

SAMI Matters

A NEWSLETTER OF THE OHIO SUBSTANCE ABUSE AND MENTAL ILLNESS COORDINATING CENTER OF EXCELLENCE (SAMI CCOE)

The Ohio SAMI CCOE is a partnership between the **Mandel School of Applied Social Sciences** at Case Western Reserve University and the **Department of Psychiatry at the Case School of Medicine**. The partnership is collaborating with and is supported by the **Ohio Department of Mental Health** and the **Ohio Department of Alcohol and Drug Addiction Services**.

People with mental illness finding rapid job-placement in Ohio communities



Four community-based mental health service agencies in Ohio are beginning to provide rapid job-search and placement services to people with mental illness who express the desire to work. The initiative formally began this past January as part of a three-year grant of nearly \$1 million that the Ohio Department of Mental Health (ODMH) received last fall from the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services. The grant supports the dissemination of the Supported Employment (SE) model, an evidence-based practice (EBP) that has been developed by the New Hampshire-Dartmouth Psychiatric Research Center (PRC). An EBP is a standardized service model that research has demonstrated to achieve positive consumer outcomes and consistent program outcomes.

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SUPPORTED EMPLOYMENT (SE): THE EVIDENCE-BASED PRACTICE

QUALITY OUTCOMES

Fifty-eight (58) percent of mental health consumers in evidence-based SE programs are employed in competitive jobs in the community.

Only 21 percent of mental health consumers in traditional vocational rehabilitation programs get competitive jobs in the community.

SE Increases

- Employment in competitive jobs
- Number of hours worked
- Amount of income earned in competitive jobs

SE Decreases

- Unemployment
- Dependence upon public systems of care
- Symptoms of mental illness
- Hospitalizations
- Stigma in the community about mental illness

Competitive Employment Improves

- Self-esteem
- Mental health symptoms
- Self-management of mental health symptoms
- Independent living abilities

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Ohio Programs Implementing Supported Employment, the evidence-based practice

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ODMH is disseminating the SE model through the Ohio SAMI CCOE. ODMH chose to pilot the model at the four agencies (see sidebar), because they have experience with EBPs: The SAMI CCOE has been helping them implement the Integrated Dual Disorder Treatment (IDDT) model.

In the first year of the SE initiative, the service agencies are providing rapid job-search and placement services for people who have mental illness and substance abuse disorders. Beginning in 2005, the agencies will expand their consumer base to include people with mental illness who do not have substance abuse disorders. In January 2005, the SAMI CCOE will disseminate the SE model to four additional agencies. It is developing a plan to disseminate the model throughout the state in 2006 to all consumers with severe mental illness.

ODMH has chosen SE as the service model of choice for persons with severe mental illness, because of the research that supports it.

“Supported employment is simply the ‘gold-standard’ approach to help people with mental illness get and keep a job,” says Michael F. Hogan, Ph.D., director of ODMH. “We know that getting a job is one of the top personal goals of many people working to recover from mental illness, and having a job supports recovery.”

According to Dale P. Svendsen, M.D., medical director of ODMH, SE is one of six evidence-based practices for which national Resource Kits have been developed. The other five practices include the following: IDDT, Illness Management and Recovery (IMR), Assertive Community Treatment (ACT), Family Psychoeducation, and Medication Management. Ohio is also

piloting Resource Kits for IDDT and IMR, and promoting the other practices through CCOE’s or through other collaborative initiatives.

“Local mental health systems in Ohio who adopt and provide these six services in culturally-appropriate ways will have powerful tools at their disposal to help persons with mental illness achieve their individual recovery goals,” Dr. Svendsen says. “The successful implementation of SE is vital to help many people reach these important goals.”

“Supported employment is simply the ‘gold-standard’ approach to help people with mental illness get and keep a job.”

