Integrated Dual Disorders Treatment (IDDT) Fidelity Scale – Tips and Tools
Treatment Characteristics and Organizational Characteristics

IDDT FIDELITY DOMAIN	IMPLEMENTATION TIPS, TOOLS, RESOURCES
Tx.1a. Multidisciplinary Team: Case managers, psychiatrist, nurses, residential staff, and vocational specialists work collaboratively on mental health treatment team	Many ACT teams are already constructed in multidisciplinary fashion, and only need enhancement in the direction of co-occurring addictions treatment
Tx.1b. Integrated Substance Abuse Specialist: Substance abuse specialist works collaboratively with the treatment team, modeling IDDT skills and training other staff in IDDT	Certified Addictions Counselor credentialing is recommended, with all pertinent information available at the website of the Michigan Certification Board for Addiction Professionals at www.mcbap.com/ Empower integrated SAP to teach, coach, and clinically consult with team members
Tx.2. Stage-Wise Interventions: Treatment consistent with each client's stage of recovery (engagement, motivation, action, relapse prevention)	See Chapter 6 from the Integrated Dual Disorders Treatment Workbook – **Stages of Treatment** See Chapter 9 from the Integrated Dual Disorders Treatment Workbook – **Engagement** See the **SATS and Modified SATS**, and **Evaluating Substance Abuse in Persons with Severe Mental Illness** tools in the **ASSESSMENT** section of the CD
Tx.3. Access for IDDT Clients to Comprehensive Dual Disorders Services • Residential services • Supported employment • Family psychoeducation • Illness management • ACT or ICM	Implementing multiple evidence-based practices in an organization poses significant challenges. Those interested in receiving a free copy of the 100-page pdf publication, **"Integrating Multiple Evidence-Based Practices in a Public Mental Health Organization: *An Implementation Field Guide for Project Managers and Clinical Supervisors"*** are invited to e-mail a request to wilands@ewashtenaw.org

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Tx.4. Time-Unlimited Services • Substance abuse counseling • Residential services • Supported employment • Family psycho-education • Illness management • ACT or ICM	Most ACT teams already operate in this fashion, and are able to "hang in there" over the long haul with ambivalent consumers who may not yet be well-engaged in treatment
Tx.5. Outreach: Program demonstrates consistently well-thought-out strategies and uses outreach whenever appropriate: • Housing assistance • Medical care • Crisis management • Legal aid	Many ACT teams feature a significant amount of outreach activity, especially if maintaining high fidelity to the traditional ACT model
Tx.6. Motivational Interventions: Clinicians who treat IDDT clients use strategies such as: • Express empathy • Develop discrepancy between goals and continued use • Avoid argumentation • Roll with resistance • Instill self-efficacy and hope	See entire **TREATMENT: Motivational Enhancement** section on CD, which includes 15 handouts &/or tools for use in training staff and engaging consumers, as well as the article, "***Enhancing Readiness-to-Change Substance Abuse in Persons with Schizophrenia: A Four-Session Motivation-Based Intervention***" See Chapter 10 from the Integrated Dual Disorders Treatment Workbook – **Motivational Counseling** (Also recommended is a visit to the website www.motivationalinterview.org/ which features additional material for free download and/or purchase, including the useful and affordable ***Motivational Interviewing: Professional Training Series, 1998***, available for only $100.)

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Tx.7. Substance Abuse Counseling: Clients who are in the *action* stage or *relapse prevention* stage receive substance abuse counseling that include: • Teaching how to manage cues to use and consequences to use • Teaching relapse prevention strategies • Drug and alcohol refusal skills training • Problem-solving skills training to avoid high-risk situations • Challenging clients' beliefs about s.a. • Coping skills and social skills training	See Chapter 11 from the Integrated Dual Disorders Treatment Workbook – **Substance Abuse Counseling for Persons with SMI** See Chapter 12 from the Integrated Dual Disorders Treatment Workbook – **Relapse Prevention**
Tx.8. Group DD Treatment: DD clients are offered group treatment specifically designed to address both mental health and substance abuse problems	See Chapter 13 from the Integrated Dual Disorders Treatment Workbook – **Group Treatment for Dual Disorders**
Tx.9. Family Psycho-education on DD: Clinicians provide family (or significant others): • Education about DD • Coping skills training • Collaboration with the treatment team • Support	See Chapter 15 from the Integrated Dual Disorders Treatment Workbook – **Family Treatment** See entire **TREATMENT: Educational and Group Materials** section on CD, which includes 25 Power Point presentations on various aspects of Dual Disorders recovery, and 57 educational handouts on various substances of abuse.
Tx.10. Participation in Alcohol & Drug Self-Help Groups: Clients in the *action* stage or *relapse prevention* stage attend self-help programs in the community	See Chapter 14 from the Integrated Dual Disorders Treatment Workbook – **Self-help** See **Substance Abuse Treatment for Persons With Co-Occurring Disorders. TIP 42, Appendix J**

