





**THE INTEGRATED DUAL DIAGNOSIS
TREATMENT PROGRAM OF
VENTURA COUNTY
BEHAVIORAL HEALTH**

Presented by
Linda Gertson, Ph.D.
Behavioral Health Manager




**THE INTEGRATED DUAL DIAGNOSIS TREATMENT
PROGRAM OF VENTURA COUNTY BEHAVIORAL HEALTH**

The California Institute of Mental Health (CIMH) was awarded a SAMHSA grant to study implementation of Integrated Dual Diagnosis Treatment (IDDT) programs in four California counties. Ventura County was one of the counties which participated in the study. CIMH provided 40 hours of training to staff at all participating Counties.



**THE INTEGRATED DUAL DIAGNOSIS TREATMENT
PROGRAM OF VENTURA COUNTY BEHAVIORAL HEALTH**


Every six months over a period of two years the CIMH Project Evaluators rated the participating sites through the use of two scales:
The General Organization Index Scale and
The Fidelity Scale
The Scales describe an evidenced-based model for treatment of seriously mentally ill clients with co-occurring substance use disorders.



THE INTEGRATED DUAL DIAGNOSIS TREATMENT PROGRAM OF VENTURA COUNTY BEHAVIORAL HEALTH

The components of the General Organizational Index Scale include the following:


- Program philosophy
- Client identification
- Penetration rate
- Training
- Supervision
- Process monitoring
- Outcome monitoring



THE INTEGRATED DUAL DIAGNOSIS TREATMENT PROGRAM OF VENTURA COUNTY BEHAVIORAL HEALTH

The Fidelity Scale includes the following components:

- Multidisciplinary treatment team
- Integrated assessment/integrated treatment plan
- Pharmacological treatment
- Stage-wise treatment
- Access to a broad range of housing
- Long-term services
- Outreach
- Motivational interventions
- Dual diagnosis counseling
- Group therapy
- Family education



THE INTEGRATED DUAL DIAGNOSIS TREATMENT PROGRAM OF VENTURA COUNTY BEHAVIORAL HEALTH

The participating sites had the flexibility of developing their own assessments instruments, treatment plans, program curriculum, etc.

Each site was rated on a 1 to 5 scale on every component of both the General Organizational Index Scale and the Fidelity Scale with a rating of "1" indicating substandard implementation and a rating of "5" indicating excellent implementation.

Ventura County achieved an overall rating of 4.9 for implementation of IDDT. As a result, VCBH IDDT was awarded one of the four 2007 SAMHSA Science and Service Awards for successful implementation of a program for co-occurring disorders.

THE INTEGRATED DUAL DIAGNOSIS TREATMENT PROGRAM OF VENTURA COUNTY BEHAVIORAL HEALTH

HOW WE DID IT!



THE INTEGRATED DUAL DIAGNOSIS TREATMENT PROGRAM OF VENTURA COUNTY BEHAVIORAL HEALTH

GENERAL ORGANIZATIONAL INDEX SCALE COMPONENTS:

Program Philosophy

The program is committed to a clearly articulated philosophy consistent with IDDT evidenced-based practice. Senior administrators continuously supported the program from its onset and that support continues to the present time. VCBH IDDT is seen as a model for other evidenced-based practices which will be implemented throughout the County.

THE INTEGRATED DUAL DIAGNOSIS TREATMENT PROGRAM OF VENTURA COUNTY BEHAVIORAL HEALTH

Client Identification

Clients appropriate for IDDT services are referred by multiple sources throughout Ventura County.

The program has been described in newspapers articles. A profile of the program, including interviews with staff and a client, was broadcast on the local NPR affiliate.

The program manager has conducted presentations at NAMI meetings, senior management meetings and other appropriate venues.

THE INTEGRATED DUAL DIAGNOSIS TREATMENT PROGRAM OF VENTURA COUNTY BEHAVIORAL HEALTH

Penetration Rate

IDDT fidelity emphasizes maximum penetration rate. However, as the program developed, we were able to point out that there is an inherent conflict between retaining high fidelity and high penetration. Specifically, the Fidelity Scale suggests that the client-to-clinician ratio should be 20 or fewer clients per clinician. There are approximately 700 clients at the Oxnard site who have been identified as having a dual diagnosis. Complying with the twenty-to-one ratio would require a staff of at least 25 clinicians. Given budget restrictions, this is not currently possible. The evaluators concluded that lowering penetration and limiting number of clients served was preferable over high case loads

THE INTEGRATED DUAL DIAGNOSIS TREATMENT PROGRAM OF VENTURA COUNTY BEHAVIORAL HEALTH

Training

CIMH provided 40 hours of dual diagnosis training. The program manager supplemented that training with an additional 16 hours of training. The supplemental training covered specialty topics such as the neurobiology of addiction; trauma, borderline personality disorder and addiction; and women and addiction.