— Michael F. Hogan, Ph.D.,
director of ODMH

Not an ordinary employment program

The SE model is unique among employment programs for people with mental illness, because research has demonstrated its effectiveness in helping people find and keep competitive jobs. The SE model has 15 distinct and measurable components, which contain six core principles (see page 5).

Unlike many vocational rehabilitation programs, SE does not postpone job placement by requiring consumers to enroll in pre-employment training or sheltered workshops. Research shows that fewer people obtain employment when their job search is delayed by prevocational training (see *Resources* on page 4). Therefore, SE is assertive about helping people find the work they want in the community as soon as they express the interest. SE helps consumers identify, acquire, and maintain competitive employment—that is, a part-time or full-time job that anyone can apply for. It is also assertive about career development and job satisfaction. It helps consumers think about how their current job might lead to new, higher-paying jobs that will satisfy their desire to achieve, to recover, and to grow.

SUPPORTED EMPLOYMENT (SE): THE EVIDENCE-BASED PRACTICE

Some service providers use the terms supported employment to describe a variety of vocational rehabilitation programs for people with mental illness. Supported Employment (SE) is an evidence-based practice (EBP) that was developed at the New Hampshire-Dartmouth Psychiatric Research Center in Lebanon, New Hampshire. As an EBP, this service model has been proven effective through research.

The only requirement is the desire to work.

According to Patrick E. Boyle, MSSA, LISW, CCDC III-E, director of clinical training at the Ohio SAMI CCOE, the SE model emphasizes that employment is important for treatment and recovery. Consumers who work are more likely to achieve their personal recovery goals and a higher quality of life. Employment also helps consumers begin the process of economic independence, which reduces their vulnerability to poverty and their dependence upon social service systems.

“Supported Employment requires consumers to work with an employment specialist to identify, acquire, and maintain a competitive job,” Boyle says. “In all of these activities, consumers have to interact with people in the community to get what they want and need. This is what recovery is about. It’s about helping consumers recover and develop self-awareness, self-confidence, and self-assertiveness. As service professionals, it is our job to help them achieve their greatest potential. Supported Employment helps us do this.”

Personal attention encourages mastery of skills

In the SE model, case managers at mental health agencies are trained to help mental health consumers identify personal strengths that will motivate them to consider work as an attainable goal. Case managers are also trained to refer consumers to benefits counselors, who calculate how much money they can make without losing benefits, such as Medicaid insurance, supplemental security income (SSI), and social security disability insurance (SSDI). As soon as a consumer expresses the desire to work, the case manager refers him or her to an employment specialist, who is typically employed by the mental health agency. In two to three weeks, the employment specialist will be helping the consumer research jobs, fill out applications, and interview with potential employers.

Employment specialists provide personal attention on a time-unlimited basis. They not only help consumers search for work but also help them respond to challenges and manage crises at their jobs. They also help with job transitions and career development. Consumers are never discharged from employment services, unless they request it.

Employment specialists also facilitate relationships among consumers, employers, multidisciplinary service teams, and job counselors at local offices of the Ohio Rehabilitation Services Commission. Employment specialists help agencies integrate employment with mental health treatment because they attend weekly team meetings and discuss the progress of each consumer with case managers, psychiatrists, nurses, criminal justice professionals, family caregivers, and other members of the treatment team.

According to Robert J. Ronis, M.D., co-director of the Ohio SAMI CCOE, the personal attention that consumers receive is crucial for their success with living in the community. Jobs are social situations that can be extremely stressful, he explains. The presence of unfamiliar people may overwhelm some consumers with anxiety and fear, while it may overwhelm others with feelings of isolation and loneliness. By integrating mental health services with employment experiences, consumers have opportunities to learn how to notice problematic feelings, to respond in constructive ways, and to pick up the phone and call for help before a crisis emerges.

