

# Focus on Integrated Treatment



**Focus on Integrated Treatment**  
*Whole Treatment. Whole Recovery. Whole Lives.*

**NYAPRS PROS Academy**  
**November 18, 2011**



**Center for Practice Innovations<sup>SM</sup>**  
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# RECOMMENDATIONS FOR PROS PRACTITIONERS WHO ARE PROVIDING IDDT:

Competencies	Recommended Modules	Additional Modules that would be helpful
Screening, Assessment, & Integrated Treatment Planning	<ol style="list-style-type: none"> <li>1. Screening for substance use</li> <li>2. Assessment of substance use disorders</li> <li>3. Generating the Collaborative treatment plan</li> </ol>	<ol style="list-style-type: none"> <li>1. Differentiating substance use and psychiatric symptoms</li> </ol>
Stage-based treatment, Motivational Interviewing, & Cognitive-behavioral Therapy (CBT)	<ol style="list-style-type: none"> <li>1. Stage-wise Treatment</li> <li>2. Motivational Interviewing I</li> <li>3. CBT for Coping Skills and Problem-solving</li> <li>4. Individual Interventions</li> </ol>	<ol style="list-style-type: none"> <li>1. Early Stages of Change</li> <li>2. Later Stages of Change</li> <li>3. Motivational Interviewing II</li> <li>4. Motivational Interviewing III</li> <li>5. Motivational Interviewing and Harm Reduction</li> <li>6. CBT for Treating Anxiety, Depression, and Trauma-Related Problems</li> <li>7. Social Skills Training</li> </ol>
Stage-based treatment groups	<ol style="list-style-type: none"> <li>1. Stage-wise Treatment Groups</li> <li>2. Persuasion Groups</li> <li>3. Active Treatment and Relapse Prevention Groups</li> </ol>	
Supports & Other Treatments	<ol style="list-style-type: none"> <li>1. Peer Recovery Supports in the Community</li> <li>2. Work with Families and Other Close Supporters</li> <li>3. Understanding the Use of Medications for Clients with COD</li> </ol>	<ol style="list-style-type: none"> <li>1. Philosophy and Perspectives of Recovery</li> <li>2. Achieving Recovery in the Real World</li> <li>3. Taking Responsibility for your Recovery</li> <li>4. Integrating Medical, Psychiatric and Addiction Treatment Services</li> </ol>



# RECOMMENDATIONS FOR PROS PRESCRIBERS WHO ARE PROVIDING IDDT:

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## RECOMMENDATIONS FOR PROS SUPERVISORS:

### Complete Practitioner Competencies plus:

Competencies	Recommended Modules
Case presentation using a group model for supervision, & skills training	Clinical Supervision I
Field mentoring, modeling, coaching, feedback, & data-based supervision	Clinical Supervision II

## RECOMMENDATIONS FOR PROS LEADERSHIP:

Competencies	Recommended Modules	Additional Modules that would be helpful
Steps and core components in the implementation of COD services, & role of leadership in the implementation process	<ol style="list-style-type: none"> <li>1. Clinical Leadership</li> <li>2. Implementing Co-Occurring Disorders Treatment</li> <li>3. Tracking Outcomes and Process Improvements</li> </ol>	<ol style="list-style-type: none"> <li>1. Program Level Measures of COD Capacity</li> <li>2. Fidelity Assessment in IDDT</li> </ol>



# RECOMMENDATIONS FOR PROS PRACTITIONERS WHO ARE NOT PROVIDING IDDT :

Competencies	Recommended Modules	Additional Modules that would be helpful
Screening, Assessment, & Integrated Treatment Planning	<ol style="list-style-type: none"> <li>1. Screening for substance use</li> <li>2. Assessment of substance use disorders</li> <li>3. Generating the Collaborative treatment plan</li> </ol>	<ol style="list-style-type: none"> <li>1. Differentiating substance use and psychiatric symptoms</li> </ol>
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# FIT Implementation Support Goals

- Help support programs to build capacity in providing integrated treatment for persons with a co-occurring psychiatric and substance use disorder
- Help support high fidelity implementation
- All implementation supports are provided either through the internet or by teleconference

- Monthly Webinars for Practitioners and Supervisors
- Monthly Practice Improvement Network (PIN) calls with PROS programs
- Plan for focused, time-limited learning collaboratives with PROS programs.



