## 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>
</table>
| **1. Pre-engagement** The person does not have contact with case manager and meets criteria for substance abuse or dependence. | ➢ 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 | ➢ 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 | ➢ Require abstinence  
➢ Start active-stage treatment  
➢ Confront substance use or symptoms of mental illness  
➢ Ignore substance use and/or mental illness symptoms  
➢ Punishing substance use or mental illness symptoms  
➢ Don’t start group work at this point |
| **2. Engagement** The client has only irregular contact with assigned case manager, and meets criteria for substance abuse or dependence. | ➢ Complete Strengths Assessment  
➢ If client allows begin Longitudinal Assessment | ➢ | ➢ |
### Dartmouth Dual Diagnosis Treatment Scale

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<th>3. Early Persuasion</th>
<th>Evidenced Based Interventions</th>
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| 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 | ➢ 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) | ➢ 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 |

**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.

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<td>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.</td>
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</table>

**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)

**TOOLS:**
- 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

**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

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

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

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<tr>
<td>➢ Integrated dual diagnosis interventions and counseling (individual and/or group)</td>
<td>➢ Join client for new “sober” activities</td>
<td>➢ Punish or ignore a slip or relapse</td>
</tr>
<tr>
<td>➢ Medication treatment</td>
<td>➢ Refer for Med eval. to see if meds can help with reduced or no usage, cravings</td>
<td>➢ Express disappointment or judgment of a relapse or slip</td>
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<tr>
<td>➢ Skills training</td>
<td>➢ Explore employment or education options</td>
<td>➢ Premature discharge</td>
</tr>
<tr>
<td>➢ Community reinforcement: seek out work, school, church, clubs, volunteer opportunities</td>
<td>➢ Help family and friends support abstinence</td>
<td>➢ Overload consumer with goals/activities</td>
</tr>
<tr>
<td>➢ Self-help groups</td>
<td>➢ Help client share plans to stop using</td>
<td></td>
</tr>
<tr>
<td>➢ Cognitive-behavioral therapy</td>
<td>➢ Learn/practice relaxation techniques</td>
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<tr>
<td>➢ Begin relapse prevention work</td>
<td>➢ Teach anger management skills</td>
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<tr>
<td>➢ Offer a menu of treatment options</td>
<td>➢ Develop list of triggers for substance use and mental illness relapse</td>
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<tr>
<td>➢ Normalize relapse</td>
<td>➢ Based on functional analysis, make a plan for each trigger</td>
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<tr>
<td></td>
<td>➢ Develop/practice a plan for coping with cravings, high-risk situations, boredom, celebrations, etc…</td>
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<tr>
<td></td>
<td>➢ Practice drink refusal skills</td>
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**TOOLS:**
- Problem-solving sheet*
- Recovery Mountain worksheet*
- Relapse Prevention Worksheets (SA & MI*)
- Complete a Contextual Analysis*

#### 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.

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

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.

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<td>➢ Relapse prevention planning for both diagnoses</td>
<td>➢ Expand/reinforce sober lifestyle</td>
<td>➢ View relapse as a treatment or professional failure</td>
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<tr>
<td>➢ Skills training</td>
<td>➢ Revise or update relapse prevention plan</td>
<td>➢ Shame the individual for having a slip or relapse</td>
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<tr>
<td>➢ Self help groups</td>
<td>➢ Expand development of recovery in other areas of life (i.e. nutrition, exercise, work, relationships, living space, spirituality, living environment)</td>
<td>➢ Self-help groups-find a sponsor</td>
<td></td>
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<tr>
<td>➢ Expand recovery to other areas of life</td>
<td>➢ Self-help groups-find a sponsor</td>
<td>➢ Normalize relapse</td>
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<tr>
<td>➢ Interventions can be both individual and group with an emphasis on graduated disengagement</td>
<td>➢ Recovery Mountain worksheet*</td>
<td>➢ Relapse Prevention Worksheets for SA and MI*</td>
<td></td>
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<tr>
<td>➢ Be ready to intensive services as needed</td>
<td>➢ Dual Diagnosis WRAP plan</td>
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<tr>
<td>➢ Emphasize Recovery as journey</td>
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<tr>
<td>➢ Respond to slips or relapses proactively by revising relapse prevention plan, completing contextual analysis*, etc</td>
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