“The psychiatric literature consistently reports that combining medications and psychotherapy works better than either alone for people with severe mental illness,” Dr. Ronis says. “Most people think of therapy happening between two people or in a group in a room somewhere that is removed from the activities of everyday life. The Supported Employment model gives people the opportunity to develop practical relationships—therapeutic relationships, if you will—in the real world. Its success depends upon how well the treatment team works with each other. They need to be in constant dialogue about each consumer.”

Baseline fidelity inspires action plans

The SAMI CCOE formally commenced dissemination of SE to the four participating Ohio agencies in January when it hired Sarah Swanson, MRC, LSW, CRC, as its full-time supported employment consultant and trainer (see page 13). Swanson and Boyle are providing program consultation, clinical consultation, and education and training services to each agency. The implementation team also includes



As soon as a consumer expresses the desire to work, the case manager refers him or her to an employment specialist. In two to three weeks, the specialist will be helping the consumer research jobs, fill out applications, and interview with potential employers.

Supported Employment (SE) Training

**Monday,
September 27
9 a.m. to 5 p.m.**

**Holiday Inn—
Worthington
Columbus, Ohio**

**Cost: \$50, Register
online today:
[www.ohiosamccoe.
case.edu/events/](http://www.ohiosamccoe.case.edu/events/)**



Supported Employment provides rapid job-placement...

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The Supported Employment model does not require full-time employment because many consumers prefer and can only manage part-time work. Part-time jobs are a popular option.

Barbara Wieder, Ph.D., director of evidence-based practices implementation research at the Ohio SAMI CCOE. She is providing leadership for research and evaluation activities and is collaborating with Wilma J. Lutz, Ph.D., RN, research administrator at ODMH. Drs. Wieder and Lutz are investigating facilitators and barriers to the implementation of SE in Ohio.

Swanson, Boyle, and Wieder began their consultation and training efforts by coordinating baseline fidelity reviews. A fidelity assessment team visited each agency and compared its existing employment initiatives with the SE Fidelity Scale, a 15-item evaluation instrument that measures adherence to the 15 components of the model (see Resources below). Each assessment team summarized its findings and recommendations in a formal fidelity report that was presented to the implementation steering committee at each agency. The committees are using the fidelity reports to develop an implementation action plan. The agencies will receive a follow-up fidelity review every six months for the next two years.

According to Swanson, the advantage of working with these initial four sites is that each has prior experience with implementing at least one EBP, namely, IDDT.

"It's all about outcomes," she says. "Fidelity visits help agencies adapt to changes in their environment in thoughtful ways. In the past, many agencies developed their own version of the Supported Employment model, but out-

comes were negatively affected by these adaptations. I am inspired by the enthusiasm and the commitment of the people who work in the four agencies that are piloting the SE model in Ohio. I know the outcomes will be good. There are challenges, but the agencies are finding solutions."

Mental health consumers want to work

The timing for SE in Ohio is perfect, says Lenore A. Kola, Ph.D., co-director of the Ohio SAMI CCOE, because research sponsored by ODMH has found that the current rate of employment among persons with severe and persistent mental illness is approximately 14 percent. The research has also found that consumers rank employment as their top unmet need. Implementation of SE in other states has generated competitive employment rates of 50 to 60 percent.

David E. Biegel, Ph.D., director of research and evaluation at the Ohio SAMI CCOE, is leading a research team that will be helping Ohio agencies develop strategies to collect, analyze, and utilize outcomes data to achieve and maintain fidelity to SE and, thus, continually enhance the effectiveness of their services.

"We don't have a picture of employment trends yet, but we are monitoring the impact of the programs on consumer employment," Dr. Biegel says. "We're looking forward to the results."



Resources

Supported Employment Fidelity Scale

<http://www.ohiosamiccoe.case.edu/research/research.html>

Supported Employment: An Overview of the Model

<http://www.ohiosamiccoe.case.edu/library/media/supportedemployment.pdf>

Books

Deborah R. Becker and Robert E. Drake, *A Working Life for People with Severe Mental Illness*. Oxford: Oxford University Press, Inc., 2003.

