Step Facilitation Therapy  
<https://pubs.niaaa.nih.gov/publications/ProjectMatch/match01.pdf>

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# Dimension V: Continuity of Care

- Discharge planning
- Capacity to maintain treatment continuity
- Focus on ongoing recovery
- Documented facilitation to self-help groups
- Documentation of sufficient supply and a plan for medication

# Recovery Management Check-Ups

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Item V-2 Capacity to maintain treatment continuity

Recovery Management Check-Ups

<http://www.williamwhitepapers.com/pr/Recovery%20Management%20Checkup%20Manual%20Scott%20%26%20Dennis%202003.pdf>

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# Dimension VI: Staffing

- Access to services from a psychiatrist or other prescriber
- On site staff with certification or licensure
- Access to supervision or consultation
- Supervision, case management, or utilization review procedures for COD Peer/Alumni supports

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# Dimension VII. Training

- All staff have basic training in MH and SUD signs and symptoms
- Clinical staff members have advanced specialized training



Questions  
Comments

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Opportunity

# Visit Us Online!

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<http://attcnetwork.org/northwest>

Upcoming trainings  
Resources  
Links on key topics  
Contact Information



# References

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