Training is ongoing in the department. Staff are encouraged and reimbursed for taking dual diagnosis related courses outside the department.


THE INTEGRATED DUAL DIAGNOSIS TREATMENT PROGRAM OF VENTURA COUNTY BEHAVIORAL HEALTH

Supervision

There is a weekly staff supervision group. Individual clinical supervision is available on an as needed basis.

Process Monitoring

The IDDT Team is a model for data collection and use of data in monitoring and improving services. The staff uses the Fidelity Scale to track changes in fidelity.



THE INTEGRATED DUAL DIAGNOSIS TREATMENT PROGRAM OF VENTURA COUNTY BEHAVIORAL HEALTH


Outcome Monitoring
The staff completes an Outcome Log on each client every six months. This will be discussed in more detail later in the presentation.



THE INTEGRATED DUAL DIAGNOSIS TREATMENT PROGRAM OF VENTURA COUNTY BEHAVIORAL HEALTH

FIDELITY SCALE COMPONENTS:

Multidisciplinary Treatment Team
The VCBH IDDT Team consists of psychiatrists, psychologists, social workers, MFTs, nurses, alcohol/drug treatment specialists and case managers.



THE INTEGRATED DUAL DIAGNOSIS TREATMENT PROGRAM OF VENTURA COUNTY BEHAVIORAL HEALTH

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.

THE INTEGRATED DUAL DIAGNOSIS TREATMENT PROGRAM OF VENTURA COUNTY BEHAVIORAL HEALTH

Suggestions for Differential Diagnosis

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

THE INTEGRATED DUAL DIAGNOSIS TREATMENT PROGRAM OF VENTURA COUNTY BEHAVIORAL HEALTH

Attention-Deficit Disorder versus Trauma

- o The brains of traumatized children are in a state of fear-related activation
- o A traumatized child may exhibit motor hyperactivity, anxiety, depression, behavioral impulsivity, attention deficits, sleep problems, tachycardia and hypertension

INTEGRATED MODEL FOR DEVELOPMENT OF PTSD/ADDICTION
By Linda Gertson, Ph.D.

Disorganized Attachment Relationships

- o Primary caregiver(s) cannot regulate infant's states of arousal
- o Deficiency in the hierarchical system of the right hemisphere
- o Inability of higher cortical levels to regulate lower subcortical levels
- o Poor affect regulation
- o Poor communication between hemispheres

INTEGRATED MODEL FOR DEVELOPMENT OF PTSD/ADDICTION

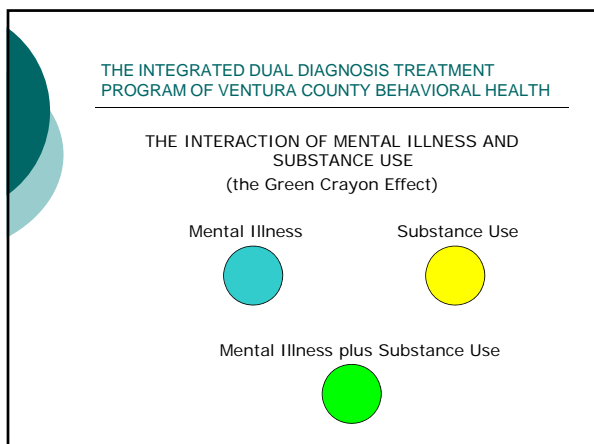
Ongoing Trauma
Excess levels of glucocorticoids
Sensitization of the HPA Axis
 High levels of norepinephrine/low levels of cortisol
 Inability to tolerate stress
 Damage to hippocampus
 Poor narrative memory
 Damage to corpus callosum
 Impairment in information processing
 Memories are primarily somatosensory
 Hyperarousal/numbing