Research Articles

Bond, G.R.; Becker, D.R.; Drake, R.E.; Rapp, C.A.; Meisler, N.; Lehman, A.F.; Bell, M. D., & Blyler, C.R.; (2001). Implementing supported employment as an evidence-based practice. *Psychiatric Services*, 52, 313-322.

Bond, G.R., (1998) Principles of the individual placement and support model: Empirical support. *Psychiatric Rehabilitation Journal*, 22(1), 11-23.

Supported Employment

An Overview of the Six Core Principles

There are six core principles that make the Supported Employment (SE) model different from vocational rehabilitation programs. They are briefly described below. Research has demonstrated that these principles produce positive consumer outcomes and consistent program outcomes.

1. Zero Exclusion Policy

All consumers who want to work are eligible for help, even if they

- Have experienced job loss in the past;
- Lose a job(s) while enrolled in SE;
- Are still experiencing symptoms of mental illness;
- Are still using alcohol or other drugs*;
- Have problems with transportation;
- Do not know how to fill out an application;
- Do not know how to talk to an employer;
- Do not have previous training;
- Are afraid they might not learn the job fast enough; or
- Are afraid they might not fit in with others.

**The use of alcohol and other drugs may limit consumer job choices because many employers test for drug use. If consumers can pass a drug test, their choice of jobs typically increases.*

2. Consumer Preferences are Important

The mental health case manager and supported-employment specialist help each consumer identify his or her personal strengths, skills, and interests. These are excellent motivators. Consumers who find jobs that they want experience a higher level of satisfaction and tend to keep their jobs longer. The case manager and employment specialist are trained to give as much or as little help as the consumer wants.

3. Rapid Job Search

Once a consumer expresses the desire to work, his or her case manager will contact the employment specialist. In two to three weeks, the specialist will be helping the consumer research jobs, fill out applications, and interview with potential

employers. The case manager will also contact a benefits counselor (see sidebar). Research shows that fewer people obtain employment when their job search is delayed. The SE service model does not require consumers to complete pre-employment assessment, training, and workshops.

4. A Competitive Job is the Goal

The employment specialist is committed to helping each consumer find a regular part-time or full-time job in the community that pays minimum wage or more. A regular job is a competitive job that anyone in the community can apply for. The SE model only endorses competitive jobs for several reasons:

- Consumers like competitive jobs more than they like sheltered work.
- Competitive jobs reduce stigma by enabling consumers to work side-by-side with people who do not have mental disabilities.
- Competitive jobs inspire self-esteem.
- Consumers want to live in the mainstream of life.

5. Employment is Integrated with Mental Health Services

Employment specialists are included in service-team meetings, and they work closely with case managers, psychiatrists, and other professionals to help consumers achieve their employment goals. Team members openly discuss and find solutions for clinical issues that affect work performance, such as the following:

- Medication side effects (e.g., drowsiness)
- Persistent symptoms (e.g., hallucinations)
- Cognitive difficulties (e.g., problem-solving skills)
- Other rehabilitation needs (e.g., social-skills training)

6. Time-Unlimited Support

Some consumers struggle with their psychiatric disability over long periods of time. Therefore, consumers are never terminated from SE services, unless they request it.



Benefits Counseling

Benefits counselors help consumers calculate exactly how much money they can make at their jobs without losing benefits, such as Medicaid insurance, supplemental security income (SSI), and social security disability insurance (SSDI). Benefits counselors advise consumers and caregivers about the following:

- **Benefit requirements**
- **Income ceilings**
- **Work incentives**
- **Other issues and regulations related to employment benefits**



Resources

A complete description of the Supported Employment model can be found on our web site:
<http://www.ohiosamickey.case.edu/library/media/supportedemployment.pdf>

Agency Profile

Nord Center integrates multiple EBPs

—by Matthew K. Weiland



Spiegelberg, Ph.D., reports that the Center's emergency services staff has seen more individuals who suffer from situational stress and substance abuse caused by job loss and economic hardship. The staff is also seeing more people who are suicidal and homeless.

