



The Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Ideas for Treatment Improvement

JULY 2003 • VOLUME 6 ISSUE 7

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Integrated Services for Dual Disorders - Part 1

Principles of Integrated Treatment

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*Unifying science,
education and
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*“Not everything that can be counted
counts, and not everything that
counts can be counted”*

Albert Einstein - (1879-1955)

Establishing an integrated treatment process for clients with dual disorders is the focus of this and the next two issues of the *Addiction Messenger*. Clients with mental disorders have an increased risk for AOD problems, and those with AOD disorders have an increased risk for psychiatric difficulties. Compared with clients who have either a mental or AOD issues, clients with dual disorders may have more severe and chronic medical, social, and emotional problems. These clients are vulnerable to both AOD relapse and a worsening of the mental condition. They often require longer treatment, have more crises, and may not progress as quickly as others. A client with a dual disorder will benefit from treatment that uses a team approach and is coordinated among AOD, mental health, social, and medical programs.

This article focuses on the principles of integrated treatment. Our source is a new book titled *“Integrated Treatment for Dual Disorders: A Guide to Effective Practice”* (Mueser, Noordsy, Drake and Fox 2003).

The next two issues will focus on treatment planning and counseling strategies.

Components of Integrated Treatment

Effective treatment for dual disorders is based on a core value of shared decision making. Key components of treatment include: integration of services, comprehensiveness, the reduction of negative consequences, a long-term perspective (time unlimited services), motivation-based services, and multiple psychotherapeutic modalities. These components constitute the core of effective treatment.

Integration

An integrated approach uses a team of clinicians to provide treatment for the client’s substance use and mental disorders at the same time. Team members might include addiction counselors, nurses, psychiatrists and case managers. Clinicians on the team are responsible for integrating services so interventions are selected, modified, combined, and tailored for the individual client’s needs. Integration begins with the client’s assessment, treatment planning, relapse prevention and crisis planning. This integrated process helps the whole team understand the interactions between the client’s substance use and mental disorders and leads to a more effective treatment plan.

Comprehensiveness

Clients with dual disorders typically have a wide range of needs. Mueser and his col-

leagues list seven services that form a comprehensive treatment program. These include: residential care, case management, supported employment, family psycho-education, social skills training, training in illness management, and pharmacological treatment.

Residential Care

Providing long-term residential treatment for clients with dual disorders will improve outcomes more than placement in a short-term program that does not provide housing. Residential treatment is usually recommended only for clients who have failed to benefit from community-based integrated treatment.

Case Management

Some integrated treatment programs have used the Assertive Community Treatment (ACT) model of case management. This model delivers services to clients with dual disorders in their own environment or community. ACT is also characterized by having low counselor to client ratios and services that are almost exclusively provided by the ACT team members 24-hours a day. Clients with dual disorders who require frequent hospitalization or have severe psychosocial impairment may benefit from ACT-level case management.

Supported Employment

Clients with dual disorders can develop more meaningful lives by being employed. Supported employment emphasizes helping clients obtain jobs in the community by minimizing pre-vocational assessment and training, emphasizing rapid job search based on the client’s preferences, and by providing follow-along supports to help clients maintain jobs or move on to other jobs.

Family Education

Family education in treatment programs is aimed at teaching the client

and family members basic information about dual disorders and the principles of treatment. Providing this education in your program can reduce stress and improve coping mechanisms for the family and enhance outcomes for the client.

Social Skills Training

Social skills training is an important strategy for these clients. Interpersonal skills are taught through role playing, modeling, and positive feedback. Positive social relationships can play an important role in helping the client achieve sobriety

Training in Illness Management

Agencies that provide training in illness management to their clients can use a variety of methods. Clients can benefit from education about mental illness and its management, the recognition of the early warning signs of relapse, the development of a relapse prevention plan, the importance of taking medication as prescribed, and the value of using coping strategies for persistent symptoms.

Pharmacological Treatment

It is crucial that clients with dual disorders have access to pharmacological treatment for their mental illness such as antipsychotic, antidepressant and mood-stabilizing medications. They may also benefit from trials of medications that decrease substance abuse.

Long-Term Perspective

Effective integrated treatment programs for dual disorders provide time-unlimited services. This approach recognizes that each individual will move through treatment at their own unique pace if they are given enough time and support. Adopting a healthier lifestyle and developing skills to manage their dual disorders requires major life changes for the client. This is a process that

can take months and years of development. Research suggests that clients participating in integrated programs improve gradually over time with 10-20% achieving remission of their substance use disorder each year.

