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



Northwest, Northeast & Caribbean, and Great Lakes ATTC presents:
Integration Series: Treatment Planning, Service Provision & Continuity of Care

Thank you for joining us!
The webinar will begin shortly.

- **Got questions?** Type them into the chat box at any time and they will be answered at the end of the presentation.
- Slides and an ADA-compliant recording of this presentation will be made available on our website at: <http://attcnetwork.org/northwest>

SAMHSA
Substance Abuse and Mental Health
Services Administration



Great Lakes (HHS Region 5)

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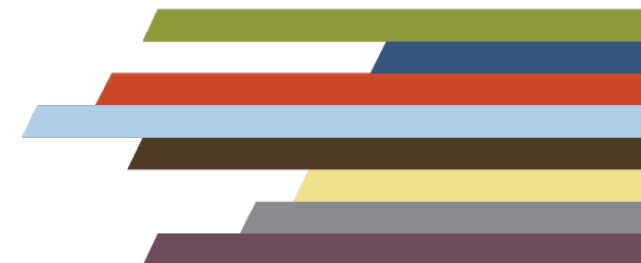
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Northeast & Caribbean (HHS Region 2)

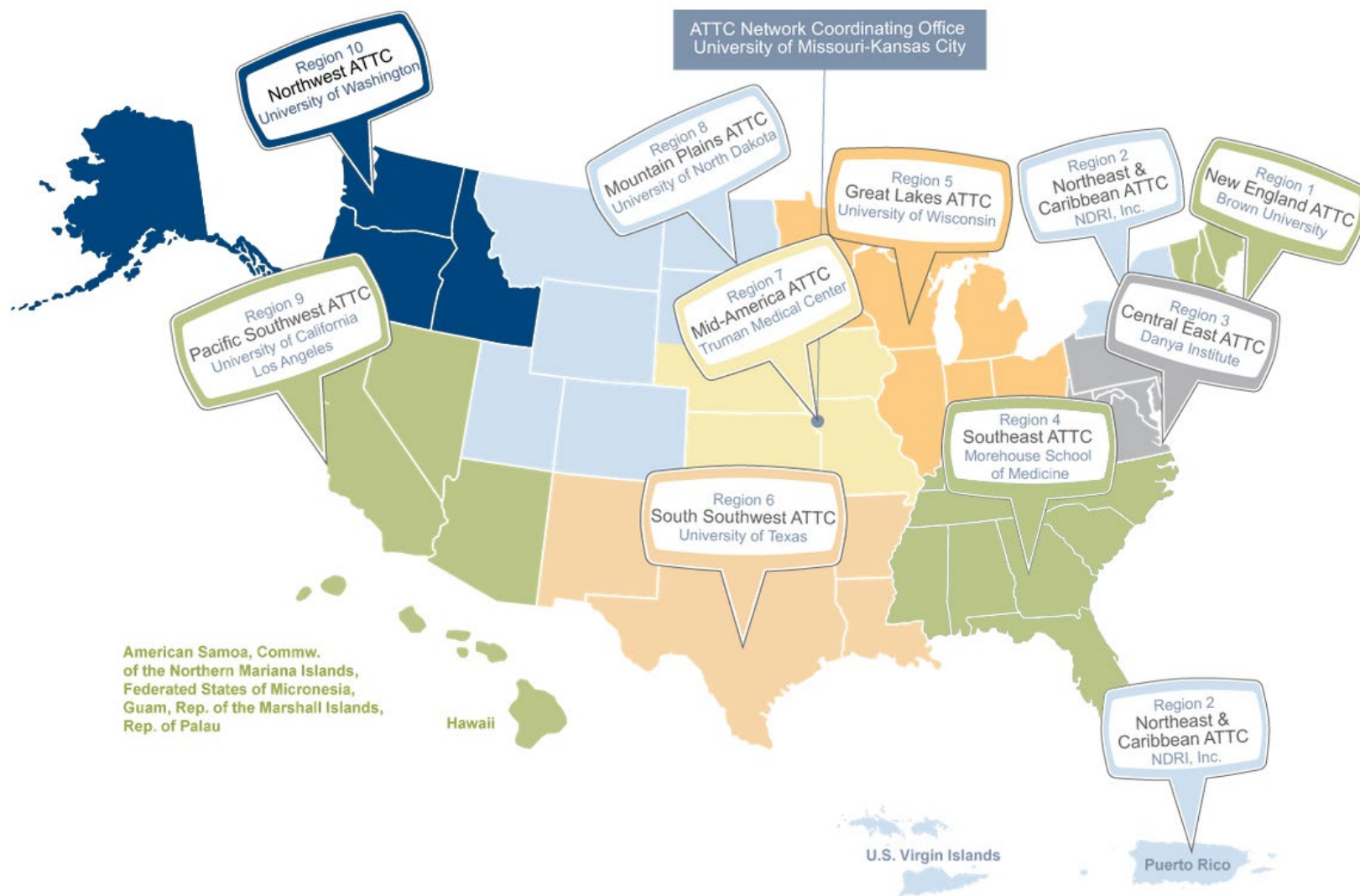
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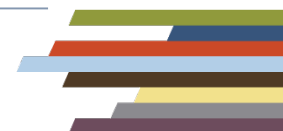
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Certificates

Certificates of Attendance are available for live viewers!



Viewing Groups:

Please send each individual's **name** and **email address** to northwest@attcnetwork.org within 1 business day.

Your certificate will be emailed within a week to the address you registered with.



