# Integrated Dual Diagnosis Treatment
## Stagewise Treatment
### Interventions and Activities

<table>
<thead>
<tr>
<th>Dartmouth Dual Diagnosis Treatment Scale</th>
<th>Evidenced Based Interventions</th>
<th>Stage-Wise Activities for Case Managers</th>
<th>Activities to Avoid base on Stages of Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Assertive outreach</td>
<td>TASKS:</td>
<td>DO NOT:</td>
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<tr>
<td></td>
<td>Practical assistance</td>
<td>➢ Regular meetings with consumer in the community (at least weekly)</td>
<td>➢ Require abstinence</td>
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<td></td>
<td>Crisis interventions</td>
<td>➢ Help consumer apply for benefits, obtain or improve housing, food, address legal needs</td>
<td>➢ Start active-stage treatment</td>
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<td></td>
<td>Build alliance</td>
<td>➢ Facilitate admission to hospital and/detox if needed</td>
<td>➢ Confront substance use or symptoms of mental illness</td>
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<td></td>
<td>Assessment</td>
<td>➢ Explore family relationships, engage them in treatment process if consumer desires</td>
<td>➢ Ignore substance use and/or mental illness</td>
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<tr>
<td></td>
<td>Develop regular contact and a helpful relationship with client</td>
<td>➢ Review chart to understand history</td>
<td>➢ Punishing substance use or mental illness symptoms</td>
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<td></td>
<td>Meet client where they are</td>
<td>➢ Complete Strengths Assessment</td>
<td>➢ Don’t start group work at this point</td>
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<td></td>
<td>Understand client’s world and goal</td>
<td>➢ If client allows begin Longitudinal Assessment</td>
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<tr>
<td></td>
<td>Acceptance and empathy</td>
<td>➢ Active and reflective listening</td>
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<tr>
<td></td>
<td>Offer honest hope</td>
<td>➢ Create openings to discuss substance abuse and mental illness</td>
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<td>➢ Ask permission to discuss substance abuse or mental health issues, respect any “no” or “don’t want to talk about it” responses</td>
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<td>Ask permission to discuss substance abuse or mental health issues, respect any “no” or “don’t want to talk about it” responses</td>
<td>➢ Create recognition that things could be different</td>
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**GOAL:** To establish a trusting working alliance with a mental health professional.

1. **Pre-engagement** The person does not have contact with case manager and meets criteria for substance abuse or dependence.

2. **Engagement** The client has only irregular contact with assigned case manager, and meets criteria for substance abuse or dependence.

* indicates tool in “Integrated Treatment for Dual Disorders” by Kim T. Mueser, Douglas L. Noordsy, Robert Drake & Lindy Fox

Handout Version: 06-10
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| 3. Early Persuasion The client has regular contact with case manager, continues to use the same amount of substances or has reduced substance use for less than 2 weeks, and meets criteria for substance abuse or dependence. | ➢ Ask permission to discuss substance use and illness symptoms  
➢ Education about illness and substances  
➢ Set goals  
➢ Build awareness of problems  
➢ Assist in envisioning life without substances  
➢ Develop motivation to change using motivational interviewing techniques  
➢ Family support  
➢ Peer support  
➢ Interventions can be individual and/or and group  
➢ Help establish meaningful activities (work, school, etc) in client’s life  
➢ Work collaboratively with client in reducing use and setting reduction goals | TASKS:  
➢ Increase knowledge of substance use and mental illness  
➢ Discuss the role of ambivalence in recovery from both illnesses  
➢ Encourage consumer to explore self-help groups  
➢ Offer IDDT groups (persuasion) | DO NOT:  
➢ Require abstinence  
➢ Offer too much treatment too early (jumping to the action phase at the first mention of changing use)  
➢ Ignore substance use and/or mental illness  
➢ Require inpatient substance abuse treatment |
| 4. Persuasion The client has regular contact with case manager, shows some evidence of reduction in use for the past 2-4 weeks (fewer substances, smaller quantities, or both), but still meets criteria for substance abuse or dependence. | ➢ | |

GOAL: To help the client explore how substance abuse and mental illness impact personal goals and values, as well as eliciting change talk about pursuing recovery.
### Dartmouth Dual Diagnosis Treatment Scale

#### 5. Early Active Treatment
The client is engaged in treatment and has reduced substance use for more than the past month, but still meets criteria for substance abuse or dependence.