Motivation-Based Treatment

Interventions with your client that are motivation-based, adapted to their motivation for change, will be the most effective. Mueser and colleagues describe four “Stages of Treatment” that overlap with the “Stages of Change” model (Conners, Donovan, & DiClemente, 2001; Prochaska, 1984). Table 1 shows the relationship between the models.

Stages of treatment	Stages of change
Engagement	Precontemplation
Persuasion	Contemplation
	Preparation
Active treatment	Action
Relapse prevention	Maintenance

Counseling and other treatment interventions can be tailored to client needs at each stage of care. The following tables list interventions appropriate to each of the four stages of treatment.

Engagement Stage Interventions

- Outreach
- Practical assistance (food, clothing,)
- Crisis intervention
- Support/assistance to social networks
- Stabilization–medication managing
- Help in avoiding legal penalties
- Help in arranging visits with family
- Family meetings
- Close monitoring

Persuasion Stage Interventions

- Individual/family education
- Motivational interviewing
- Peer groups

Social skills training
 Structured activity (supported employment, volunteering, etc.)
 Sampling constructive social and recreational activities
 Psychological preparation for lifestyle changes
 Safe housing
 Use of medications for disorders

Active Treatment Interventions

Family/individual problem solving
 Peer groups
 Social skills training
 Self-help groups
 Individual cognitive-behavioral counseling
 Substitution activities
 Pharmacological treatment to support abstinence
 Safe “dry” housing
 Psychoeducation
 Stress management/coping skills

Relapse Prevention Interventions

Expand involvement in employment
 Peer groups
 Self-help groups
 Social skills training
 Family problem solving
 Lifestyle improvements
 Independent housing
 Becoming role model for others

Multiple Therapeutic Modalities

There are several psychotherapeutic treatment modalities that are effective in improving outcomes. Individual, group and family approaches each have their own advantages.

Individual Counseling

There are two types of individual counseling that are effective with dual disorders: cognitive-behavioral and motivational interviewing. Cognitive-behavioral counseling involves using

learning-based interventions. Motivational interviewing is designed to help clients become aware of substance abuse issues and enhance their motivation to change.

Integrated Group Treatment

Group counseling is beneficial in providing support for the client. It also provides an opportunity for sharing experiences and learning coping strategies. There are several types of groups:

Educational Groups provide information related to self-management of the client’s illness.

Stage-Wise Groups focus on specific issues relevant to the client’s stage in treatment. Two common stage-wise treatment groups are persuasion and active treatment groups.

Social Skills Training Groups help clients build essential life skills and deal with social situations involving drugs and alcohol.

Self-Help Groups provide social contacts, support and a resource for long-term relapse prevention such as AA and Dual Recovery Anonymous.

Family Intervention

The inclusion of family members in counseling can increase access to family services for clients and their relatives. One effective model is behavioral family therapy (BFT) based on psychoeducation and problem-solving.

Multiple treatment modalities are often used simultaneously to maximize the client’s benefit from treatment. the selection of a treatment can be influenced by the client’s relationship with the therapist, degree of client’s comfort with peers, and the extent of involvement the client’s family has in their life.

By providing appropriate services based on the client’s readiness for change and their stage of care you

are likely to develop a more effective therapeutic relationship with the client. When the relationship between client and provider is solid, the client is much more likely to benefit from treatment activities. This type of care is typically marked by synergy and positive treatment outcomes.

The next issue will explore treatment planning strategies in integrated services for dual disorders.

Sources:

Mueser, KT, PhD., Noordsy, DL, MD., Drake, RE, MD, PhD, and Fox, L, MA. (2003) **Integrated Treatment for Dual Disorders: A Guide to Effective Practice.** New York, London: Guilford Press.

Connors, GJ, Donovan, DM, and DiClemente, CC (2001) **Substance Abuse Treatment and the Stages of Change.** New York, London: Guilford Press.

