

Integrated Dual Diagnosis Treatment Stagewise Treatment Interventions and Activities

Dartmouth Dual Diagnosis Treatment Scale	Evidenced Based Interventions	Stage-Wise Activities for Case Managers	Activities to Avoid base on Stages of Treatment
<p>1. Pre-engagement The person does not have contact with case manager and meets criteria for substance abuse or dependence.</p> <p>2. Engagement The client has only irregular contact with assigned case manager, and meets criteria for substance abuse or dependence.</p> <p style="text-align: center;">GOAL: To establish a trusting working alliance with a mental health professional</p>	<ul style="list-style-type: none"> ➤ Assertive outreach ➤ Practical assistance ➤ Crisis interventions ➤ Build alliance ➤ Assessment ➤ Develop regular contact and a helpful relationship with client ➤ Meet client where they are ➤ Understand client’s world and goal ➤ Acceptance and empathy ➤ Active and reflective listening ➤ Offer honest hope ➤ Create openings to discuss substance abuse and mental illness ➤ Ask permission to discuss substance abuse or mental health issues, respect any “no” or “don’t want to talk about it” responses ➤ Create recognition that things could be different 	<p>TASKS:</p> <ul style="list-style-type: none"> ➤ Regular meetings with consumer in the community (at least weekly) ➤ Help consumer apply for benefits, obtain or improve housing, food, address legal needs ➤ Facilitate admission to hospital and/detox if needed ➤ Explore family relationships, engage them in treatment process if consumer desires ➤ Review chart to understand history <p>TOOLS:</p> <ul style="list-style-type: none"> ➤ Complete Strengths Assessment ➤ If client allows begin Longitudinal Assessment 	<p>DO NOT:</p> <ul style="list-style-type: none"> ➤ Require abstinence ➤ Start active-stage treatment ➤ Confront substance use or symptoms of mental illness ➤ Ignore substance use and/or mental illness ➤ Punishing substance use or mental illness symptoms ➤ Don’t start group work at this point

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

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<p>3. Early Persuasion The client has regular contact with case manager, continues to use <u>the same amount of substances or has reduced substance use for less than 2 weeks</u>, and meets criteria for substance abuse or dependence.</p> <p>4. Persuasion The client has regular contact with case manager, <u>shows some evidence of reduction in use for the past 2-4 weeks (fewer substances, smaller quantities, or both)</u>, but still meets criteria for substance abuse or dependence.</p> <p>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.</p>	<ul style="list-style-type: none"> ➤ 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 	<p>TASKS:</p> <ul style="list-style-type: none"> ➤ 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) <p>TOOLS:</p> <ul style="list-style-type: none"> ➤ Complete Longitudinal Assessment ➤ Time-line follow back calendar to assess past 7 mos use ➤ Develop a list of supportive friends and family and practice reaching out to them ➤ Complete/Update a Functional Assessment ➤ Complete a Payoff Matrix* ➤ Complete Pleasant Activities Worksheet 	<p>DO NOT:</p> <ul style="list-style-type: none"> ➤ 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

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<p>5. Early Active Treatment The client is engaged in treatment and has <u>reduced substance use for more than the past month</u>, but still meets criteria for substance abuse or dependence.</p> <p>6. Late Active Treatment The client is engaged in treatment and <u>has not met criteria for substance abuse or dependence for the past 1-5 months</u>.</p> <p>GOAL: To help the client decrease or stop substance use and increase management of mental illness symptoms so that they are longer problems.</p>	<ul style="list-style-type: none"> ➤ 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 	<p>TASKS:</p> <ul style="list-style-type: none"> ➤ 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 <p>TOOLS:</p> <ul style="list-style-type: none"> ➤ Problem-solving sheet* ➤ Recovery Mountain worksheet* ➤ Relapse Prevention Worksheets (SA & MI*) ➤ Complete a Contextual Analysis* 	<p>DO NOT:</p> <ul style="list-style-type: none"> ➤ 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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<p>7. Relapse Prevention The client is engaged in treatment and <u>has not met criteria for substance abuse or dependence for the past 6-12 months.</u></p> <p>8. Remission or Recovery The client <u>has not met criteria for substance abuse or dependence for more than the past year.</u></p> <p>GOAL: To help the client expand recovery from both illnesses to other areas of life.</p>	<ul style="list-style-type: none"> ➤ 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 	<p>TASKS:</p> <ul style="list-style-type: none"> ➤ 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 <p>TOOLS:</p> <ul style="list-style-type: none"> ➤ Recovery Mountain worksheet* ➤ Relapse Prevention Worksheets for SA and MI* ➤ Dual Diagnosis WRAP plan 	<p>DO NOT:</p> <ul style="list-style-type: none"> ➤ View relapse as a treatment or professional failure ➤ Shame the individual for having a slip or relapse

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