#### 6. Late Active Treatment
The client is engaged in treatment and has not met criteria for substance abuse or dependence for the past 1-5 months.

**GOAL:** To help the client decrease or stop substance use and increase management of mental illness symptoms so that they are longer problems.

### Evidenced Based Interventions

- Integrated dual diagnosis interventions and counseling (individual and/or group)
- Medication treatment
- Skills training
- Community reinforcement: seek out work, school, church, clubs, volunteer opportunities
- Self-help groups
- Cognitive-behavioral therapy
- Begin relapse prevention work
- Offer a menu of treatment options
- Normalize relapse

### Stage-Wise Activities for Case Managers

**TASKS:**

- Join client for new “sober” activities
- Refer for Med eval. to see if meds can help with reduced or no usage, cravings
- Explore employment or education options
- Help family and friends support abstinence
- Help client share plans to stop using
- Learn/practice relaxation techniques
- Teach anger management skills
- Develop list of triggers for substance use and mental illness relapse
- Based on functional analysis, make a plan for each trigger
- Develop/practice a plan for coping with cravings, high-risk situations, boredom, celebrations, etc…
- Practice drink refusal skills

**TOOLS:**

- Problem-solving sheet*
- Recovery Mountain worksheet*
- Relapse Prevention Worksheets (SA & MI*)
- Complete a Contextual Analysis*

### Activities to Avoid base on Stages of Treatment

**DO NOT:**

- Punish or ignore a slip or relapse
- Express disappointment or judgment of a relapse or slip
- Premature discharge
- Overload consumer with goals/activities

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* indicates tool in “Integrated Treatment for Dual Disorders” by Kim T. Mueser, Douglas L. Noordsy, Robert Drake & Lindy Fox
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| 7. Relapse Prevention The client is engaged in treatment and has not met criteria for substance abuse or dependence for the past 6-12 months. | ➢ Relapse prevention planning for both diagnoses  
➢ Skills training  
➢ Self help groups  
➢ Expand recovery to other areas of life  
➢ Interventions can be both individual and group with an emphasis on graduated disengagement  
➢ Be ready to intensive services as needed  
➢ Emphasize Recovery as journey  
➢ Respond to slips or relapses proactively by revising relapse prevention plan, completing contextual analysis*, etc | ➢ Expand/reinforce sober lifestyle  
➢ Revise or update relapse prevention plan  
➢ Expand development of recovery in other areas of life (i.e. nutrition, exercise, work, relationships, living space, spirituality, living environment)  
➢ Self-help groups-find a sponsor  
➢ Normalize relapse | ➢ View relapse as a treatment or professional failure  
➢ Shame the individual for having a slip or relapse |
| 8. Remission or Recovery The client has not met criteria for substance abuse or dependence for more than the past year. | ➢ GOAL: To help the client expand recovery from both illnesses to other areas of life. | ➢ TASKS: | ➢ TOOLS: |
| | | ➢ Tasks: | ➢ Tools: |
| | | ➢ DO NOT: | ➢ Recovery Mountain worksheet*  
➢ Relapse Prevention Worksheets for SA and MI*  
➢ Dual Diagnosis WRAP plan | ➢ View relapse as a treatment or professional failure  
➢ Shame the individual for having a slip or relapse |

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Answer the following questions as honestly as you can...

Think of an unhealthy or risky behavior that you have engaged in. If you can think of more than one, please choose the one that has been most important for you and your well being. You may choose a behavior that has ceased a long time ago, or one that is still active. You do not need to name the particular behavior.

1. How much time has elapsed between the first time you engaged in this behavior and the first time you recognized some negative or risky aspects to the behavior?

2. How much time elapsed between the first time you recognized some negative or risky aspects to this behavior and the first time you actually modified the behavior?

3. How many times did you slip back to your old behaviors after making changes?
Staging Exercise
Using the information provided in the vignette, indicate the client’s Stage of Treatment.