INTEGRATED MODEL FOR DEVELOPMENT OF PTSD/ADDICTION

Damage to Core Self
Unstable sense of self
 o Affect instability
 o Poor distress tolerance
 o Shifts between hyperarousal and numbing/dissociation
 o Impulsive behavior
 o Deficits in interpersonal relationships/attachment problems
 o Abandonment issues/feelings of emptiness
 o Alternates between clinging & detachment/idealization/devaluation

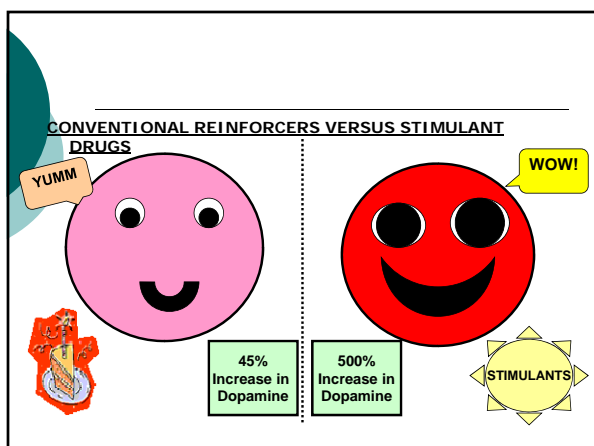
INTEGRATED MODEL FOR DEVELOPMENT OF PTSD/ADDICTION

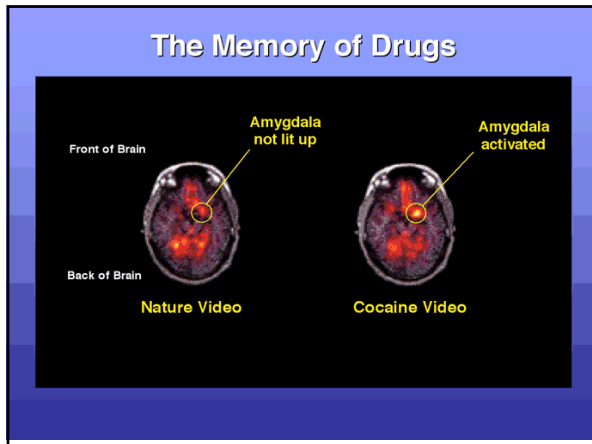
Use of Drugs/Alcohol
Attempt to modulate states of arousal & regulate affect
Further disruption in neural circuitry and neurobiology
 Biological addiction
 Impairment in neural structures related to memory
 Impairment in social/psychological/intellectual development
 Susceptibility to additional trauma (assault/domestic violence)
 Use of drugs/alcohol during pregnancy
 Impaired parenting behavior
 Transgenerational abuse

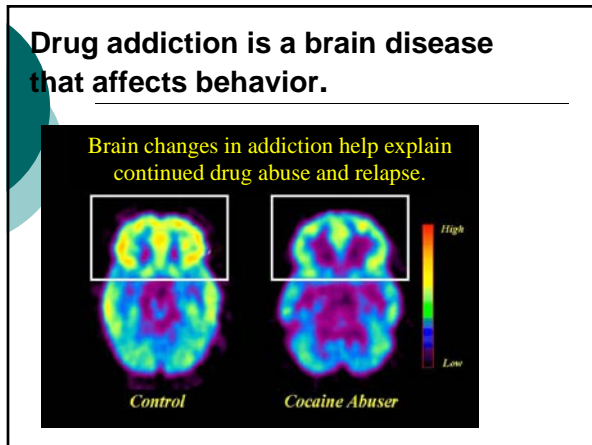


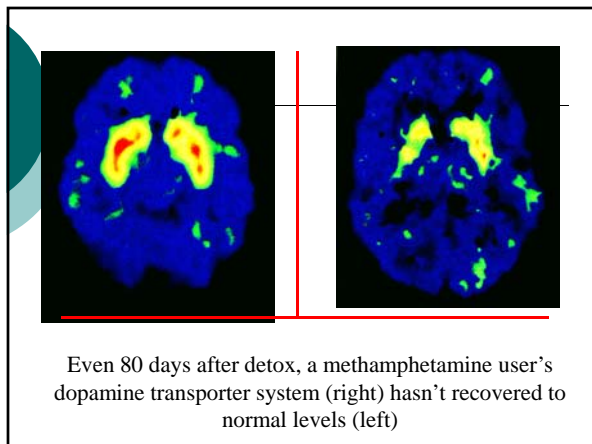
“That is the dumbest thing I’ve ever heard. How can you treat an addict if he’s not there? They come to treatment because they use dope. And you throw them out because they’re using dope! So can anybody here tell me of one other disease where the patient is supposed to be cured before he gets treated?”


