

## **Co-Occurring Disorders and Integrated Dual Diagnosis Treatment (IDDT)**

### **What are co-occurring disorders?**

A person with co-occurring disorders has at least one mental illness and at least one substance use disorder. This is also called a “dual diagnosis.” For example, a person may live with both major depression and alcohol dependency. About 8.9 million people live with co-occurring disorders in the U.S. (*National Survey on Drug Use and Health*, 2008 and 2009).

### **What is integrated dual diagnosis treatment (IDDT)?**

Integrated dual diagnosis treatment (IDDT) is an evidence-based model that addresses a person’s substance use in the context of the treatment of their mental illness. IDDT involves a set of core principles and a combination of clinical and rehabilitative interventions that address all aspects of a person’s life. Within IDDT, both disorders are addressed at the same time with close collaboration between a multidisciplinary team, or by a single provider, trained and competent in co-occurring disorders. Treatment by providers in different locations may be considered integrated if there is very close collaboration, such as shared treatment planning. IDDT seeks to treat the whole person instead of looking only at one issue at a time. Mental illnesses and substance use disorders are seen as intertwined, not separate.

The evidence-based model of IDDT is based on multiple controlled studies indicating improved outcomes for individuals with severe mental illness and a co-occurring substance abuse disorder when all elements of the model are maintained. People with other diagnoses, such as anxiety disorders, personality disorder or affective disorders, with a co-occurring substance use disorder, may benefit from IDDT; however the model is designed for persons with severe mental illness with fluctuating symptoms from acute to stable.

Many programs use the term MI/CD (mental illness/chemical dependency). This is not the same as IDDT. An MI/CD program might employ both mental health and chemical dependency professionals. However, while competent in one discipline or the other, professionals in an MI/CD program may not have the skills and competencies necessary to provide an assessment and interventions specific to the interaction of substance use disorders and mental illnesses together.

### **Why is IDDT important?**

IDDT is an evidence-based practice. Research shows that people with co-occurring disorders need treatment for both problems to recover fully. Focusing on one does not ensure the other will go away. Research also indicates that people who receive IDDT have fewer hospitalizations, relapses and criminal justice problems and more housing stability.

Treating one disorder without knowing enough about the other can delay the recovery process. For example, some people who have gone through drug treatment programs report that they were told to stop taking prescription mental health medications because using those medications was viewed as substance use. This has been reported with stimulants and anti-anxiety medications in particular. In IDDT, decisions about whether a person takes a given medication should be based on the individual's situation, including the risk of medication abuse, the risk of under-treating a mental illness, the type and severity of the mental illness, and the relationship between the mental illness and the substance use.

For more details about the research behind IDDT, visit the [Substance Abuse and Mental Health Administration website](#).

### **What should I look for in an IDDT program?**

The Minnesota Department of Human Services (DHS) is creating a process to certify IDDT providers. Starting in July 2013, IDDT standards will be in place which will allow DHS to identify IDDT programs. The standards by which these programs will be certified are currently in development. The certification process will allow you to be sure the program you choose follows certain guidelines.

When seeking an IDDT program, look for these features:

- The program performs screening for co-occurring disorders using a standardized instrument approved by the commissioner and provides an assessment that looks at both substance use and mental health. This type of assessment is called an “integrated assessment” and includes a history of both disorders, the interaction of the disorders, readiness for change assessment for each disorder, a biopsychosocial assessment, a functional assessment, and an assessment of level of care needed. Treatment is personalized and can begin at whatever stage of recovery the person is in for each disorder.
- An integrated assessment completed during the diagnostic assessment process defined in MN Rule 9505.0371 is eligible for reimbursement by Medicaid.
- A program follows harm-reduction principles. That is, the staff tries to reduce the negative consequences of alcohol or drug use and of mental illness. Abstinence from substances and consistently taking recommended psychiatric prescriptions may be an individual's goals, but neither condition should be required to enter treatment.
- Counselors, clinicians or multidisciplinary teams help people learn how their dual disorders interact. They foster hopefulness and motivation for recovery.
- Multidisciplinary teams help to elicit and strengthen the person's motivations to change (this is also called motivational interviewing).
- Counselors and clinicians use cognitive behavioral techniques to help people who want to reduce or end substance use, prevent relapse, and/or maintain recovery from both disorders.
- Clinicians understand how psychiatric medications and substance use interact. For example, alcohol or drug use can worsen some medication side effects or reduce effectiveness, and some medications may pose more risk of physical dependence and

tolerance in individuals with substance use disorders. An IDDT provider should work with clients to weigh the pros and cons of using particular medications.