Paula is a 29 year old woman who uses crack cocaine and experiences persecutory voices and paranoid ideation. She is frequently arrested for panhandling and aggressive behavior. She has been referred to services two times in the past ten months, but she lives with various acquaintances or on the street, so the assigned Case Managers have never been able to make contact with her. She has only ever met with crisis workers in the community, usually when the police call because of a disturbance.

Stage: ____________

Jim Bob is 42 year old man diagnosed as having bipolar disorder. He was referred to the services of the Mental Health Center four months ago due to a DUI. He had been stopped for reckless driving and tested with a BAC of .21; however, upon initially coming to services, he denied to his Case Manager that he’d ever had a problem with drinking. He now meets with his case manager every Tuesday, and he admits that he sometimes feels his drinking has interfered with his goal of being a good father. Jim Bob normally drinks on weekends, and for the past three weekends he has participated in sober activities with his family. This has cut down his intake of alcohol, though he still tends to get drunk on Saturday nights.

Stage: ____________

Wendy is a 49 year old woman diagnosed with schizoaffective disorder. She has a long history of using methamphetamine, and her two closest friends also use meth. She keeps in close contact with her IDDT Case Manager, whom she considers an important support. She indicates that she wants to stop using meth because she wants to “have a better life” (which includes keeping her mental health symptoms under control, finding a job involving kids or animals, and being able to afford a piano someday). Wendy’s friends are aware of her desire to stop using, and one friend is willing to engage in sober activities with her during the daytime. Wendy has not used meth in 9 weeks, though she states she’s often “bored” and tempted to use.

Stage: ____________
Staging Exercise (cont’d)
Using the information provided in the vignette, indicate the client’s Stage of Treatment.

Clem is a 35 year old man diagnosed with major depressive disorder. He has a history of using marijuana and crack cocaine. He recently completed a long-term goal that he’d been working on for two years: “Get my CNA certificate.” Clem initially had a hard time with this goal because he was using substances and had to drop out of the program four times. However, Clem’s IDDT Case Manager was a consistent source of support while Clem was working on his goals. Currently, Clem has not used any substances in 15 months, and this helped facilitate his goal. Clem is the Treasurer of the Dual Recovery Anonymous chapter at the local Consumer Run Organization, and he is considering returning to school to get his Associate’s degree in nursing.

Stage: ____________

John, a single young man who has been diagnosed in the past as suffering from schizophrenia, occasionally shows up at the mental health center and demands to see someone. He knows he has a case manager but can not remember his name. He last saw his case manager one month ago when he wanted to get fuel assistance. His contacts with staff are infrequent and he usually wants money, food or cigarettes. He smokes marijuana on a daily basis but does not speak with his case manager about it.

Stage: ____________

Fred has been a client of the mental health center for many years. He was a long time resident of the state hospital before coming to the mental health center. He drinks at least a quart of wine daily and is not taking his prescribed medication. He does meet weekly with his case manager and sometimes calls when in crisis. Fred states that using alcohol helps him forget his troubles; when asked about any downsides of drinking, he notes that his apartment manager “picks on me” for being loud or angry when drunk.

Stage: ____________

Crystal is a grandmother with years of polysubstance abuse. Her psychiatric symptoms are controlled with medication that she receives every other week from the mental health center nurse. She sees her case manager at least twice per month. A month ago, she went on a binge of drinking and smoked crack. She was out of control and was brought to the ER. She scared her daughter and two grandchildren. Since that incident, successfully managed to avoid crack use and is trying to cut down on her drinking. She wants to be able to still drink in a controlled manner but if this does not work then she states that she would have abstinence as a goal.

Stage: ____________
Action Plan Worksheet

1. What are my plans for using IDDT? Where do I want to be? What kind of timeline am I considering?

2. Why is this change important to me?

3. After this training, what change would I like to make in my practice?

4. What do I plan to accomplish with this change?

5. How do I plan to make this change? What strategies, tips, etc., do I plan to use? What strengths do I have that will help me?

6. What might prevent me from completing this plan? What plans do I have for these difficult times?

7. How can others in my life help me?

8. How will I monitor my progress?

9. How will I reward myself?

10. On a scale of 1 – 10-, how important is it to me to do this….On a 1-1- scale, how confident am I that I can accomplish my plans.