The link between mental health symptoms and substance use does not surprise Dr. Spiegelberg or her staff. The Center's work with people who have severe and persistent mental illness (SMI) has prepared everyone for this fact. National research shows that between 50 to 60 percent of people with SMI have co-occurring disorders.

The advantage of EBPs

Since 1998, the Nord Center has been implementing evidence-based practices (EBPs) to address the comprehensive and holistic needs of the SMI population. Two of the EBPs are the Integrated Dual Disorder Treatment (IDDT) model and the Supported Employment (SE) model. The EBPs support Ohio's recovery philosophy, because they help consumers live more independently in the community.

"Our goal at the Nord Center is to utilize treatment interventions that best support the independence and recovery of our clients," Dr. Spiegelberg says. "What makes more sense than to teach them to manage their mental illness effectively, to help them get a job, and to encourage their active participation in the activities of the community?"

William Harper, MA, ACSW, LISW, executive director of the Lorain County Board of Mental Health and an advocate for funding EBP initiatives, echoes Dr. Spiegelberg's observation that EBPs help consumers improve the quality of their lives. He uses the Supported Employment (SE) model as an example (see page 1). He explains that employment is not only a source of economic stability but also as a source of social stability. Consumers often forge new relationships with co-workers.

"Employment moves the recovery process along and SE is the best model we



Jane Spiegelberg, Ph.D.

Over the last three decades, few regions in the United States have been hit harder by the loss of jobs than Lorain County, Ohio, where the closing of businesses in many sectors of the economy—especially manufacturing—and the resulting layoffs have increased psychological stress, mental health crises, and substance abuse. The shock waves of the economic crash have fractured the lives of individuals and their families.

In difficult economic times, community-based social service agencies typically experience a spike in the demand for help. This has been the trend at the Nord Center in Lorain, Ohio, which provides both mental health and substance abuse services to approximately 2,700 people. Interim Executive Director Jane

have for getting meaningful employment in an occupation of our client's choosing," he says. "It is a flexible model and takes into consideration the possibility of relapse and changes in consumer's occupational goals."

Blanche Dortch, Ph.D., associate director of the Lorain County Board of Mental Health and one of the pioneers of EBPs in Lorain County, cites IDDT as another example of a service model that encourages recovery and independence. By integrating mental health services with substance abuse services, IDDT attends to the "total package" of needs, she explains. Recovery is achieved through many different approaches, including motivational interviewing, social-skills training, housing assistance, twelve-step abstinence programs, work productivity, and peer-support programs in which consumers help each other begin and maintain the recovery process.

Dr. Dortch adds that IDDT provides clinicians with a framework for working with consumers to reach their recovery goals. The model's emphasis on engagement and the use of motivational interviewing allows the system to be successful in ways that less integrated and more traditional models are not.

"Our [service professionals] can work as a team with each consumer and, ultimately, total life-skills are developed when the consumer is ready," Dr. Dortch says.

SAMI Team Leader Leann Gardner, MSSA, LISW, CCDC III, cites a recent example of success with the IDDT model—three men in their forties who have been long-term clients of the Nord Center. All three have a diagnosis of schizophrenia and substance dependence and were in the persuasion stage of IDDT treatment for several years. Eighteen months ago, the SAMI service team successfully moved them into a transitional housing facility that is operated by the Center. There, they entered the active-treatment stage. All three stopped using alcohol and other drugs and decreased their use of the hospital during psychiatric episodes. Gardner proudly reports that the men have maintained their sobriety and recently moved into independent living for the first time. She attributes their success, in part, to social support.

"We managed to house them in an area of town near to each other so they can stay in contact with each other and get support," Gardner says.

