



THE INTEGRATED DUAL DIAGNOSIS TREATMENT PROGRAM OF VENTURA COUNTY BEHAVIORAL HEALTH

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The California Institute of Mental Health (CIMH) was awarded a SAMHSA grant to study implementation of the California Version of the Integrated Dual Diagnosis Treatment (IDDT) Fidelity Scale in four California counties. Each county was asked to attempt implementation in two sites. Ventura County is one of the counties participating in the study. CIMH provided 40 hours of training to staff at all participating Counties.

The IDDT Fidelity Scale describes an evidenced-based model for treatment of seriously mentally ill clients with co-occurring substance use disorders. VCBH has successfully implemented all components of the Fidelity Scale.



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The two sites in Ventura County serve very different socio-demographic groups.

Site 1 (Conejo): The clients in this site tend to be better educated and from a more affluent economic group than Site 2. They usually reside with family members and are more likely to have a history of employment with a goal to return to employment.

Site 2 (Oxnard): These clients tend to have more severe psychopathology, greater functional impairments and are more likely to be homeless or have a history of homelessness. They are also more likely to reside in board & cares, room & boards, sober living or residential drug recovery facilities.



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In Site 1 (which has approximately one-third of the number of clients as Site 2) a designated IDDT Team was not established. The staff added the IDDT components to their usual activities.

In Site 2 a designated IDDT Team was established. This Team is embedded in the Oxnard Adult Services Team but evaluates and treats only identified IDDT clients.



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The California Version of the IDDT Fidelity Scale for Co-Occurring Disorders consists of multiple components as described below. Programs using this Scale have the flexibility of developing their own assessment instruments, forms and treatment program curriculum.

Multidisciplinary Treatment Team

Staff at both sites in Ventura County consist of psychiatrists, psychologists, social workers, MFTs, nurses, and case managers.



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Integrated Assessment Instrument

The Integrated Assessment Instrument developed by VCBH includes an extensive evaluation of the client's psychiatric and substance use symptoms and history. The assessment also includes a "payoff matrix" which examines the client's perception of the advantages and disadvantages of using and not using substances. The assessment requires that the clinicians record the client's own perception of his/her disorder(s) as well as how these disorders interact. The clinicians develop a "formulation statement" which provides a professional interpretation of the interaction of the disorders.



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Suggestions for Differential Diagnosis

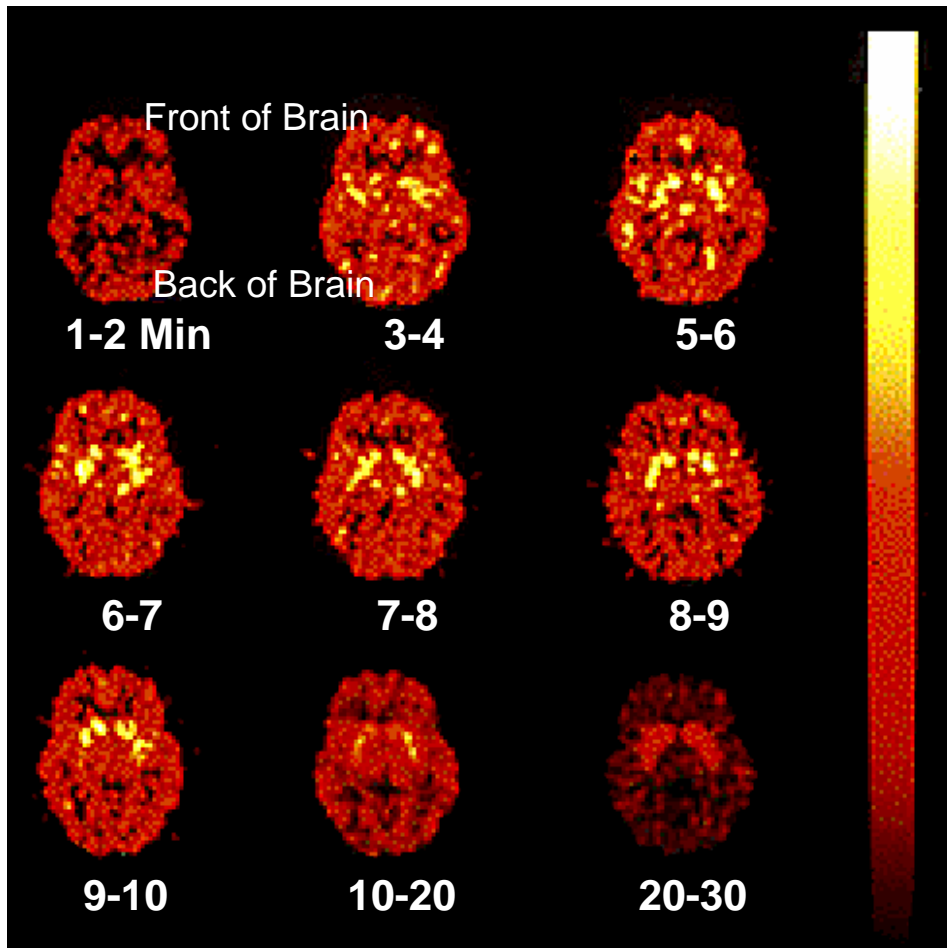
- Both psychiatric and substance use diagnoses are primary
- These disorders *interact* not *co-occur*
- Time lines for each disorder are helpful but not necessarily reliable
- Substances of abuse result in profound and long-lasting cellular and biological changes in the brain which can mimic psychiatric disorders
- Know the difference between affect dysregulation and mood disorder
- Assess negative symptoms
- Attention Deficit Disorder or trauma?