Prochaska, JO, and DiClemente, CC (1984) **The Transtheoretical Approach: Crossing the Traditional Boundaries of Therapy.** Homewood, IL: Dow-Jones/Irwin

Next Issue:

**Integrated Treatment: Part 2
 “Treatment Planning”**

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Please indicate your primary work setting. (check one)

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Return your pre-test by mail or FAX at (503) 373-7348

Northwest Frontier ATTC
3414 Cherry Ave. NE, Suite 150, Salem, OR 97303

Name _____

Pre-Test Series 11

Circle the correct answer for each question

#1

Substance use and mental health disorders should be treated:

- a. sequentially.
- b. simultaneously
- c. in parallel with each other
- d. "a" and "b"
- e. none of the above

#2

Assessment should be completed during the initial interview with the client.

True False

#3

The components of integrated treatment include:

- a. integration and comprehensiveness
- b. a long-term perspective and motivation-based
- c. a digital CD player
- d. multiple therapeutic modalities
- e. "a", "b", and "d".

#4

Using a Payoff Matrix is useful for:

- a. completing the Functional Assessment.
- b. checking the odds at the racetrack.
- c. organizing the Functional Analysis
- d. "a" and "b"
- e. All of the above

#5

Interventions that can be beneficial during the Persuasion stage include:

- a. Individual/family education and motivational interviewing
- b. Peer groups and social skills training
- c. Crisis intervention and medication stabilization
- d. "a" and "b"
- e. All of the above

#6 Treatment planning does not consider the client's motivation for change.

True False

#7

Which of the following statements are accurate?

- a. A selection of behavioral goals can be gained from the functional analysis
- b. The client's stage of treatment has relevance in selecting behavioral goals.
- c. The functional analysis occurs after the treatment plan has been established.
- d. "a" and "b"
- e. "b" and "c"

#8

The goal of case management in the engagement stage of treatment is to:

- a. make contact with family members
- b. have client complete necessary paperwork
- c. establish a relationship with the client that gives the manager access to the client on a regular basis
- d. none of the above

#9

In stage-wise case management the activities include:

- a. psychotherapeutic work
- b. advocacy and clinical coordination
- c. promoting rehabilitation and recovery
- d. "a" and "c"
- e. all of the above

#10

Case management matches the stages of treatment to ensure interventions are appropriate for the client's motivational state.

True False

Mail or FAX your completed test to NFATTC

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Series 1, 2, 3, 4, 5, 6, 7, 8, 9 or 10

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The Addiction Technology Transfer Center Network
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Ideas for Treatment Improvement

AUGUST 2003 • VOLUME 6 ISSUE 8

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Integrated Services for Dual Disorders - Part 2

Treatment Planning

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*Unifying science,
 education and
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*“The beginning is the most
 important part of the work”*

- Plato (427BC - 347 BC)

This issue continues to highlight ways we can improve services to clients with co-occurring substance use and mental disorders (COD). Our source is a new book *“Integrated Treatment for Dual Disorders: A Guide to Effective Practice”* (Mueser, Noordsy, Drake and Fox, 2003).

Assessment

Accurate assessment is crucial to effective treatment. You will need to continually assess clients with COD throughout the time you provide services. An integrated model organizes the initial assessment process into five steps: detection, classification, functional assessment, functional analysis, and treatment planning.

Detection

The goal of this first step of assessment is to identify clients that experience problems related to substance abuse. “Cast a wide net” to be overinclusive rather than underinclusive. Clinicians need to maintain a high “index of suspicion”. Clients that initially contact a mental

health organization should be assessed for substance abuse issues just as those contacting substance abuse treatment agencies should be evaluated for mental health concerns. An assessment instrument that can be used to screen persons with severe mental illness for substance use is the Dartmouth Assessment of Lifestyle Instrument (DALI).

Classification

The nature of substance abuse problems can be classified by determining if they meet the *Diagnostic and Statistical Manual for Mental Disorders* (DSM) criteria. In order to classify substance use disorders in clients with dual disorders a valuable tool is the Alcohol Use Scale-Revised (AUS-R) and the Drug Use Scale-Revised (DUS-R).