Dr. Pablo Stewart












THE INTEGRATED DUAL DIAGNOSIS TREATMENT PROGRAM OF VENTURA COUNTY BEHAVIORAL HEALTH

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.



THE INTEGRATED DUAL DIAGNOSIS TREATMENT PROGRAM OF VENTURA COUNTY BEHAVIORAL HEALTH

Pharmacological Treatment

The staff psychiatrists prescribe medication to program clients with the consultation of American Society of Addiction Medicine certified psychiatrists who are also members of the staff.




THE INTEGRATED DUAL DIAGNOSIS TREATMENT PROGRAM OF VENTURA COUNTY BEHAVIORAL HEALTH

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, Late Active, Relapse Prevention, and Recovery.



THE INTEGRATED DUAL DIAGNOSIS TREATMENT PROGRAM OF VENTURA COUNTY BEHAVIORAL HEALTH


Access to a Broad Range of Housing
The range of housing available to clients includes residential programs, sober living homes, room and boards, licensed board and care facilities, independent living and low-cost housing. Choice of housing is related to client needs and preference.
In September 2006 we received a \$2,000,000 SAMHSA grant to extend our services to homeless dual diagnosis individuals.

Long-term services
There is not time limit for services. Clients can remain in the program for an indeterminate amount of time.



THE INTEGRATED DUAL DIAGNOSIS TREATMENT PROGRAM OF VENTURA COUNTY BEHAVIORAL HEALTH

Outreach
The clients have a case manager who provides field-based services. The case managers attempt to engage reluctant clients into treatment through use of motivational enhancement techniques, a focus on risk reduction and an evaluation of functional impairments. Areas of evaluation include physical health, money management skills, living situation, family issues, activities of daily living, social activities and employment.
The case managers also provide outreach to clients who have stopped coming to outpatient appointments.



THE INTEGRATED DUAL DIAGNOSIS TREATMENT PROGRAM OF VENTURA COUNTY BEHAVIORAL HEALTH

Motivational Interventions
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.

THE INTEGRATED DUAL DIAGNOSIS TREATMENT PROGRAM OF VENTURA COUNTY BEHAVIORAL HEALTH

Dual Diagnosis Counseling

Individual 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 treatment plan is developed during individual therapy sessions.

Individual therapy also addresses psychosocial development, symptom reduction, interpersonal relationships, trauma issues and other relevant material.

THE INTEGRATED DUAL DIAGNOSIS TREATMENT PROGRAM OF VENTURA COUNTY BEHAVIORAL HEALTH

Group Therapy

The 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

Groups are two hours. The first hour is psychoeducational. The second hour is a process group.

THE INTEGRATED DUAL DIAGNOSIS TREATMENT PROGRAM OF VENTURA COUNTY BEHAVIORAL HEALTH

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.

The group uses materials from manuals such as *Seeking Safety* by Lisa Najavits.

The first hour of the group focuses on material from the manual. The second hour is a process group.

THE INTEGRATED DUAL DIAGNOSIS TREATMENT PROGRAM OF VENTURA COUNTY BEHAVIORAL HEALTH

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.

THE INTEGRATED DUAL DIAGNOSIS TREATMENT PROGRAM OF VENTURA COUNTY BEHAVIORAL HEALTH

IDDT DOs and DON'Ts

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

THE INTEGRATED DUAL DIAGNOSIS TREATMENT PROGRAM OF VENTURA COUNTY BEHAVIORAL HEALTH

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

- o Complete and continuous support of the VCBH Adult Services Division Manager
- o 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)
- o Immediate implementation of IDDT (in the Oxnard site)
- o Embed in mental health division versus alcohol/drug
- o Willingness to change and adapt

THE INTEGRATED DUAL DIAGNOSIS TREATMENT PROGRAM OF VENTURA COUNTY BEHAVIORAL HEALTH

Implementation of IDDT in Ventura County (continued)