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# F·E·G·S

Emily Kingman, LCSW  
Best Practice Integration Specialist



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# Agency Role

## Best Practice Integration Team:

- Central team within F·E·G·S
- Provides training and technical assistance
- Coordinates implementation of best practices in behavioral health and residential programs

## F·E·G·S PROS Possibilities

- Brooklyn
- Bronx
- Suffolk County



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# Organizational Assessment

- The Center for Excellence in Integrated Care (CEIC) conducted DDCMHT assessments in our PROS programs and clinics to measure co-occurring capability.
  - DUAL DIAGNOSIS CAPABILITY IN MENTAL HEALTH TREATMENT
  - DDCMHT measures programs in 7 domains using a 5 point rating scale
  - Scale ranges from Mental Health Only Services to Dual Diagnosis Enhanced
- Using feedback from CEIC reports, Best Practice Integration Team developed an Implementation Plan
- CEIC facilitated a Capability Forum, included Senior Management and CPI. Introduced implementation plan and discussed next steps.



# Implementation Plan: Areas of Focus

- 1) Training
- 2) Assessment
- 3) Stage-wise group services
- 4) Supervision



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# Training

- A Clinical Supervisor from each program was selected to be the IDDT Team Leader
  - Completed Clinical Supervision FIT modules, participate in webinars
- 5-7 staff in each program were selected to be IDDT Group Leaders
  - Including social workers, peer specialists, CASAC, rehab techs
- Psychiatrists and Nurses taking FIT modules recommended for prescribers
- IDDT Group Leaders conduct training using FIT modules
  - Focus on Motivational Interviewing

# Assessment

## Universal Substance Abuse Screening

- MSSSI-SA - 16 questions; Recommended by FIT and OMH

## Positive screen leads to comprehensive assessment

- Psychosocial Assessment has a Substance Use section, which includes questions about:
  - ✓ Substances used, date of first and last use, quantity, frequency
  - ✓ Reasons for substance use
  - ✓ Impact of substance use on life
  - ✓ Substance abuse treatment history
  - ✓ History of family use
  - ✓ Experience with self-help groups, AA/NA

# Stage of Change and Treatment Assessment

<u>Substance Abuse</u>	<u>Mental Health</u>	<u>Participant's Stage of Change:</u>
<input type="checkbox"/>	<input type="checkbox"/>	Precontemplation – Does not consider substance use or symptoms to be a problem
<input type="checkbox"/>	<input type="checkbox"/>	Contemplation – Considering the pros/cons of change
<input type="checkbox"/>	<input type="checkbox"/>	Preparation – Ready to change in near future; Learning about illness and identifying goals
<input type="checkbox"/>	<input type="checkbox"/>	Action – Makes firm commitment to change; Takes actions to accomplish change goal
<input type="checkbox"/>	<input type="checkbox"/>	Maintenance – Has accomplished some change. Has not experienced negative effects related to substance use or mental health symptoms for at least 6 months
_____	_____	<u>Participant's Degree of Confidence in Making a Successful Change:</u> Rate from 1 – 10 (1 = No Confidence to 10 = Total Confidence)
		<u>Participant's Stage of Treatment:</u>
<input type="checkbox"/>	<input type="checkbox"/>	Engagement - Not engaged in treatment, irregular contact with treatment provider; Meets criteria for a substance use disorder
<input type="checkbox"/>	<input type="checkbox"/>	Persuasion - Engaged in treatment but continues to use substances either at the same level or reduced substance use for < 30 days and continues to meet the criteria for a substance use disorder
<input type="checkbox"/>	<input type="checkbox"/>	Active Treatment - Engaged in treatment and working with treatment provider to make a change; Has reduced substance use significantly or is abstinent for more than 30 days but less than 6 months
<input type="checkbox"/>	<input type="checkbox"/>	Relapse Prevention – Working with provider to maintain gains and prevent relapse; Has not met criteria for a substance use disorder for 6 – 12 months

# Assessment – An Ongoing Process

- University of Rhode Island Change Assessment, Mental Health Short Version (URICA-MH)
  - To measure stage of change for mental health problem
- Substance Abuse Treatment Scale (SATS)
  - To measure stage of treatment for substance abuse problem
- Electronic record – Use of drop-downs
- Use of validated measures