(The Dartmouth Assessment of Lifestyle Instrument, the Alcohol Use Scale-Revised, the Drug Use Scale-Revised, and the Substance Abuse Treatment Scale can all be found in the Appendix section of *“Integrated Treatment for Dual Disorders: A Guide to Effective Practice”*)

Functional Assessment

A key step is to conduct a functional assessment of the client’s mental and emotional adjustment and the role of substance use in his/her life. The goal is to obtain a comprehensive understanding of the client in several areas: psychiatric symptoms, physical health and safety, psychosocial functioning and substance use. Additional information for the func-

	Using Substances	Not Using Substances
Advantages	<ul style="list-style-type: none"> *Feeling good *Acceptance/friendship when using with peers *Decreased social anxiety *Feeling “normal” when using with others *Relief from depression and anxiety *Reduction/distraction from hallucinations *Help getting to sleep *Improved attention and concentration *Decreased medication side effects 	<ul style="list-style-type: none"> *Better relationships with significant others *Stable and independent housing *Improved control/stability of psychiatric illness *Financial stability and control over one’s money *Staying out of jail/prison *Minimizing exposure to infectious diseases *Reduced exposure to trauma *Improved ability to pursue goals/meet obligations *No physical dependence
Disadvantages	<ul style="list-style-type: none"> *Conflict with significant others *Housing instability and homelessness *Relapses and rehospitalizations *Financial/legal problems *Risk of infectious diseases/medical illnesses *Increased exposure to trauma *Inability to pursue goals/meet obligations *Physical dependence *Increased hallucinations or paranoia 	<ul style="list-style-type: none"> *Lack of positive feelings *Awkwardness/peer pressure from using friends *Social isolation from friends who use substances *Social anxiety *Feeling “abnormal” from stigma of mental illness *Persistent depression or anxiety *Distress due to hallucinations/paranoia *Poor attention and concentration *Craving or withdrawal symptoms

tional assessment can be: patterns of substance use, motives and consequences of use, and motivation or readiness to address problems. This information, along with the client’s strengths can be valuable information for developing an effective treatment plan.

Functional Analysis

The purpose of functional analysis is to synthesize information collected from the assessment. The analysis can clarify the role of substance use in the COD client’s life, and identify concerns that may contribute to ongoing substance use and be an obstacle to achieving sobriety and/or a risk of relapse.

Relevant information from the functional analysis can be organized into a Payoff Matrix. The Payoff Matrix assists in systematically identifying the benefits and adverse consequences of using and not using substances. It may be helpful to construct the Payoff Matrix in collaboration

with the client and family members. The chart above illustrates an example of what a completed Payoff Matrix might look like.

Treatment Planning

The last step in the assessment process is development of a treatment plan that reflects the issues identified in the previous steps. Treatment planning can be broken into 6 steps:

(1) *Evaluate pressing needs.* Attending to immediate needs can gain stability in the client’s life in conjunction with beginning to address substance use issues. Pressing needs are: housing, being in danger, lack of food/clothing, medical problems, psychotropic medications, illegal behavior, and legal difficulties.

(2) *Determine client’s motivation to address issues.* A tool for assessing motivation is the Substance Abuse Treatment Scale-Revised (SATS-R). It can be

beneficial to the whole treatment team to review the ratings on the SATS-R

(3) *Selecting desired behavioral goals.* Consider the client’s stage of treatment and the functional analysis when determining short-term goals. Goals should be appropriate to the client’s stage of treatment. The functional analysis, as illustrated in the Payoff Matrix, can be used to target factors that maintain substance use or that could contribute to relapse.

(4) *Interventions for achieving goals.* After selecting behavioral goals you will need to identify interventions that are most appropriate. Some intervention strategies may need to be stage specific while others may not.

(5) *Measuring effects of interventions.* Choose outcomes that are measurable and easy to monitor. They should be objective, observable, and clearly related to the goal.

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(6) *Select follow-up times to review treatment plan.* To maximize treatment success you should review the treatment plan periodically and modify it when necessary. It is recommended that the treatment team review the plan and functional analysis for possible modifications at least every six months.

Effective long-range treatment plans should be developed in collaboration with the client and tailored to the client's motivation to address key issues and potential obstacles to achieving goals.

The Primary-Secondary Distinction

Rather than attempting to distinguish which disorder is "primary" or "secondary" for the client with COD it is beneficial to view both disorders as primary and treat them simultaneously in an integrated fashion. Without an approach that deals with the whole life picture, the client is either left "ping-ponging" between two systems (the sequential approach) or involved with both the addiction and mental health systems simultaneously in different settings (the parallel approach). The coordination of services for the client can be variable and key issues might

not being addressed in either setting. The integrated treatment model combines elements of both systems into a unified and comprehensive treatment approach.

Cognitive, Psychotic, and Mood-Related Distortions

Severe mental illnesses affect how people think and their emotional state. Cognitive impairments (e.g., poor attention and memory problems), hallucinations or delusions, and problems with mood (e.g., depression or mania) can compromise the validity of the client's report. A client's mental impairments may make it difficult for them to provide completely accurate and valid reports about their substance use. You may want to consult other sources of information such as family members.