- Ongoing clinical supervision by the program manager
- Staff participation in the development of program forms, program development and outcome measures
- 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
- **NO WRONG DOOR, NO CLOSED DOOR**

THE INTEGRATED DUAL DIAGNOSIS TREATMENT PROGRAM OF VENTURA COUNTY BEHAVIORAL HEALTH

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

THE INTEGRATED DUAL DIAGNOSIS TREATMENT PROGRAM OF VENTURA COUNTY BEHAVIORAL HEALTH

WHOOPSIES

- Did not budget sufficient amount of money in the SAMHSA grant for data analyst (but we lucked out)
- Did not budget more money for case managers

THE INTEGRATED DUAL DIAGNOSIS TREATMENT PROGRAM OF VENTURA COUNTY BEHAVIORAL HEALTH

Some Preliminary Findings

- o 80% of clients have history of abuse
- o Majority of clients began abuse of substances in early adolescence
- o Later onset of methamphetamine abuse in older clients
- o Most clients report that psychiatric symptoms preceded onset of substance abuse
- o Most clients believe there is a relationship with their psychiatric symptoms and substance abuse
- o Clients may do very well in the program but still do not meet treatment plan objectives
- o Many clients have a tendency to self-sabotage after a relatively long period of being clean/sober

THE INTEGRATED DUAL DIAGNOSIS TREATMENT PROGRAM OF VENTURA COUNTY BEHAVIORAL HEALTH

Outcome Measures Include:

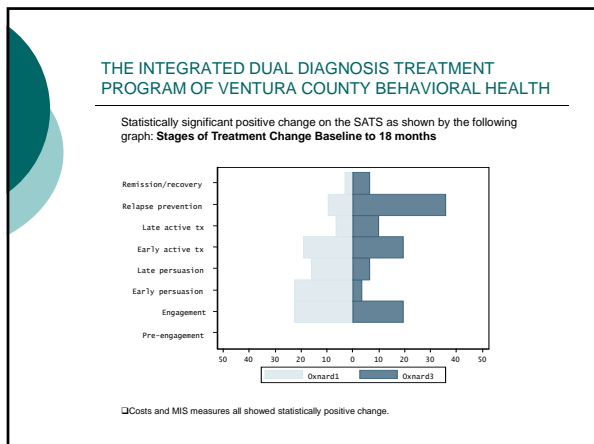
- o Number of hospitalizations and incarcerations prior to and consequent to treatment
- o Reduction in symptom acuity
- o Movement along the continuums of Stage of Change of Treatment
- o Abstinence from drugs/alcohol (or reduction in quantity and/or frequency of use)
- o Number and length of relapses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

THE INTEGRATED DUAL DIAGNOSIS TREATMENT PROGRAM OF VENTURA COUNTY BEHAVIORAL HEALTH

Preliminary Analysis of Outcome Measures

Outcome data suggest a direct positive relationship between program participation and client success particularly on the following variables.

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




THE INTEGRATED DUAL DIAGNOSIS TREATMENT PROGRAM OF VENTURA COUNTY BEHAVIORAL HEALTH

Costs and MIS measures all showed statistically positive change.
Change Measures For Oxnard IDDT Study Participants*

Measure	Baseline (Mean days: 254)	Study Period (Mean days: 409)	Change
Mean annual hospital inpatient episodes	1.8	1.0	-0.8
Mean annual hospital inpatient days	11.3	3.3	-8.0
Mean annual crisis visits	4.1	1.4	-2.7
Mean annual crisis hours	5.6	2.0	-3.6
Mean annual cost of high intensity services (hospital, ER, IMD)	\$10,497	\$4,408	-\$5,889

* Statistical Tests Adjusted for Exposure to Risk in Baseline and Study Period

- ### THE INTEGRATED DUAL DIAGNOSIS TREATMENT PROGRAM OF VENTURA COUNTY BEHAVIORAL HEALTH
- SUSTAINABILITY
 - Need continuous support from administration
 - Identify potential leaders/managers
 - Keep high profile in the community
 - Look for funding opportunities



THE INTEGRATED DUAL DIAGNOSIS TREATMENT
PROGRAM OF VENTURA COUNTY


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."



THE INTEGRATED DUAL DIAGNOSIS
TREATMENT PROGRAM OF VENTURA COUNTY

Contact:

Linda.Gertson@ventura.org