“That is the dumbest thing I’ve ever heard. How can you treat an addict if he’s not there? They come to treatment because they use dope. And you throw them out because they’re using dope! So can anybody here tell me of one other disease where the patient is supposed to be cured before he gets treated?”

Dr. Pablo Stewart

Your Brain on Drugs Today



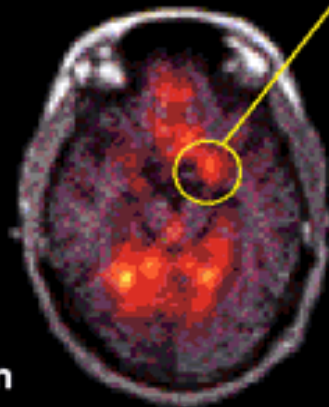
YELLOW shows places in brain where cocaine goes (striatum)

Fowler et al., Synapse, 1989.

The Memory of Drugs

Front of Brain

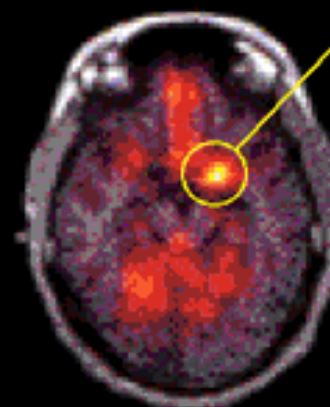
Amygdala
not lit up



Back of Brain

Nature Video

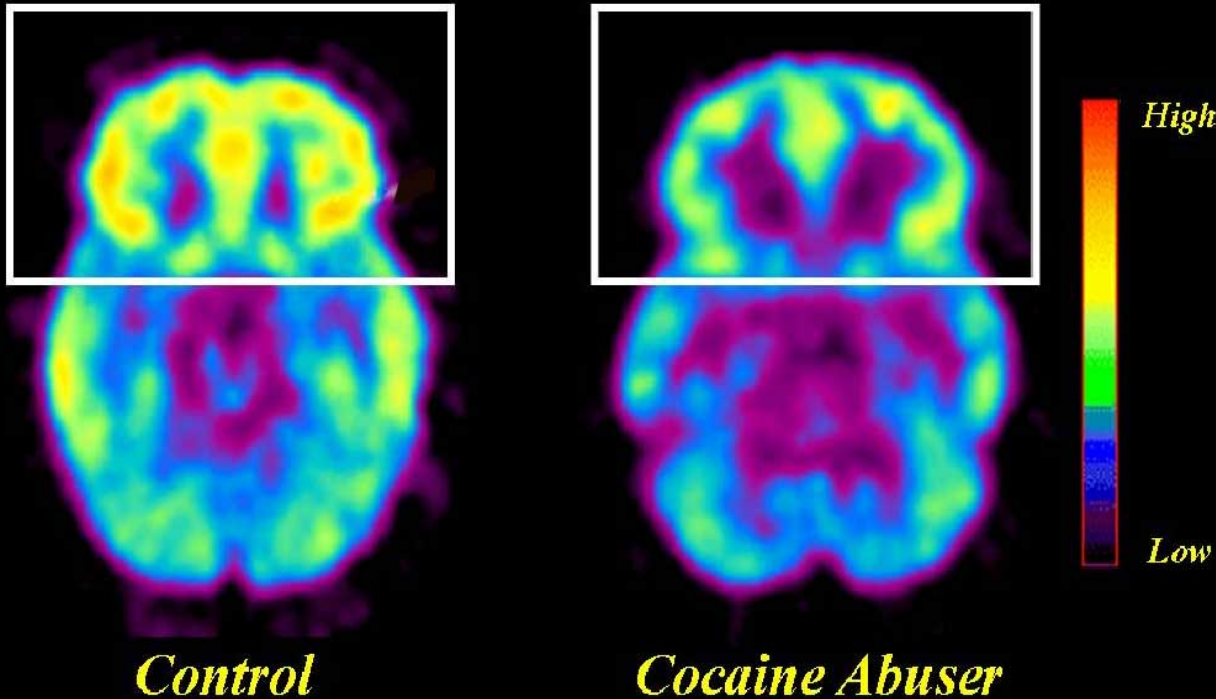
Amygdala
activated



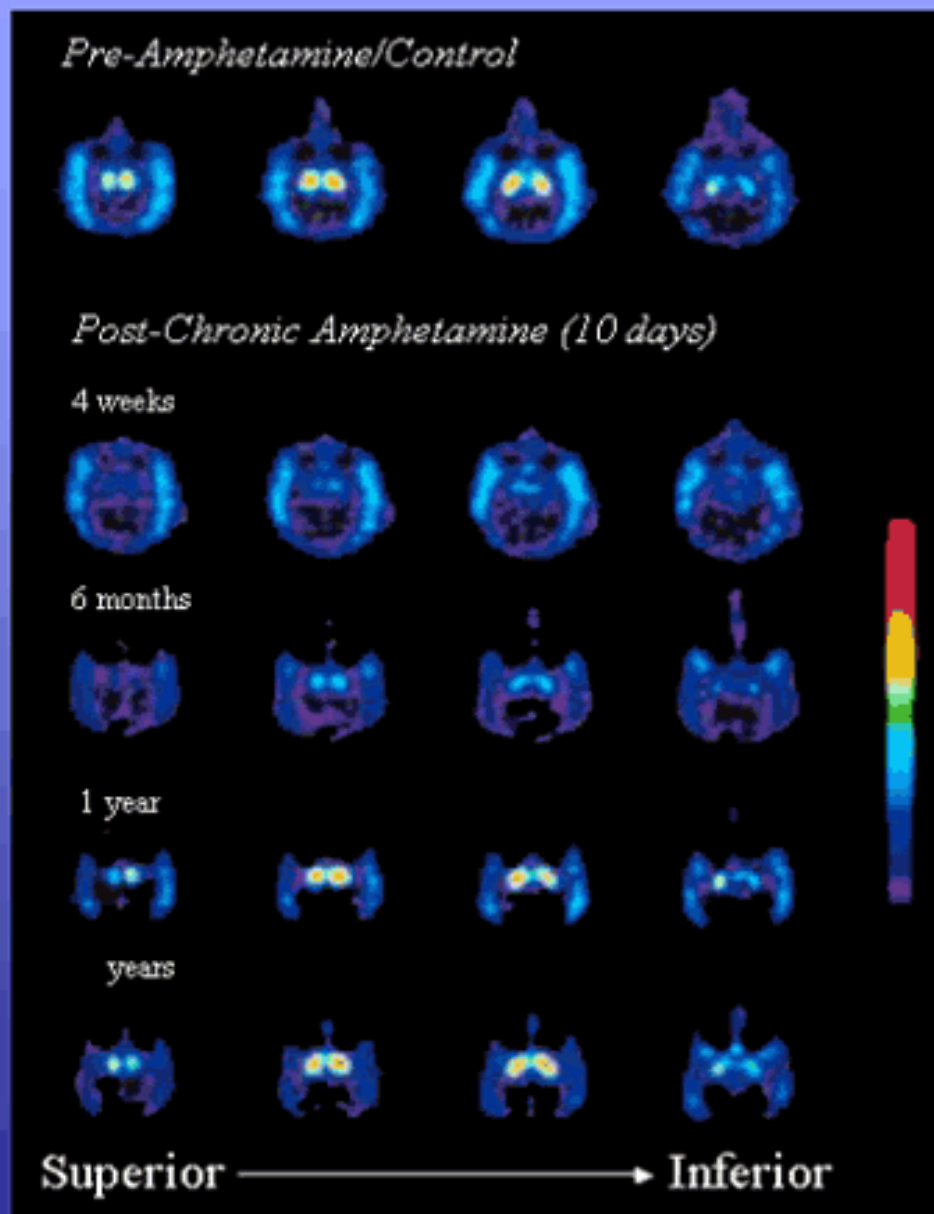
Cocaine Video

Drug addiction is a brain disease that affects behavior.

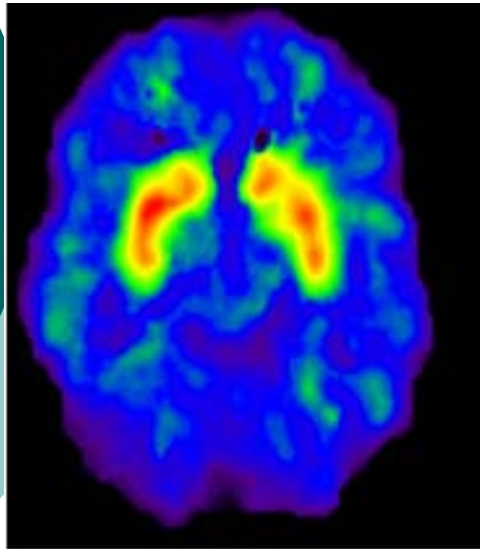
Brain changes in addiction help explain continued drug abuse and relapse.