Consequences of Substance Use

Common consequences of substance use in persons with mental illness include:

Relapse and rehospitalization
Financial problems

Family conflict
Housing instability and homelessness
Noncompliance with medication and psychosocial treatment
Violence
Victimization
Suicide
Legal problems and incarceration
Trading sex for drugs or money
Health problems
Health risk behaviors for infectious diseases

Source:

Mueser, KT, PhD., Noordsy, DL, MD., Drake, RE, MD, PhD, and Fox, L, MA. (2003) **Integrated Treatment for Dual Disorders: A Guide to Effective Practice.** New York, London: Guilford Press.

Next Issue:

"Counseling Strategies"

NFATTC NEWS

Northwest Frontier Addiction Technology Transfer Center

FALL 2003

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Special Issue of the Addiction Messenger

A special issue of the Addiction Messenger (AM) will be distributed in the Fall. It will include a summary of ideas and treatment tips presented at the "Co-Occurring Disorders: Implementing Evidence-Based Practices" conference that was sponsored by SAMHSA Center for Substance Abuse Treatment, Northwest Frontier ATTC and the Oregon Practice Improvement Collaborative. The May 6-7, 2003 conference included tracks on Women, Adolescents and Native Americans.

Workforce Survey Brochures

This month NFATTC will begin distributing a six-page brochure that reports the regional findings of the 2002 Workforce Survey, "Advancing the Current State of Addiction Treatment: A Regional Needs Assessment of Substance Abuse Treatment Professionals in the Pacific Northwest and Hawai'i". In addition to the regional findings a four-page brochure is available that details specific data for each of the five NFATTC states. Copies will be sent to all treatment providers in the region. They can also be downloaded from our website: www.nfattc.org

Clinical Supervision

Clinical Supervision courses continue to be taught across the region. Training dates scheduled at present are: August 20-22 in Tualatin, OR and November 17-19 in Kelso, WA. Watch for registration mailings for future trainings or contact the NFATTC for information on when a Clinical Supervision training will be presented in your area.

New Staff Coming Soon!

Through a contract with the Alcohol and Drug Abuse Institute at the University of Washington we will soon have a Technology Transfer Specialist located in Seattle to serve both Washington and Alaska. This position will coordinate NFATTC projects and provide better linkage with DASA, treatment providers, educators, researchers, DOH and the Washington Node of the NIDA Clinical Trials Network. We are excited to have

ADAI as a partner and look forward to a productive collaboration.

At our regional headquarters in Salem, Wendy Hausotter will be joining us as a Project Manager. Wendy is a public health educator with a special interest in the prevention and treatment of substance use disorders and problem gambling. She will be involved in our information dissemination, curriculum development, and continuing education projects. Wendy is going to be a terrific addition to our staff and you will be hearing more from her in the near future.

Products in Development

We have several new products in the works that we think you will find interesting:

1. The twelve 2002 issues of the *Addiction Messenger* (Vol. 5) are being collated into a single volume. Continuing Education credits are still available for reading a series of three issues, answering pre-post test questions, and documenting your reactions.
2. Developing Resources for *Treating Opiate Dependence in Rural Communities* is a summary report of the Oregon Health & Science University project to introduce the use of Buprenorphine for communities interested in integrating primary care medicine and addiction treatment. The report includes tips on building community partnerships and a model set of practice guidelines for the delivery of treatment that includes collaboration between local physicians, treatment providers and pharmacists.
3. *Entry-Level Addiction Counselor Scope of Practice* is the product of collaboration among addiction treatment and education professionals. The document is based on the Addiction Counseling Competencies and presents a description of what graduates of two-year addiction counselor education and internship programs are prepared to do when entering the addiction treatment workforce. The abilities and limitations of new professionals are described and should help establish clearer performance expectations among educators, treatment agencies and new professionals.



The Addiction Technology Transfer Center Network
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ADDICTION Messages

Ideas for Treatment Improvement

SEPTEMBER 2003 • VOLUME 6 ISSUE 9

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Integrated Services for Dual Disorders – Part 3

Counseling Strategies

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“Our plans miscarry because they have no aim. When a man does not know what harbor he is making for, no wind is the right wind”

~ Seneca

Implementing appropriate integrated treatment strategies is the focus of this final issue of the “Integrated Services for Dual Disorders” series. Three approaches: Stage-Wise Case Management, Motivational Interviewing, and Cognitive-Behavioral Counseling are discussed in a new book titled *“Integrated Treatment for Dual Disorders: A Guide to Effective Practice”* (Mueser, Noordsy, Drake and Fox, 2003) and used as a resource for this issue. Each approach is designed for clients with dual disorders.