# Prescription of Stage-Wise Services

During IRP planning process, staff and participant collaborate to develop a plan for services that will address barriers toward recovery/goal achievement

Decision to add IDDT related services based on:

- ✓ Participant's stage of change and treatment
- ✓ Service needs identified during assessments



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# Stage-Wise Group Services

- Group Services Catalog – for participants, staff, collaterals, providers. Describes purpose of each group.
- Group Curricula – used FIT Resource Library
- IDDT Group Leaders facilitate all IR Integrated Treatment for Co-occurring Disorders groups
- IDDT Group Leaders facilitate most CRS Wellness Self Management/Dual disorder groups
- Smoking Cessation groups – Provided in both CRS and IR components



# Integrated Treatment for Co-occurring Disorders (IR)

## Fresh Start *(Persuasion)*

This group is designed for people who are thinking about cutting down or quitting drinking or using drugs. You will learn how alcohol and other drugs impact the mind and body so that you can make an informed decision.

## Living Sober *(Active Treatment/Relapse Prevention)*

In this group, you will learn tools to help you stay sober and prevent relapse. This group is designed for people who have been clean and sober for at least 30 days and up to 1 year.



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# Wellness Self- Management (CRS)

## Dual Disorder Education *(Blended)*

This group will provide information about alcohol, drugs and addiction, and the impact of substance use on mental and physical health.

## Dual Recovery *(Recovery)*

This dual recovery group is for individuals who have been clean and sober for one year or more. Topics include tools for staying sober, making lifestyle changes, and connecting to a sober support network.



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# Supervision

- Supervision – the Glue that holds it all together
  - Essential for sustainability
- IDDT Team Leader Call
- IDDT Group Supervision
- Involving the entire Treatment Team
  - IDDT Group Leaders conduct training for staff using FIT modules/resources
  - IDDT Group Leaders use staff meetings to build awareness about COD issues and Integrated Treatment



# Group Supervision: Session Format

(60 - 90 minutes)

**Welcome:** Team Leader lays out agenda for the session.

**Presentation:** A practitioner presents on an individual or group he/she is currently working with using the Group Supervision Presentation Guide.

**Brainstorming:** The group discusses ways to help the practitioner advance the work with the participant or group.

**Action Plan:** The practitioner shares which ideas or suggestions he/she plans to make use of, and identifies next action steps.

**Follow-up:** The presenter from the previous month gives an update on progress made.

**Check-In:** Team Leader facilitates a go-around where each practitioner shares how groups are going/current issues/successes.

**Culture Change:** The group identifies strategies for increasing the larger treatment team's knowledge of integrated treatment principles, COD issues, and stage-wise services and interventions.

**Wrap-Up:** Team Leader identifies next action steps and reviews who will be presenting next month.



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# How do we know this is working?

## CAIRS Data

- Does the consumer use alcohol/substances
- Consumer's current level of substance use
- Consumer's current stage of treatment for substance use

## MSSI-SA

- # of positive screens
- # of positive screens leading to comprehensive assessment
- # of positive screens resulting in provision of IDDT services

## URICA and SATS

- Measure individual's progression through stages
- Aggregate program data



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# Putnam Family & Community Services, Inc.

## PROSper Program

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# A little bit about us

Opened 10/2/2009

Transitioned from a CDT

Previously had trainings with the Center for Practice Innovations with Family Consultation and Wellness Self Management



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# ...and then came FIT

Training staff

Keeping up with trainings

Case rounds/staff meeting

The phone calls



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# FIT groups that we run

One Day at a Time

Sober Living

MICA Relapse Prevention

Other MICA groups we run:

- WSM+
- Addictive Behaviors (non drug/alcohol addictions)
- Seeking Safety, Men's & Women's Recovery (mica & trauma)



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# What makes our groups work?

Different stages/different drugs

Motivational interviewing

Flexible within a structure

Honesty



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# What makes our groups work? ...cont

Harm Reduction

Safety

Alternative coping skills/creative

Feedback from the clients

# Our staff ready to run FIT groups!!



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For more information, please contact  
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To join FIT, go to our website at  
<http://practiceinnovations.org/>

Click on “Quick Links,” choose “Join the FIT Initiative”, and scroll down to complete a brief online application



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