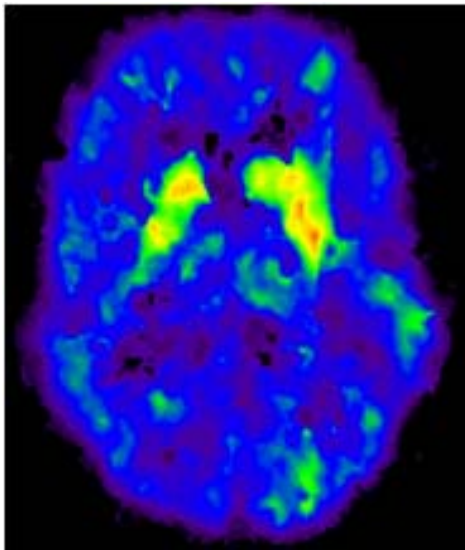
Drugs Have Long-term Consequences



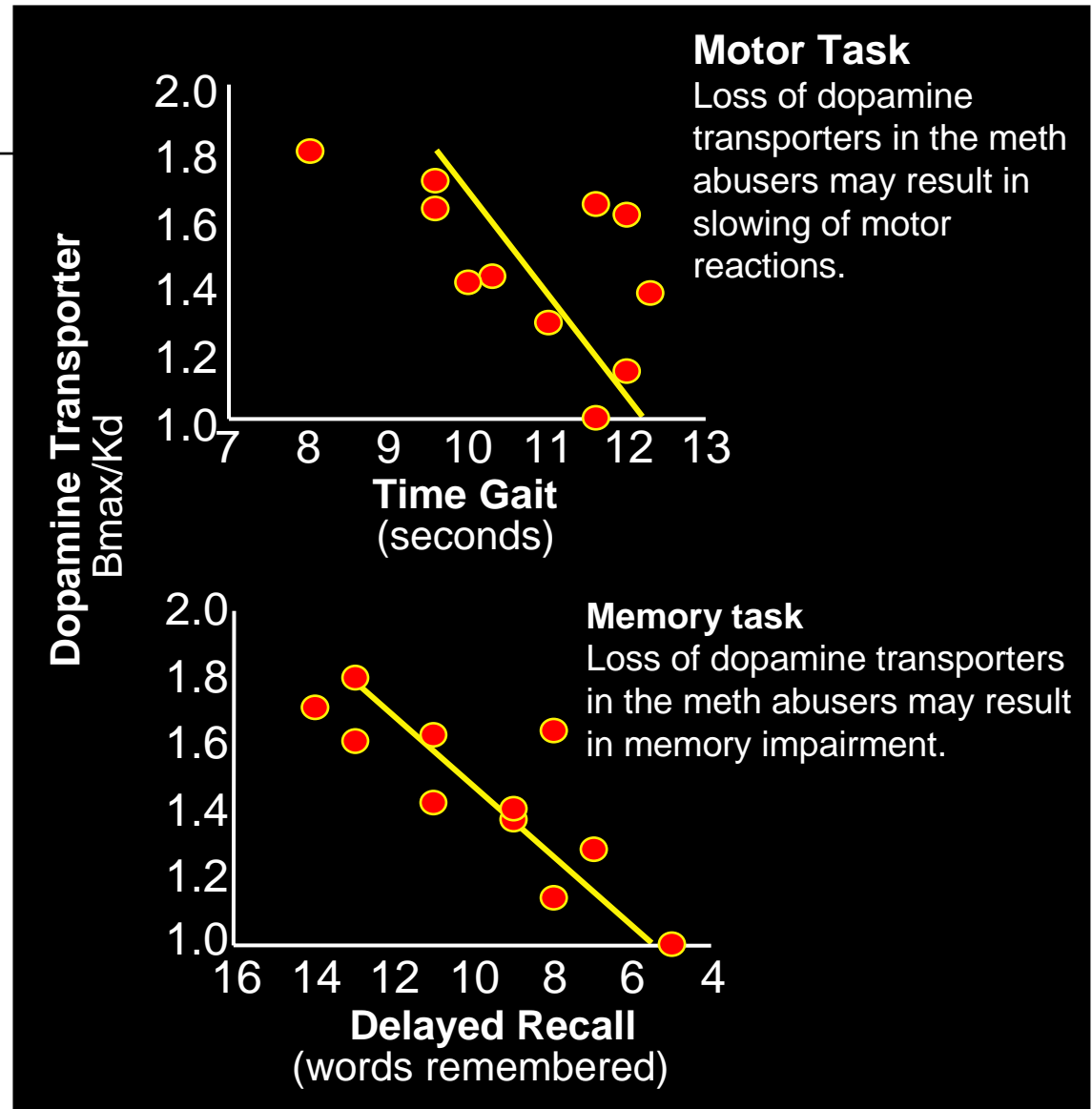
Dopamine Transporters in Methamphetamine Abusers