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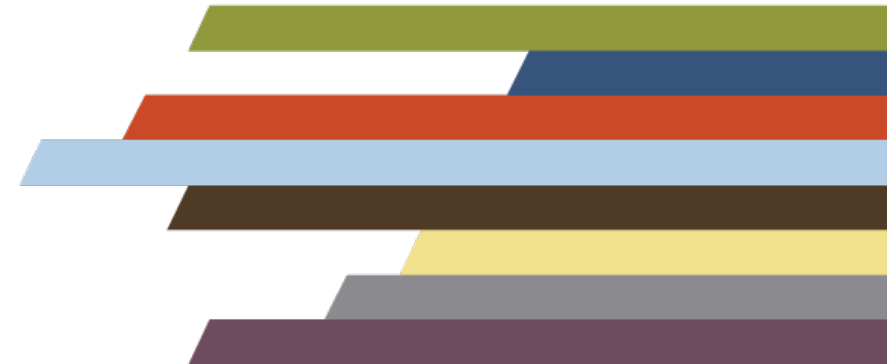
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Integration Webinar Series

Part V: Treatment Planning, Service Provision, and Continuity of Care

Presented by:

Denna Vandersloot, M.Ed, Northwest ATTC, University of Washington
Michael Chaple, Ph.D. Northeast & Caribbean ATTC, Columbia University



Welcome: Webinar Presenters



Matthew Fox, LMSW, CAADC
Program Supervisor Integrated
Services of Kalamazoo in
Kalamazoo Michigan



Denna Vandersloot, M.Ed.
Northwest ATTC, Co-director

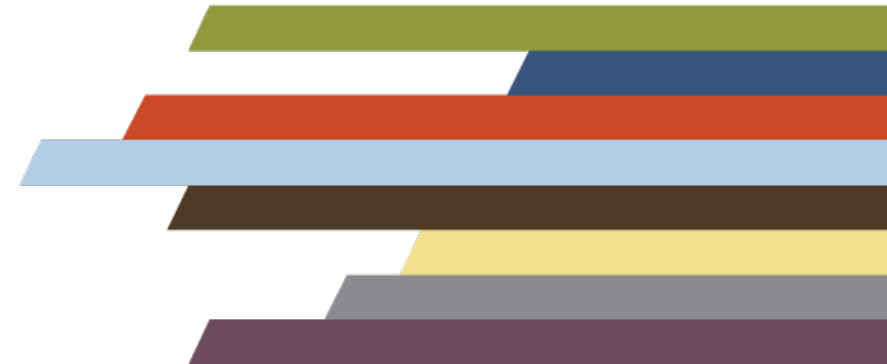


Michael Chaple, PhD
Northeast & Caribbean ATTC
Director



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DDCAT Overview (“Reminder”)

Domain	Description
Program Structure	Certification, licensure, coordination and collaboration with other providers
Program Milieu	Extent to which programs/staff expect and welcome clients with dual diagnosis
Assessment	Screening and assessment procedures for dual diagnosis
Treatment	Treatment planning and services delivery for clients with dual diagnosis
Continuity of Care	Assesses discharge planning for clients with dual diagnosis
Staffing	Availability of licensed staff to provide dual diagnosis services
Training	Amount of training staff receives in dual diagnosis

Today's
Focus!!!



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Today's "Agenda"

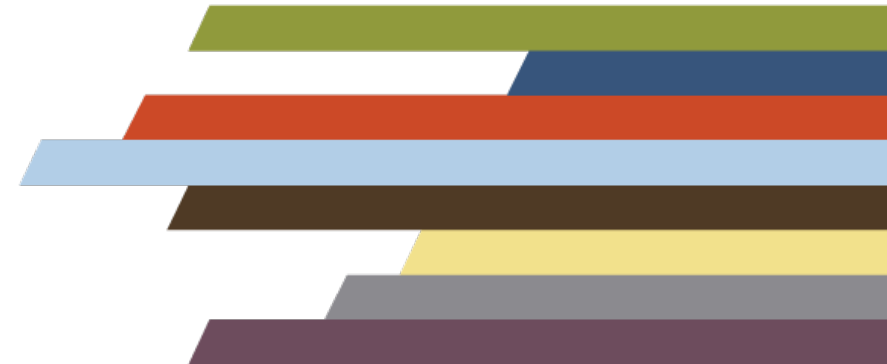
This webinar will incorporate the following elements throughout:

- (1) Brief overview of DDCAT/DDCMHT constructs that address opportunities for enhancing aspects of treatment planning, service provision, and continuity of care.
- (2) Brief review of recommended strategies for enhancing capability;
- (3) "Interview" with a provider illustrating implementation of "in-service" strategies;
- (4) Ask the Experts and Innovators: Q&A Session for participants



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Goal

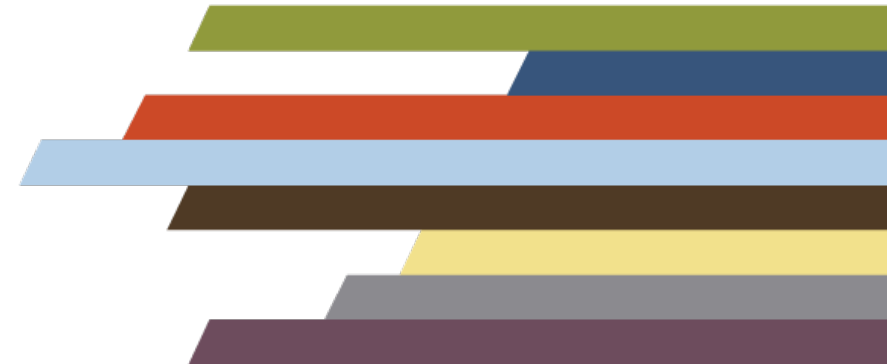
This webinar will explore a variety of strategies for enhancing:

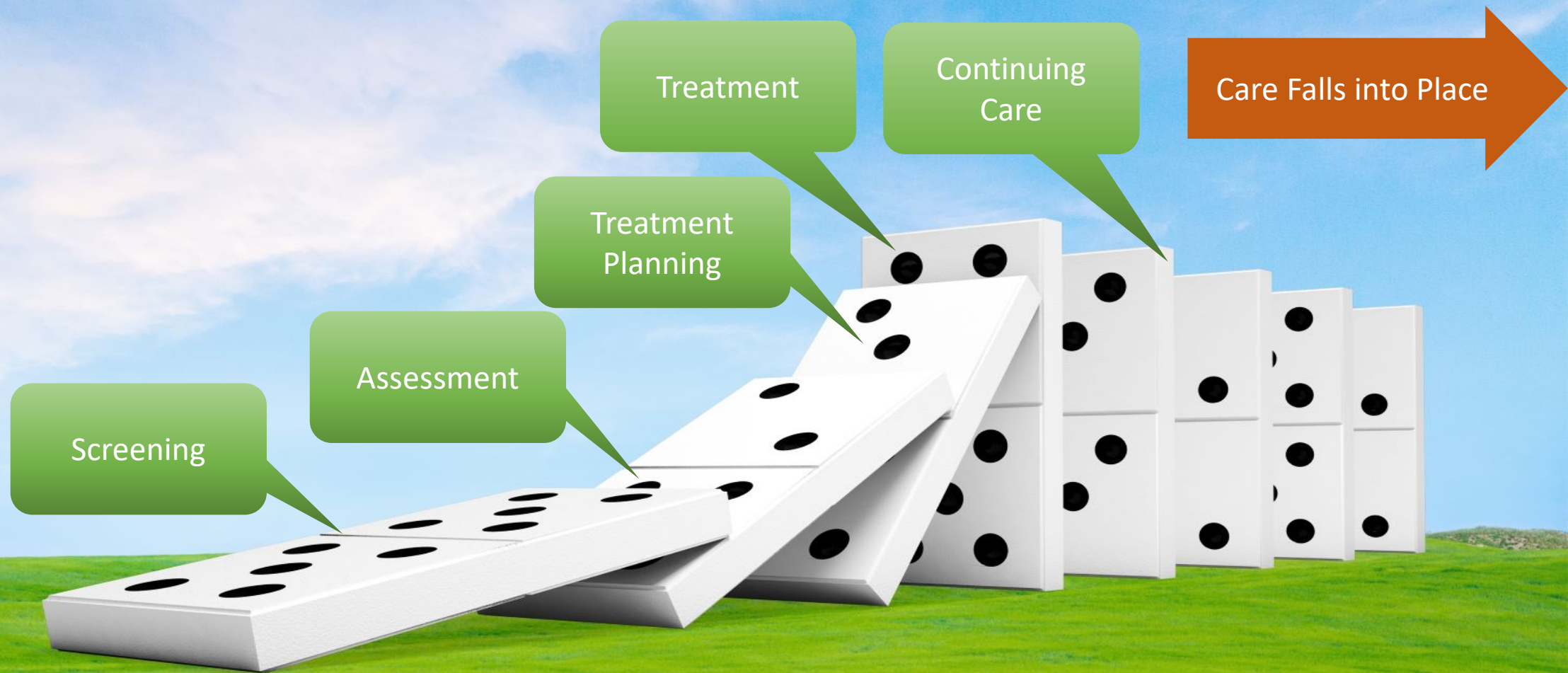
- (1) Treatment planning to ensure that both disorders are addressed
- (2) Assessing and monitoring the course of (and interaction between) both disorders
- (3) Procedures for emergencies and crisis management
- (4) Procedures for medication evaluation, management, monitoring and compliance
- (5) Stage-wise treatment
- (6) Psychoeducation
- (7) Specialized treatment services (evidence-based practices)
- (8) Family education and support
- (9) Peer support



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Participant Poll

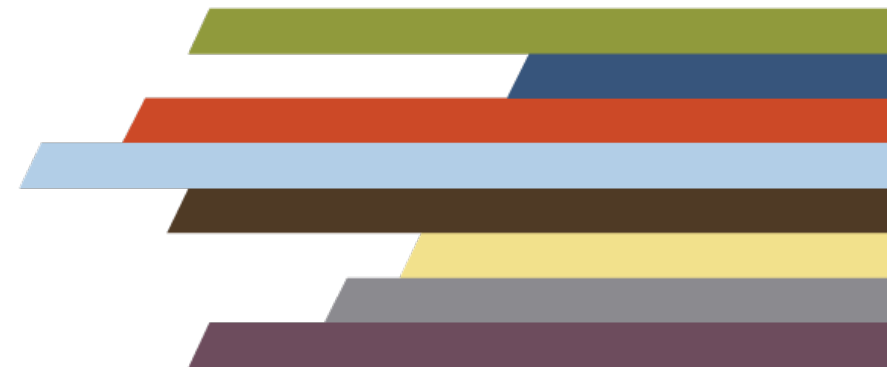
Let's do a quick poll to see how your programs have implemented the following key components of integrated treatment. Please select all items that apply to the program you are working in, if you are working in direct services.

- Our treatment plans routinely reflect goals for both disorders.
- Clinician progress notes routinely reflect a focus on both disorders.
- Our program can offer either psychoeducation or specialized treatment interventions (EBPs) that address both disorders.