Prepared for organizational change

Despite the successes with consumer outcomes, implementing EBPs often present service agencies with some organizational challenges that can be uncomfortable. New service models come with new philosophies, new procedures, and new ways of interacting with consumers and colleagues. Fortunately, Gardner explains, the Nord Center was prepared for the cultural change in the organization that was inspired by IDDT. Several years prior to IDDT, the Center implemented a Mental Illness Chemical Abuse (MICA) service team, which was comprised of clinicians who were cross-trained in mental health and chemical dependency treatment. It was a predecessor to the IDDT-based SAMI program and its multidisciplinary service teams. It also inspired the Nord Center to create a Department of Addiction Services.

"The cultural change that has occurred with IDDT was inevitable," Gardner says. "More and more people coming through our doors looking for help are addicted. That's a reality."

Although the Nord Center has transformed itself to meet the needs of its community, public policies that govern the treatment of substance abuse have not. There are no sources of money to pay the Center for treating uninsured consumers who have substance abuse disorders. There is money to treat the uninsured who have mental illness. It comes from the mental health tax levy, from the county mental health board, and from state and federal sources.

Gardner hopes that public perceptions about substance abuse will change and that voters across the nation will approve an increase in funding for services. She is an advocate for the cause. She also hopes that public support for integrated treatment on the state and national level will some day equal the support that people in Lorain County have demonstrated. The last mental health levy in Lorain was passed by 60 percent of the voters.

(Matthew K. Weiland is a free-lance writer based in Cleveland.)

Of the 2,700 clients served by the Nord Center, approximately 1,700 are people with SMI.



William Harper, MA, ACSW, LISW



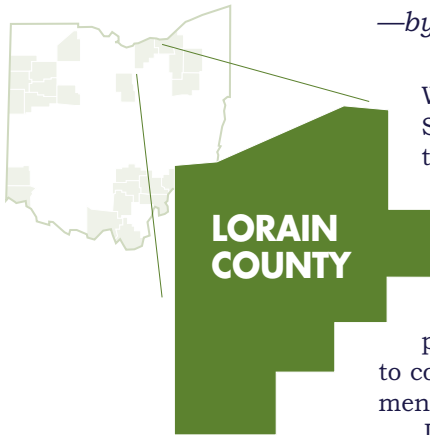
Leann Gardner, MSSA, LISW, CCDC III

For more information about the Nord Center's Supported Employment (SE) initiative, see page 8.

Agency Profile *continued...*

EBP helps consumers find meaningful jobs, long-term recovery

—by Matthew K. Weiland



Nord Center Lorain, Ohio



Jeffrey Joy, MBA,
MEd, CRC

With the recent implementation of the Supported Employment (SE) model, the Nord Center's Vocational Services Department has begun to make meaningful employment a vital component of consumer recovery. Approximately 300 Lorain County residents are either actively participating in SE or are being encouraged to consider the evidence-based employment program as part of their recovery.

Director of Vocational Services Jeffrey Joy, MBA, MEd, CRC, stresses that consumers who participate in SE are not simply engaging in "make-work" situations that simulate real jobs. They are pursuing regular jobs in the community.

"Meaningful employment, by our definition, means competitive jobs that you, I, or any citizen might consider," Joy says.

The advantages of having a meaningful job, he adds, are the same for persons with mental illness as they are for everyone else. Meaningful work elicits feelings of accomplishment, productivity, and participation in a cause. It also provides the satisfaction of having money to support family members, having money to go out on a date, and having money to treat oneself and friends to a night out at restaurant and a movie. Most consumers in the SE program report having fewer symptoms while working, as well as an enhanced sense of self-esteem.

According to Joy, about 25 percent of the Nord Center's job placements are characterized as being within the manufacturing sector. Although Lorain County has experienced a significant loss of manufacturing jobs, the Center has still been able to help consumers find work that

they enjoy. The remaining 75 percent of job placements occur across the service sectors, including clerical work, customer service, data entry, food service, retail and sales, and banking.