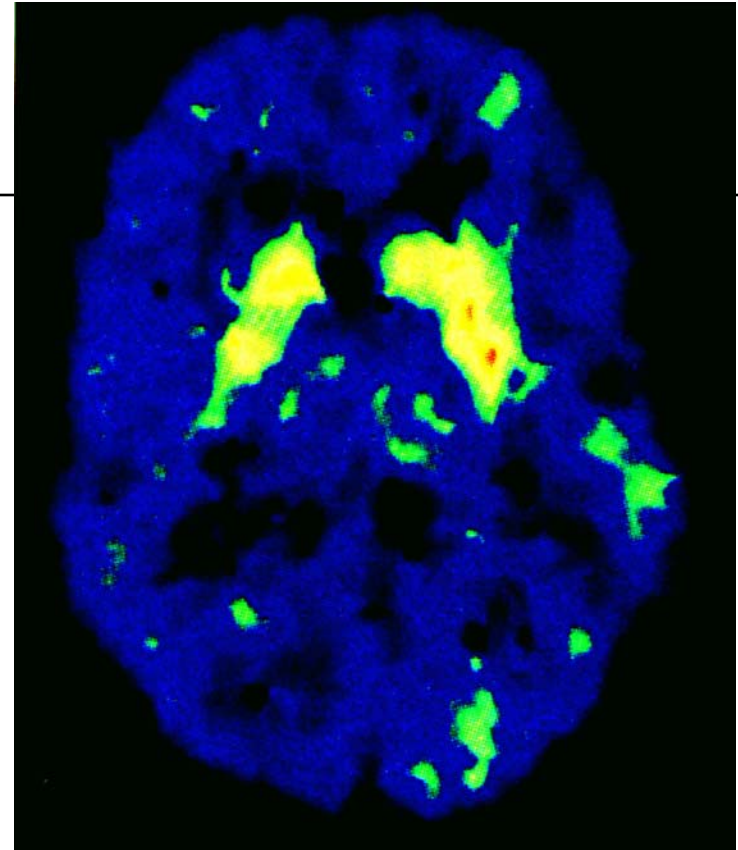
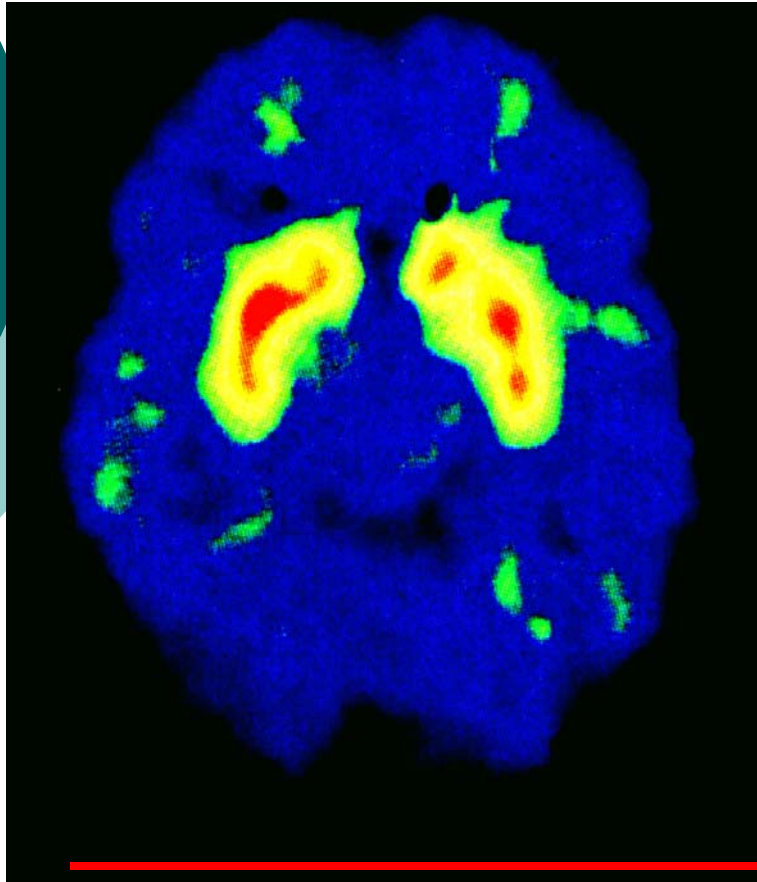


Normal Control



Methamphetamine Abuser





Even 80 days after detox, a methamphetamine user's dopamine transporter system (right) hasn't recovered to normal levels (left)



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Integrated Treatment Plan

Every client participates in an individualized treatment plan which records their recovery goals (as stated in the client's own words), treatment barriers and functional impairments, client's strengths, treatment objectives, and interventions utilized to accomplish these objectives. The treatment plan also describes specific discharge criteria. The treatment plan is evaluated and revised every three months.



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Stage Wise Treatment

The client's Stage of Change is evaluated as part of the initial assessment. The Stages of Change are: Precontemplation, Contemplation, Preparation, Action and Maintenance. Movement along the Stage of Change continuum is re-evaluated during each client contact.

The client's Stage of Treatment is also evaluated at intake and during each contact. The Stages of Treatment are: Pre-Engagement, Engagement, Early Persuasion, Late Persuasion, Early Active, Lat Active, Relapse Prevention, and Recovery.



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Motivational Enhancement Therapy

Motivational Enhancement Therapy (MET) is utilized to assist the client in developing internal motivation to engage in recovery work. These techniques are specific to the client's Stage of Change and Stage of Treatment. Guidelines from SAMHSA's Tip 35 (Enhancing Motivation For Change in Substance Abuse Treatment) were provided to the staff to assist with training in these techniques.