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Treatment Planning

Goal: Should indicate that both the mental health and the substance use disorder will be addressed throughout the course of treatment

☐ Formally documented as part of the treatment plan and progress notes

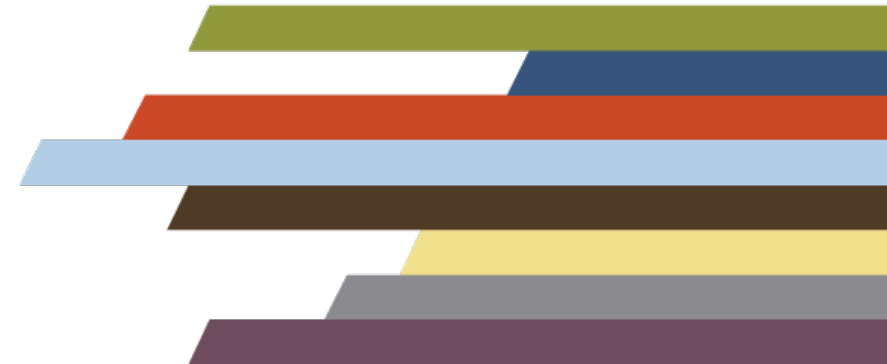
Best Practices / Strategies for Enhancement:

- ☐ Focus on COD should be routine (not variable) across clinicians
- ☐ Focus on both disorders should be equivalent to the extent possible
- ☐ Specific goals and objectives should be established for both disorders
- ☐ Specific interventions should be prescribed for both disorders (including both psychosocial and pharmacological treatments)



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Explore Beyond Behavioral Health

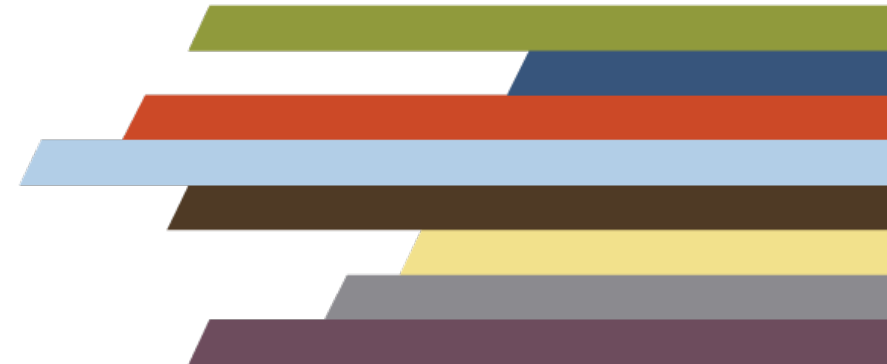
Goal: Build treatment goals around all aspects of the client's life that could facilitate or impede treatment engagement, retention, and longer-term outcomes:

- ☐ Presenting problem
- ☐ Family composition and background (including living arrangements)
- ☐ Employment and vocational skills
- ☐ Religious/spiritual involvement
- ☐ Physical functioning, health conditions, and medical background
- ☐ Social, community and recreational activities
- ☐ Current legal concerns and history of justice involvement
- ☐ Other environmental and psychosocial factors (gender or sexual identity, disabilities, immigration status, etc.)
- ☐ Client strengths, capacities, and resources



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Assess and Monitor Course of Both Disorders

Goal: In the treatment of persons with COD, the continued monitoring of both disorders (including the interaction between) is necessary.

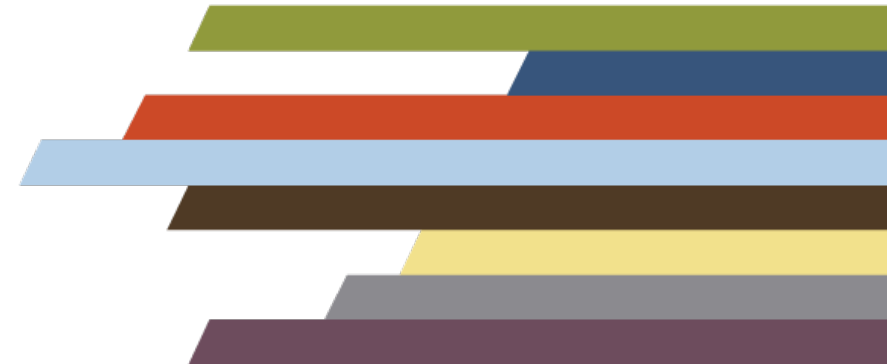
Best Practices / Strategies for Enhancement:

- ☐ Refers primarily to documentation of such in progress notes
- ☐ Documentation in progress notes should not be variable across clinicians
- ☐ Documentation in progress notes should be equivalent to the extent possible
- ☐ Documentation should address the interactive nature of both disorders



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Procedures for Crisis Management

Goal (MH): To put in place specific clinical guidelines to manage mental health crises and emergencies, according to documented protocols

Goal (SUD): To put in place specific clinical guidelines to manage substance-related emergencies (relapse, withdrawal, etc.), according to documented protocols

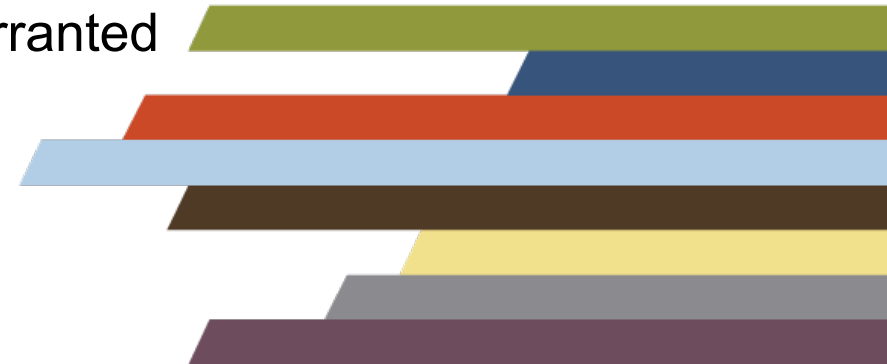
Best Practices / Strategies for Enhancement:

- ☐ Unwritten procedures/rules are subject to misinterpretation, verbally conveyed guidelines are better than nothing, but written/documented guidelines are ideal
- ☐ Should include standard procedures for assessing risk in the moment
- ☐ Should prescribe options for intervention based on results of the assessment
- ☐ Staff able to demonstrate the ability to routinely follow the guidelines
- ☐ Ability to maintain client in program unless commitment is warranted



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Procedures for Medication Monitoring

Goal: Capacity to prescribe and monitor medications – psychotropic for MH disorders and FDA approved pharmacology for SUDs

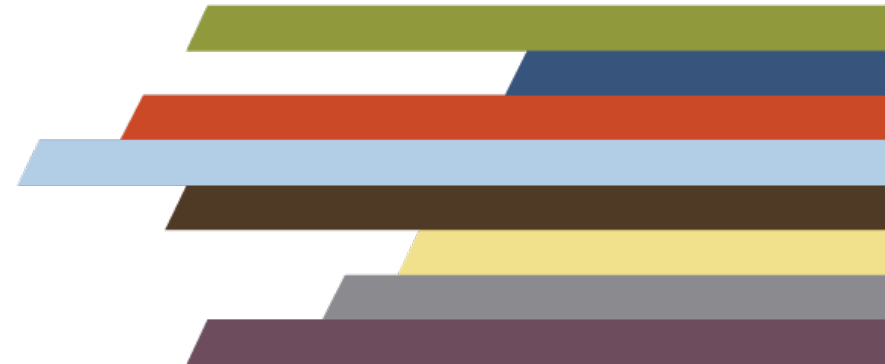
Best Practices / Strategies for Enhancement:

- ☐ Capacity to evaluate medication needs
- ☐ Capacity to accept and monitor clients on (most) medication
- ☐ Capacity to prescribe (facilitate access to) medication when needed
- ☐ Documented plan for managing medication regimen (including adherence)
- ☐ Ability to respond in-house to difficulties with medication compliance



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In Mental Health Settings, this also means...

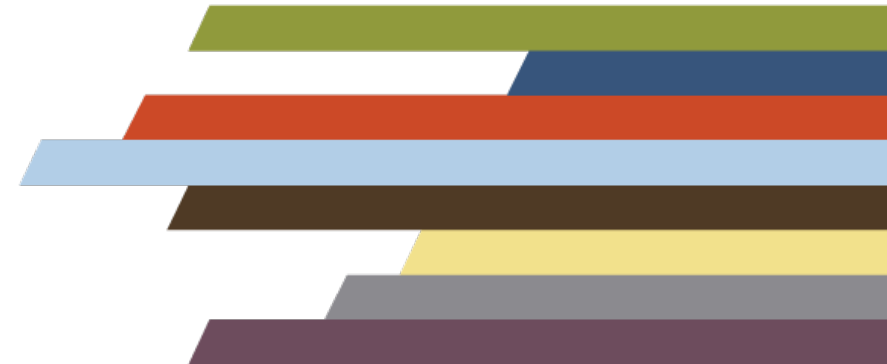
Documented policies and procedures regarding the use of medications for substance use disorders, including specific attention to:

- ❑ medications to treat intoxication states, decrease/eliminate withdrawal symptoms, decrease reinforcing effects of abused substances, promote abstinence, & prevent relapse.
- ❑ policies about the use of benzodiazepines and other potentially addictive medications



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Provider “Interview”: Treatment Planning

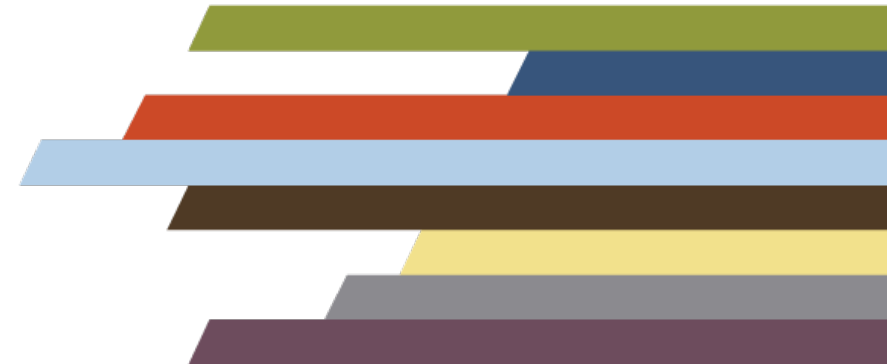
Provider review of “in-service” strategies to:

- Ensure an adequate emphasis on both disorders in treatment planning
- Ensure ongoing focus on both disorders in progress notes
- Facilitate ongoing medication monitoring



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Stage Matched Treatment

Goal: Ongoing assessment of readiness to change contributes to the determination of services which appropriately fit that stage in terms of treatment content, intensity of service, and use of outside agencies

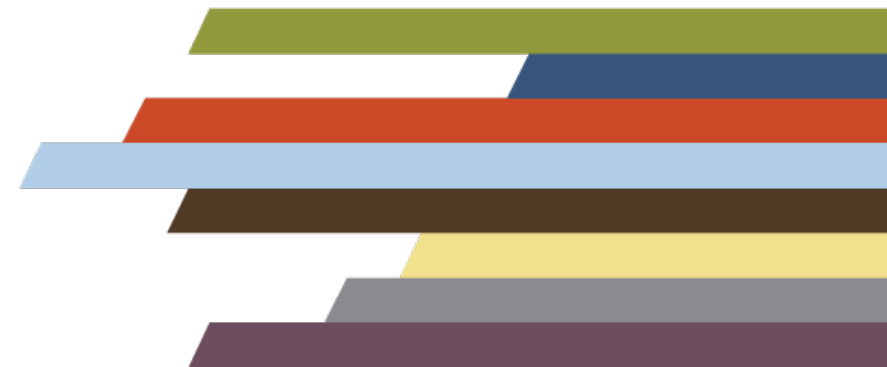
Best Practices / Strategies for Enhancement:

- ☐ Assess for treatment readiness in the initial assessment (and routinely beyond)
- ☐ Document treatment readiness in the treatment plan
- ☐ Identify stage-wise treatments (can be loosely structured)
- ☐ Match client stage to available services when possible



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Stage Matched Treatment

Pre-Contemplation	Contemplation Preparation	Action	Maintenance
Engagement	Persuasion Stabilization	Active Treatment	Continuing Care Relapse Prevention
<ul style="list-style-type: none">• Build a therapeutic alliance• Raise awareness• Develop Discrepancy• Motivational Interviewing• Explore other's concerns	<ul style="list-style-type: none">• Elicit change talk• Explore goals and values• Patient education• Self-reevaluation• Establish goals for change• Normalize ambivalence	<ul style="list-style-type: none">• Counter-conditioning• CBT• Support client's action steps• Develop problem solving skills and life-skills• Seeking Safety/TREM• Integrated Case Management• DBT-S• Medication	<ul style="list-style-type: none">• Relapse prevention planning• Community reinforcement & support• Mutual support groups• Recovery monitoring• Twelve-step facilitation

[Enhancing Motivation TIP 35](#)
[COD TIP 42](#)

Psycho-education

Goal: Provide basic education about mental health and substance use.

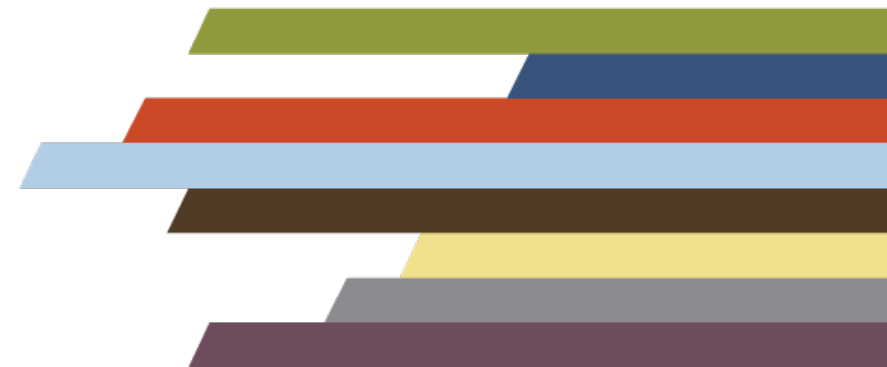
Best Practices / Strategies for Enhancement:

- ☐ Signs, symptoms, characteristics and features
- ☐ Pharmacology (Medication Assisted Treatment and Psychotropics)
- ☐ Treatment options and alternatives
- ☐ Interactive course of both disorders
- ☐ Offered routinely (not variably) for those who need it
- ☐ Available in individual and group formats



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Psycho-education Resources

Resources and website where educational resources on MH, SUD, and COD are free to order or download:

- *Case Western Reserve University's Center for Evidence-Based Practice at <https://www.centerforebp.case.edu/>*
- *SAMHSA's publication hub at <https://store.samhsa.gov/>,*
- *NAMI www.nami.org*
- *Hazeldon <http://www.bhevolution.ort/public/handouts.page?menuheader=4> ,*
- *NIDA's publication site, cleverly called drugpub, at <https://drugpubs.drugabuse.gov/promotions/national-drug-facts-week>*



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Specialized Treatment Services (EBPs)

Goal: Integrate specific therapeutic, evidence-based interventions and practices that target specific MH/SU symptoms and disorders

Specialized SUD interventions in MH treatment:

- ❑ relapse prevention, motivational interviewing, cognitive behavioral therapy, 12-step facilitation, contingency management, process groups, pharmacology, etc.

Specialized MH interventions in SUD treatment:

- ❑ trauma (e.g., seeking safety, TREM), assertive community treatment, supported employment, intensive case management, illness management and recovery, etc.

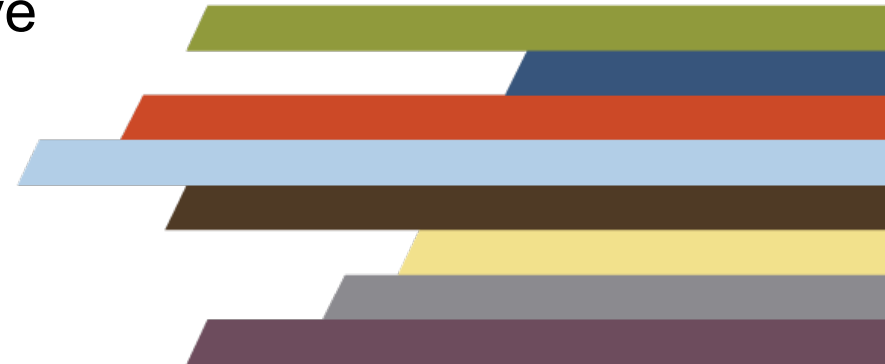
Specialized interventions for dual diagnosis:

- ❑ Dialectical Behavioral Therapy - SUD, Double Trouble in Recovery (DTR), Integrated Dual Diagnosis Treatment (IDDT), and many of the above