Stage-Wise Case Management

The Stage-Wise Case Management approach focuses on three components: psychotherapeutic work, advocacy and clinical coordination, and promoting rehabilitation and recovery. Each activity involves specific client goals based on which stage of dual disorder treatment your client is in (engagement, persuasion, active treatment, or relapse prevention).

Psychotherapeutic Work

Psychotherapeutic work includes developing a working alliance with the client,

individual counseling, psychoeducation about dual disorders and family work. Strategies which may benefit your client include:

- *Reviewing educational handouts on different topics
- *Asking questions to assess your client’s understanding of information
- *Prompting your client to explore information that may be pertinent to them
- *Adopting your client’s language usage to ensure good communication and avoid misunderstandings
- *Assigning homework on relevant topics
- *Identifying your client’s gaps in knowledge and desire for further information
- *Asking questions about previously covered topics

Advocacy and Clinical Coordination

Advocating for your client is important because cognitive impairments and psychiatric symptoms often leave clients unable to effectively advocate for themselves. Clinical coordination is required because dual disorder clients have multiple needs and must interact with a number of treatment providers. Activities in this approach include: promotion of follow-through, providing practical help and benefits, coordinating medication treatment, close monitoring and legal constraints (if needed), and responding to crises. While the book explores these

areas more fully, below we provide an example of one issue - strategies for clients having difficulty adhering to a medication schedule:

- *Simplifying their medication regimen
- *Reducing the number of times per day they take medications
- *Reviewing benefits of taking medications and how this may help them achieve their personal goals
- *Dispelling inaccurate beliefs about their medications
- *Reviewing options for reducing medication side effects
- *Evaluating their degree of support from significant others for taking medications
- *Helping the client incorporate taking medications into their daily routine

Promoting Rehabilitation and Recovery

Finally, Stage-Wise Case Management involves assisting clients towards rehabilitation and recovery. This stage focuses on improving overall psychosocial functioning, increasing self-esteem, and developing the client's belief that they are capable of making positive changes. Three useful activities in this stage are: increasing structured activities, developing social skills and lifestyle changes, and facilitating recovery. The following strategies may benefit your client in this stage of active treatment:

- *Identifying activities to fill the void left by reduced substance use
- *Identifying options for recreation
- *Promoting lifestyle changes that are incompatible with substance use (e.g., exercise)

*Facilitating the development of new social outlets

*Keeping recovery goals alive by providing encouragement and focusing on the client's strengths

*Celebrating small successes as steps toward recovery

Motivational Interviewing

Motivational Interviewing helps clients understand the impact of substance abuse on their lives, deal with ambivalence regarding making changes, and increase their motivation to address problems. Mueser et al (2003) identifies five steps in using motivational interviewing with dual disorder clients: expressing empathy, establishing personal goals, developing discrepancy, rolling with resistance, and supporting self-efficacy. Three of the steps are highlighted below.

Establishing Personal

Goals

Clients with personal goals that are genuinely meaningful to them may be more willing to work towards those goals. You can help this process by:

- *Talking with your client about their aspirations, desires for how things could be different, and their fantasies about how things should be
- *Building a picture of what your client was like in the past, such as exploring the activities they prefer, people they admire, and their personal ambitions
- *Don't discourage your client from expressing ambitious goals

Rolling with Resistance

This step is about helping your client overcome resistance to making changes. It is important

to acknowledge your client's resistance without using direct confrontation:

- *Don't overpathologize the resistance – it is normal
- *Instead of opposing their resistance, help them explore it
- *Identify and problem-solve your client's concerns
- *Express the disadvantages of change to get your client to "own" the positive side of change
- *Use reflective listening and/or amplified reflection

Supporting Self-Efficacy

The goal here is to foster hope in your client that they can make the changes they desire:

- *Express optimism that change is possible
- *Explore your client's achievements in other areas
- *Reframe past "failures" as examples of their personal strengths in coping with such difficulties as: homelessness, suicidality, persistent psychotic symptoms, or incarceration
- *Use reflective listening
- *Acknowledge frustrations from the past, but remain positive about the client's prospects for change.