Remember MET is an ongoing process.



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Individual and Group Therapy

Both individual and group therapy sessions are designed to explore the interaction of clients' psychiatric and substance use disorders and to assist clients with the development of recovery skills.

The VCBH group therapy curriculum is composed of 20 units which cover such topics as:

- Symptoms and Characteristics of Co-Occurring Disorders
- The Stress-Vulnerability Model
- Medications for Co-Occurring Disorders
- Relapse Prevention Techniques



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The IDDT PTSD/Trauma Group

As a result of the high co-morbidity between substance use disorders and trauma experiences, the program offers a specialized group for clients who have a history of traumatic experiences.



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Pharmacological Treatment

The psychiatrists prescribe medication to program clients with the consultation of an American Society of Addiction Medicine certified psychiatrist.

Case Management

The clients are evaluated for functional impairments and case management needs. Areas of evaluation include physical health, money management skills, living situation, family issues, activities of daily living, social activities, and employment.



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Self Help Groups

The clients are strongly encouraged to participate in 12-step and/or other self-help groups such as AA, NA, and Dual Recovery Anonymous.

Family Education

The staff provides weekly education groups for family members of program clients.



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IDDT DOs and DON'Ts

- DON'T wait until training is completed to begin implementation
- DON'T assign staff to an IDDT program who are not committed to the program philosophy
- DO include continuous clinical supervision by an experienced dual diagnosis clinician
- DON'T wait until ascertaining the differential diagnosis before enrolling the client in the program
- DO find creative ways to work with the clients
- DON'T consider relapse a failure
- DON'T get sidetracked by details and DO have fun!!!



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Implementation of IDDT in Ventura County

IDDT has been fully and successfully implemented in Ventura County as a result of:

- Complete and continuous support of the VCBH Adult Services Division Manager
- Manager and staff with experience in dual diagnosis assessment and treatment WHO WERE FULLY COMMITTED TO SUCCESS OF THE PROGRAM (particularly in the Oxnard site)
- Immediate implementation of IDDT (in the Oxnard site)
- Willingness to change and adapt



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Implementation of IDDT in Ventura County (continued)

- Ongoing clinical supervision by the program manager in both sites
- Staff participation in the development of program forms, program development and outcome measures
- Development of IDDT as a Performance Improvement Project
- Advertisement of the program in behavioral health newsletters and other outlets
- Development of staff cohesiveness
- Groups composed of individuals in various Stages of Change and Treatment



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Implementation of IDDT in Ventura County (continued)

- Inclusion of PTSD/trauma group
- Flexibility of staff schedules (e.g., evening groups)
- Groups conducted onsite and offsite
- Encouragement of client development of Dual Recovery Anonymous groups
- Inclusion of outcome measures
- Feedback to staff of client outcomes
- Ability to compare implementation and outcome measures in the two sites



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Outcome Measures Include:

- Number of hospitalizations and incarcerations prior to and consequent to treatment
- Reduction in symptom acuity
- Movement along the continuums of Stage of Change of Treatment
- Abstinence from drugs/alcohol (or reduction in quantity and/or frequency of use)
- Number and length of relapses since program entry
- Number of individual and group therapy sessions attended during program participation
- Attendance at 12-step meetings
- An evaluation of how client “participation” in group therapy affects client progress



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Preliminary Analysis of Outcome Measures

Outcome data suggest success of the IDDT Program (particularly in the Oxnard site) on the following variables:

- Clients who regularly attend the program successfully move across the continuum of Stage of Change and Stage of Treatment (by at least one level)
- Participating clients have a greater likelihood of becoming clean and sober or at least reducing the frequency and quantity of drug/alcohol use.
- Participating clients experience a reduction in symptoms of depression, hopelessness and anxiety
- Participating clients have a greater likelihood of achieving their stated treatment objectives



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CLIENT TESTIMONIALS ABOUT THE PROGRAM

“I am alive and I almost died and if it wasn't for this program I wouldn't be alive.”

“This meeting is better than an NA meeting. You don't get the whole story at an NA meeting.”

“I was treated with compassion because you understand the dual diagnosis part.”

“The groups is teaching me compassion.”