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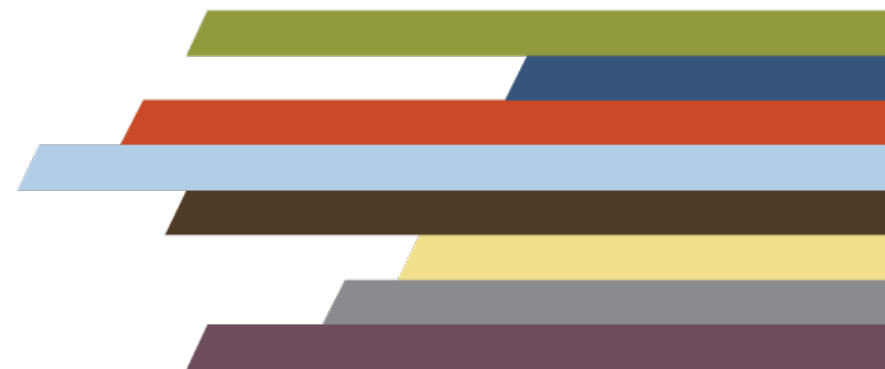
Specialized Treatment Intervention Resources

- *Dual Diagnosis Motivational Interviewing: a modification of Motivational Interviewing for substance-abusing patients with psychotic disorders* Article available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3865805/>
- *Integrated Combined Therapies* available for purchase at: <https://www.hazelden.org/store/item/308134>
- *Illness Management and Recovery* <https://store.samhsa.gov/product/Illness-Management-and-Recovery-Evidence-Based-Practices-EBP-KIT/SMA09-4462>
- SAMHSA's Integrated Treatment for Co-Occurring Disorders Evidence-Based Practices KIT <https://store.samhsa.gov/product/Integrated-Treatment-for-Co-Occurring-Disorders-Evidence-Based-Practices-EBP-KIT/SMA08-4366>)
- Case Western Reserve's Center for Evidence-Based Practices. Integrated Dual Disorder Treatment Clinical Guide www.centerforebp.case.edu/client-files/pdf/iddtclinicalguide.pdf



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Family Education and Support

Goal: Provide education and support to family members regarding COD.

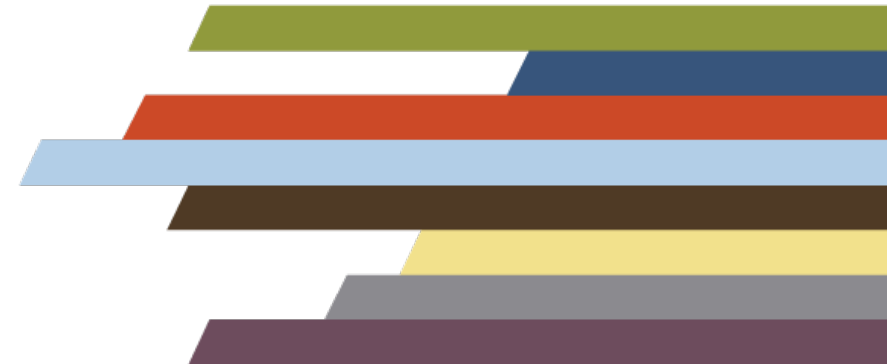
Best Practices / Strategies for Enhancement:

- ☐ Broadly defined to include significant others and members of support systems
- ☐ Characteristics and features of both disorders
- ☐ Set expectations regarding the process of treatment and recovery
- ☐ Provide a supportive environment for family to express concerns
- ☐ Solicit input on treatment planning
- ☐ Can occur in individual or group format



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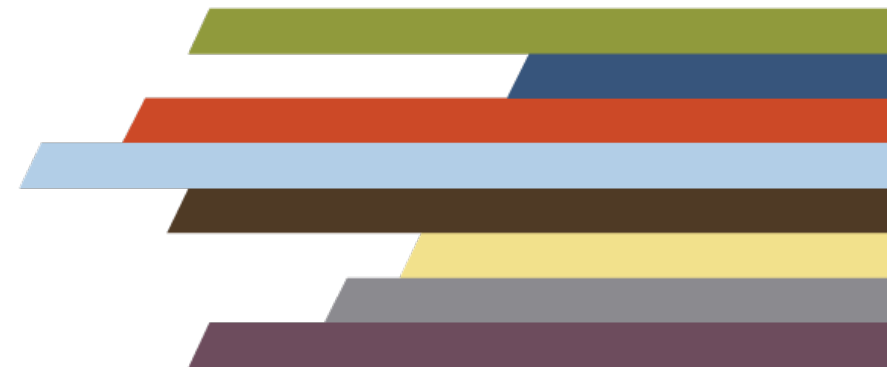
Family Education Resources

- SAMHSA's site, <https://www.samhsa.gov/brss-tacs/recovery-support-tools/parents-families>
- SAFE Support for Families program including 14-18 sessions of content developed by the VA at <https://www.ouhsc.edu/safeprogram/>
- Integrated Services for Substance Use and Mental Health Problems: Family Program available for purchase at <https://www.hazelden.org/store/welcome>
- Matrix Family Education Program
<https://store.samhsa.gov/sites/default/files/d7/priv/sma13-4153.pdf>
- Family Psychoeducation: EBPs Kit :
<https://store.samhsa.gov/product/Supported-Education-Evidence-Based-Practices-EBP-KIT/SMA11-4654>



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Continuity of Care

Goal: Coordination of care as clients move across different service systems.