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Tx.11. Pharmacological Treatment: Prescribers for IDDT clients: 1. Prescribe psychiatric medications despite active substance use 2. Work closely with team/client 3. Focus on increasing adherence 4. Avoid benzodiazepines and other addictive substances 5. Use clozapine, naltrexone, disulfiram	See Dr. Kenneth Minkoff's **Psychopharmacology Practice Guidelines for Individuals with Co-occurring Psychiatric and Substance Use Disorders** See **Substance Abuse Treatment for Persons With Co-Occurring Disorders. TIP 42, Appendix F**
Tx.12. Interventions to Promote Health: Examples include: • Teaching how to avoid infectious diseases • Helping clients avoid high-risk situations and victimization • Securing safe housing • Encouraging clients to pursue work, health, diet, & exercise	See Chapter 16 from the Integrated Dual Disorders Treatment Workbook – **Infectious Diseases**
Tx.13. Secondary Interventions for Substance Abuse Treatment Non-Responders: Program has a protocol for identifying substance abuse treatment non-responders and offers individualized secondary interventions, such as: • Clozapine/naltrexone/disulfiram • Long-term residential care • Trauma treatment • Intensive family intervention • Intensive monitoring	Information to support **trauma-informed services** can be found on Lisa Najavits' website (www.seekingsafety.org/) , Roger Fallot/Maxine Harris' website's Trauma Services page (www.ccdc1.org/trauma_services.htm) , Stephanie Covington's website (www.stephaniecovington.com/) or Dusty Miller's website (www.dustymiller.org/) – these feature materials that are viewable, downloadable, or able to be purchased. Another useful point of reference/perspective on the established efficacy of any of these approaches is SAMHSA's NREPP webpage which describes the **Seeking Safety** and **TREM** models in additional (and objective) detail, viewable at www.nrepp.samhsa.gov/listofprograms.asp?textsearch=trauma&ShowHide=1&Sort=A1

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O.1. Program Philosophy. The program is committed to a clearly articulated philosophy consistent with the specific evidence-based model, based on the following 5 sources: • Program leader • Senior staff (e.g., executive director, psychiatrist) • Practitioners providing IDDT services • Clients and/or families receiving IDDT services • Written materials (e.g., brochures)	See the complete set of COCE Overview Papers found in the **GENERAL** section of the CD See **Substance Abuse Treatment for Persons With Co-Occurring Disorders. TIP 42, Chapter 3**
O.2. Eligibility/Client Identification. All clients with severe mental illness in the community support program, crisis clients, and institutionalized clients are screened to determine whether they qualify for IDDT services using standardized tools or admission criteria consistent with IDDT. Also, the agency tracks the number of eligible clients in a systematic fashion.	Function of tracking/reporting system – may be enhanced with the use of an Electronic Health Record See the entire **SCREENING** and **ASSESSMENT** sections of the CD for instruments perspectives See **Substance Abuse Treatment for Persons With Co-Occurring Disorders. TIP 42, Chapter 4**
O.3. Penetration. The maximum number of eligible clients are provided with IDDT services, as defined by the ratio: **# clients receiving EBP** **# clients eligible for EBP**	Function of tracking/reporting system – may be enhanced with the use of an Electronic Health Record

