



Integrated Dual-Diagnosis Treatment (IDDT) Clinical Guidelines

Developed in Collaboration with FBH Providers, MHCBBC, and JCMH

Evidenced Based Model and Target Population:

- 1. The IDDT target population** includes individuals with a severe mental illness as well as a co-occurring significant substance abuse disorder. Individuals with severe mental illness often abuse substances. Other less severe mental health diagnoses, e.g. anxiety disorders or dysthymia, with a co-occurring substance abuse disorder, may benefit from IDDT programs but the priority focus of IDDT is on the complex issues presented with the target population.
- 2. The IDDT evidence-based model** is based on multiple controlled studies indicating improved outcomes for individuals with severe mental illness and a co-occurring substance abuse disorder when all elements of the model are maintained. These elements include a single team providing all mental health and substance abuse services, staged interventions, assertive outreach, motivational interventions, comprehensive services, and a long-term approach to treatment.
- 3. IDDT is designed to provide treatment services in the same location** for both the substance abuse and the psychiatric disorder. IDDT services are delivered by a multidisciplinary team, utilizing a biopsychosocial approach, with an emphasis on pharmacological, psychological, educational, and social interventions.
- 4. IDDT programs focus on coordination of treatment goals**, ensuring that consumers, family and/or significant others, and service providers are all working toward the same goals in a collaborative manner.
- 5. IDDT emphasizes early identification of co-occurring disorders.** This information may not always be solicited by clinicians. Barriers to identifying substance abuse disorders should be addressed, such as discomfort with asking about substance use, preconceptions about *who* abuses drugs and alcohol, and time constraints preventing a thorough substance abuse assessment.

Required Elements for IDDT Fidelity:

- 1. The IDDT model stresses the importance of addressing all aspects of a person's life.** A multidisciplinary treatment team, such as case managers, nurses, counselors, physicians and/or employment specialists, collaborates in developing a comprehensive treatment plan with the consumer. Monitoring of the treatment plan occurs frequently, with consumer involvement and feedback.
- 2. Early recognition and aggressive treatment** of co-occurring substance abuse disorders are essential to improving treatment outcomes and quality of life. IDDT relies on a clinician's ability to directly explore and effectively evaluate the symptoms of substance use/abuse, as consumers, unless clearly asked, may not volunteer this information. Clinicians need to attend to red flags of substance abuse which include typical withdrawal symptoms as well as poor

treatment response including frequent hospitalizations, inadequate response to prescribed medications, lack of treatment adherence, and an unclear diagnostic picture.

3. **Screening instruments are recommended** to increase a clinician's ability to identify consumers with co-occurring disorders (CODs). The CAGE-AID, Addiction Severity Index (ASI), the SOCRATES, and the Mental Health Screening Form-III are good examples of these types of instruments.
4. **Stage-wise treatment: engagement, persuasion, active treatment and relapse prevention** correspond with the stages of change described by Prochaska et al. The IDDT clinician uses the consumer's readiness for change in every interaction to determine the appropriate level of stage-wise treatment.
5. **All therapeutic interactions utilize motivational interviewing** techniques to help consumers set goals for daily living and identify strategies to achieve these goals. The focus is on a continuous exploration of discrepancies between their goals and current behavior and what changes need to be made to achieve targeted goals. Motivational interviewing attends to a consumer's progress versus where the treatment team feels the consumer "should" be.
6. **The key to motivational interviewing is to provide feedback** and advice in a clear, concise, nonjudgmental and supportive manner. Empathy is particularly important because consumers diagnosed with both mental illness and substance abuse disorders often experience shame and guilt.
7. **Substance abuse counseling and group treatment** are essential components of IDDT treatment. Substance abuse group treatment, in particular, can provide the consumer with insight, support, new skills, hope and social connection.
8. **Assertive outreach**, or meeting consumers in community locations that are familiar to them, is essential to keeping clients engaged with service providers and family members who support the consumers' goals.
9. **Educating the consumer's family on the implications of a dual-diagnosis** of substance abuse and mental health disorder improves family understanding and support of the consumer and helps the family provide a supportive environment that more closely aligns with the treatment goals.
10. **Typically consumers with dual disorder mental illness and substance abuse will require medication treatment.** This should be provided by a prescriber who is familiar with pharmacotherapy of dual disorders, including the full spectrum of medications effective for the treatment of mental disorders, the medications used for detoxification, relapse prevention and craving reduction, and avoiding the use of medications with addictive potential.
11. **Consumers with dual disorder mental illness and substance abuse need access to long-term comprehensive services.** Research suggests that consumers with a dual-diagnosis are more likely to achieve their goals when all levels of services are available as long as needed.

SAMHSA'S National Mental Health Information Center. <http://mentalhealth.samhsa.gov/resources/>;
The New Hampshire Dartmouth Integrated Dual Disorder Treatment (IDDT) model; Case Western Reserve University model (www.ohiosamihcoe.case.edu)