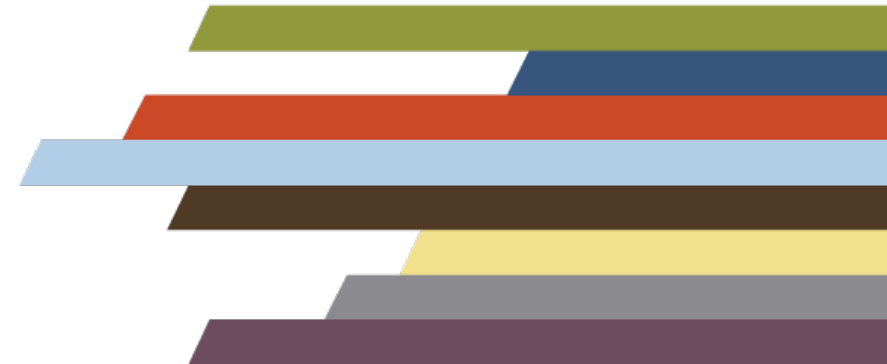
Best Practices / Strategies for Enhancement:

- ☐ Discharge plans equally focus on MH and SUD continuing care
- ☐ Continuity of care across services through integrated case management
- ☐ Continuity in the transfer of care, including maintaining contact even after handoff.
- ☐ Recovery check-ups with primary counselor



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Specialized Interventions w/Peer Support

Goal: Develop a support system through peer recovery support specialists and mutual support groups.

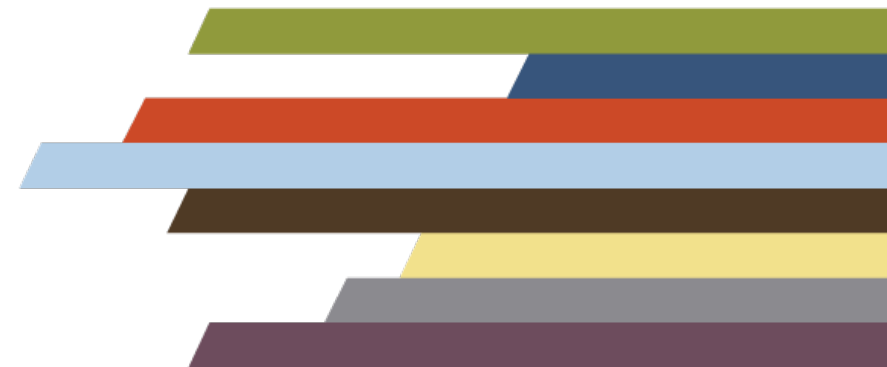
Best Practices / Strategies for Enhancement:

- ☐ Organize referrals to peer services outside of the treatment organization
- ☐ Be aware of receptivity toward dual diagnosis and medications
- ☐ Consider treatment readiness (client stage of change)
- ☐ On-site facilitation of peer support groups
- ☐ Groups addressing both disorders (DRA, DTR)
- ☐ Integrate roles for certified peers on staff



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Provider “Interview”: Treatment

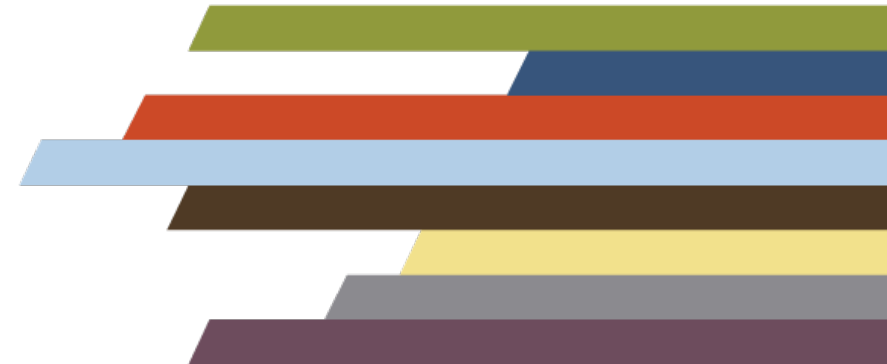
Provider review of “in-service” practices addressing:

- Treatment services (psycho-education and EBPs)
- Family education and support
- Peer Support
- Continuation of Care considerations

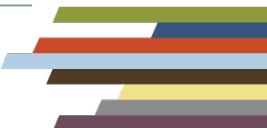
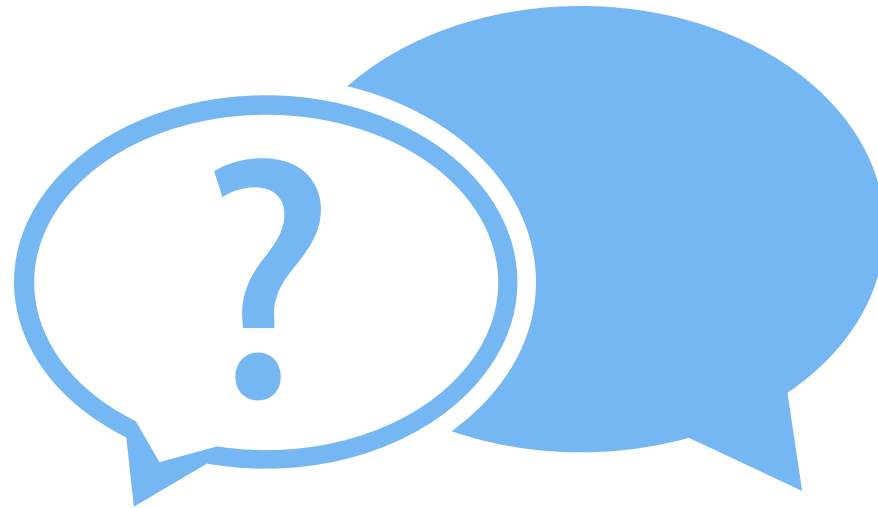


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We greatly appreciate your feedback!

Every survey we receive helps us improve
and continue offering our programs.

It only takes **1 minute** to complete!



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gracias cảm ơn bạn धन्यवाद 고맙습니다
شكرا جزيلًا salamat благодарю вас 谢谢
Dziękuję Ci **Thank** ευχαριστώ
quyana tack **you!** አመሰግናለሁ
धन्यवाद danke asante grazie
hík'wu? merci הודת obrigado ឧបបគុណ
ありがとうございました спасибі mahalo



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