- Staff have cultural competence and can adapt to clients' racial and cultural needs.

Also, other helpful elements that may not always be part of an IDDT program include:

- Assertive outreach (meeting the person at home if needed)
- Job and housing assistance
- Help building social supports
- Peer-run supports
- Family counseling and support
- Money and relationship management

### **Where can I find IDDT?**

IDDT exists in Minnesota with various degrees of implementation of the above features. The good news is that throughout Minnesota's mental health treatment system, providers and programs are increasingly availed to meet the needs of individuals with co-occurring mental illness and substance use disorders.

In 2009, several programs that participated in a 3-year project with DHS reached a level of integration of services of at least "dual diagnosis capable." These programs include:

#### Mental health treatment programs:

- Central Minnesota Mental Health Center - Outpatient Services (Buffalo)
- Chrysalis-Tubman Family Alliance (Minneapolis)
- Fond du Lac Band of Superior Chippewa - Mental Health Services (Cloquet)
- Hiawatha Valley Mental Health Center (Winona)
- Human Services Incorporated - Adult Mental Health Day Treatment Program (Oakdale)
- Lakeland Mental Health Center (Fergus Falls)
- Neighborhood Counseling Center of Wadena, Inc. - Outpatient Mental Health Services (Wadena)
- Northland Counseling Center, Inc. - Outpatient Mental Health Clinic (Grand Rapids)
- Zumbro Valley Mental Health Center - Outpatient Psychotherapy Services (Rochester)

#### Chemical health treatment programs:

- African American Family Services, Inc. (Minneapolis)
- Central Minnesota Chemical Dependency Services (Buffalo)
- Fond du Lac Band of Superior Chippewa - Tagawii Outpatient Chemical Health Program (Cloquet)
- Human Services Incorporated - Adult Community Options Outpatient Program (Stillwater)
- Lakeland Mental Health Center - Chemical Health Services (Fergus Falls)
- Neighborhood Counseling Center - Chemical Dependency Services of Wadena (Wadena)
- Northland Recovery Center Outpatient Program (Grand Rapids)
- Tubman-Chrysalis Co-occurring Disorders Program (Minneapolis)

- Zumbro Valley Recovery Partners (Rochester) – *Note:* This program took additional steps to reach the level of “dual diagnosis enhanced” (for more information, see [Dual Diagnosis in Addiction Treatment](#) and the [Dual Diagnosis in Mental Health Treatment](#)).

Correctional facility programs:

- Atlantis Chemical Dependency Program (Stillwater)
- Changing PATHS Chemical Dependency Treatment (Shakopee)

Six inpatient psychiatric hospital programs also worked in collaboration with DHS and national experts to implement IDDT and Illness Management and Recovery (IMR) on their adult mental health units. Their focus was on staff training and organizational development to assure that screening, assessment, treatment matching, and discharge planning is addressed for individuals with co-occurring mental illness and substance use disorders.

The following hospitals are recognized:

- Anoka Metro Regional Treatment Center (Anoka)
- CentraCare (St. Cloud)
- Hennepin County Medical Center (Minneapolis)
- Regions Hospital (St. Paul)
- St. Joseph’s Hospital (St. Paul)
- St. Peter Community Behavioral Health Hospital

Additionally, several services within Minnesota’s mental health services system incorporate the features of IDDT discussed above. Twenty-seven Assertive Community Treatment (ACT) teams throughout the state are required to have a Substance Use Specialist on each team. Intensive Residential Treatment Services (IRTS) have license requirements for addressing substance use within their treatment services for mental illness.

Although this list is a helpful starting point, some other programs also provide IDDT. Contact your local providers to find out if they offer IDDT.

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