IDDT FIDELITY DOMAIN	IMPLEMENTATION TIPS, TOOLS, RESOURCES
O.4. Assessment. Full standardized assessment of all clients who receive EBP services. Assessment includes history and treatment of medical/psychiatric/substance use disorders, current stages of all existing disorders, vocational history, any existing support network, and evaluation of biopsychosocial risk factors.	See Chapter 7 from the Integrated Dual Disorders Treatment Workbook – **Assessment** See COCE Overview Paper # 2 - **Screening, Assessment, and Treatment Planning for Persons With Co-Occurring Disorders** See **Substance Abuse Treatment for Persons With Co-Occurring Disorders. TIP 42, Appendix G**
O.5. Individualized Treatment Plan. For all EBP clients, there is an explicit, individualized treatment plan *related to the EBP* that is consistent with assessment and updated every 3 months.	See Chapter 8 from the Integrated Dual Disorders Treatment Workbook – **Treatment Planning** See COCE Overview Paper # 2 - **Screening, Assessment, and Treatment Planning for Persons With Co-Occurring Disorders**
O.6. Individualized Treatment. All EBP clients receive individualized treatment meeting the goals of the EBP.	See COCE Overview Paper # 2 - **Screening, Assessment, and Treatment Planning for Persons With Co-Occurring Disorders** See **Substance Abuse Treatment for Persons With Co-Occurring Disorders. TIP 42**

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O.7. Training. All new practitioners receive standardized training in the EBP (at least a 2-day workshop or its equivalent) *within 2 months of hiring.* Existing practitioners receive annual refresher training (at least 1-day workshop or its equivalent).	See chapters 1-5 from the Integrated Dual Disorders Treatment Workbook, entitled, **Definitions, Alcohol, Cannabis, Stimulants, Opiates and Opioids**, as well as the remaining 11 chapters as core curriculum for staff training. See **Substance Abuse Treatment for Persons With Co-Occurring Disorders. TIP 42,** which serves as an excellent core text / reference for basic IDDT training See entire **TREATMENT: Educational and Group Materials** section on CD, which includes 25 Power Point presentations on various aspects of Dual Disorders recovery, and 57 educational handouts on various substances of abuse.
O.8. Supervision. IDDT practitioners receive structured, weekly supervision (group or individual format) from a practitioner experienced in IDDT. The supervision should be client-centered and explicitly address the IDDT model and its application *to specific client situations.*	Ideally this function can be served by the existing Team Leader/Supervisor, who may need significant training in order to be functional in this clinical IDDT supervision role. Other approaches feature delegating this function to the team's Substance Abuse Specialist, or having some other sufficiently experienced & educated individual (Clinical Director, ?) provide "matrix supervision" until Team Leader and/or Substance Abuse Specialist can move along their respective IDDT learning curves.
O.9. Process Monitoring. Supervisors and program leaders monitor the process of implementing the EBP every 6 months and use the data to improve the program. Monitoring involves a standardized approach, e.g., use of a fidelity scale or other comprehensive set of process indicators.	Use of the IDDT Fidelity Scale, for internal review and/or MIFAST Site Review, can be helpful in evaluating the status of implementation, and to inform organizational Action-Planning / Performance Improvement moving forward Minkoff's COMPASS, CODECAT, and COFIT instruments have also been found useful

IDDT FIDELITY DOMAIN	IMPLEMENTATION TIPS, TOOLS, RESOURCES

O.10. Outcome Monitoring.
 	
Supervisors/program leaders monitor the outcomes for EBP clients every 3 months and share the data with EBP practitioners. Monitoring involves a standardized approach to assessing a key outcome *related to the EBP*, e.g., psychiatric admissions, substance abuse treatment scale, or employment rate.
	SAMHSA's **National Outcome Measures** (NOMs) provides guidance on meaningful outcome indicators to target
	
	Each EBP Toolkit (including the IDDT Toolkit), contains a **"Client Outcomes – EBP Toolkit Quarterly Report Form"** prompting the provider to track the following:
	  1. EBP eligibility, EBP enrollment (10)
	  2. Employment status (2), homelessness (4), legal status (3), hospitalization status (7,1)
	  3. Stage of treatment (~1)
	  4. Living arrangement (4)
	  5. Educational status (2)

O.11. Quality Assurance (QA). The agency has a QA Committee or implementation steering committee with an explicit plan to review the EBP, or components of the program, every 6 months.	Embed in Clinical Care Committee / Improving Practices Leadership teams at both the provider and PIHP levels
O.12. Client Choice Regarding Service Provision. All clients receiving IDDT services are offered choices; the IDDT practitioners consider and abide by client preferences for treatment when offering and providing services.	Examine and address providers' and community partners' philosophical views on co-occurring addiction as a disease, including attitudes toward harm reduction, "work-first" and "housing first" approaches, "wet" or "damp" housing, etc.