Cognitive-Behavioral Counseling

Cognitive-behavioral counseling is based on the principles of learning. Clients are taught new effective skills for improving their health; self-regulation; stress management; behavior in social situations; and ability to minimize unpleasant thoughts and feelings. They learn how to systematically identify and modify the antecedents and consequences of problematic thoughts, feelings and be-

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haviors. This approach helps clients manage problems and achieve goals rather than fostering insight into the nature of their problems.

Many of the skills employed in cognitive-behavioral counseling overlap with motivational interviewing. Cognitive-behavioral substance abuse counseling is most useful in the later stages of Stage-Wise Case Management (active treatment and relapse prevention). In the active treatment stage, cognitive-behavioral counseling focuses on helping the client develop a behavioral action plan based on their knowledge of the antecedents and consequences of their substance use. In the relapse prevention stage, the behavioral action plan is modified as needed. The focus is on helping the client develop the skills they need to pursue recovery goals, decrease reliance on treatment, and increase self-sufficiency.

Below are some cognitive-behavioral strategies that address common problems in dual disorder clients working towards recovery.

Anxiety

*Behavioral relaxation techniques

(e.g., breathing retraining, yoga)

*Gradual exposure to feared thoughts/situations

*Medication adjustments

*Adequate treatment for mental illness

*Cognitive restructuring

*Cognitive-behavioral therapy for social anxiety

Depression

*Medication adjustment

*Schedule pleasant activities

*Cognitive-behavioral therapy for depression

*Self-help books on depression

*Family/couples therapy to address relationship issues

Poor Social Skills

*Social skills training

*Social network development

Limited Social Network

*Join a YMCA, health club, or hobby-based group

*Attend social clubs, church functions or self-help groups

*Obtain employment

*Become involved in a consumer advocacy organization

Boredom

*Obtain a job or volunteer

*Start a hobby

*Exercise daily

*Take a class

*Establish a daily schedule

*Learn use of computers and the Internet

Hallucinations

*Medication adjustment

*Coping strategies (distraction, relaxation, self-talk)

*Cognitive-behavioral therapy for psychosis

Source:

Mueser, KT, PhD., Noordsy, DL, MD., Drake, RE, MD, PhD, and Fox, L, MA. (2003) **Integrated Treatment for Dual Disorders: A Guide to Effective Practice.** New York, London: Guilford Press.

Next Issue:

“Infectious Diseases”

Name _____

Post-Test

Series 11

Circle the correct answer for each question

Circle the correct answer for each question

#1

Substance use and mental health disorders should be treated:

- a. sequentially.
- b. simultaneously
- c. in parallel with each other
- d. "a" and "b"
- e. none of the above

#2

Assessment should be completed during the initial interview with the client.

True False

#3

The components of integrated treatment include:

- a. integration and comprehensiveness
- b. a long-term perspective and motivation-based
- c. a digital CD player
- d. multiple therapeutic modalities
- e. "a", "b", and "d".

#4

Using a Payoff Matrix is useful for:

- a. completing the Functional Assessment.
- b. checking the odds at the racetrack.
- c. organizing the Functional Analysis
- d. "a" and "b"
- e. All of the above

#5

Interventions that can be beneficial during the Persuasion stage include:

- a. Individual/family education and motivational interviewing
- b. Peer groups and social skills training
- c. Crisis intervention and medication stabilization
- d. "a" and "b"
- e. All of the above

#6

Treatment planning does not consider the client's motivation for change.

True False

#7

Which of the following statements are accurate?

- a. A selection of behavioral goals can be gained from the functional analysis
- b. The client's stage of treatment has relevance in selecting behavioral goals.
- c. The functional analysis occurs after the treatment plan has been established.
- d. "a" and "b"
- e. "b" and "c"

#8

The goal of case management in the engagement stage of treatment is to:

- a. make contact with family members
- b. have client complete necessary paperwork
- c. establish a relationship with the client that gives the manager access to the client on a regular basis
- d. none of the above

#9

In stage-wise case management the activities include:

- a. psychotherapeutic work
- b. advocacy and clinical coordination
- c. promoting rehabilitation and recovery
- d. "a" and "c"
- e. all of the above

#10

Case management matches the stages of treatment to ensure interventions are appropriate for the client's motivational state.

True False

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