Since July 2003, the average starting wage has been \$7.44 per hour and the average number of hours worked has been 27.4 per week. These averages include consumers who have chosen to work full time as well as those who have chosen to ease into their employment experiences by working a few hours a week.

At the Nord Center, the SE model is being implemented as it was designed. Job-placement specialists from the Center's Vocational Services Department interact regularly with members of mental health services teams and participate in meetings to discuss the progress of each consumer. Nord has six job-placement specialists. There are six mental health teams, which include the following: SAMI (IDDT), Family Behavioral, Bi-Lingual, African Centric, Older Adult, and Counseling and Therapy.

Success with consumers, Joy explains, begins in the engagement process. Consumers who express an interest in finding a job often worry that they are incapable of working and that they will lose their Medicaid benefits if they make money. The service teams have been trained to help consumers resolve their worries with positive solutions. For instance, the teams arrange for consumers to have benefits analyses to plan their employment wisely.

(Matthew K. Weiland is a free-lance writer based in Cleveland.)

IDDT Stage-Wise Groups

Group psychotherapy utilizes social nature of substance abuse to inspire personal change

— This article is the first in a three-part series about stage-wise groups. The next issue of SAMI Matters will include an overview of Persuasion Groups. Look for it this winter.

Substance use and abuse frequently occur in social settings. Mental health consumers who have a co-occurring substance use disorder often receive a negative form of social support (i.e., encouragement and approval) to use alcohol and other drugs while in the company of friends and fellow users. The act of using provides a shared experience—feelings of belonging and connectedness. Social support is a powerful force. It surrounds people like a protective shield. With substance use and abuse, it prohibits consumers from becoming aware of their disorder and its negative consequences.

Group psychotherapies can help mental health consumers who have a co-occurring substance use disorder transform the protective shield of negative support into one of positive support for life-affirming behavior. The transformation occurs because members of the treatment groups are all striving for greater awareness of and the ability to manage the symptoms of their mental illness and substance use disorders.

The New Hampshire-Dartmouth Integrated Dual Disorder Treatment (IDDT) model provides consumers with opportunities to develop social relationships that support positive experiences—those that promote self-awareness, self-management, self-determination, and independent living. IDDT services must provide access to a variety of group therapies and self-help groups that address the needs of consumers in the four stages of treatment (see chart below).

Involvement of consumers in stage-wise groups

Service professionals should encourage consumers to attend stage-wise groups even if they are receiving other forms of treatment. Professionals should also offer consumers the option to attend a new group when they enter the next stage of treatment. If a consumer decides not to go, that decision must be respected. Change may occur slowly over time. Consumers may attend more than one group as they progress through the stages of treatment.



Resources

This article was composed with contributions from the following:

-Deborah Myers, MEd, PCC, consultant and trainer at the Ohio SAMI CCOE
-Excerpts from *Integrated Treatment for Dual Disorders: A Guide to Effective Practice* by Kim T. Mueser, et al., 2003. New York: The Guilford Press, p.137-154.

Other recommended reading

Bellack, A. S., Mueser, K. T., Gingerich, S., & Agresta, J. (2004). *Social Skills Training for Schizophrenia: A Step-by-Step Guide* (Second ed.). New York: Guilford Press.

Stage of Treatment	Type of Group	Explanation	Stage of Change
I. Engagement	Group therapy is not used in this stage.	- In this stage, service professionals build a trusting relationship with consumers by helping them meet their basic health and safety needs. Consumers are typically not ready to address their substance use and mental health issues.	Pre-Contemplation
II. Persuasion	Persuasion Group	- Helps consumers become aware of the existence of mental illness and substance use in their lives, as well as the negative consequences of both disorders - Helps consumers become motivated for recovery	Contemplation and Preparation
	Social-Skills Training Group	- Helps consumers who have difficulty interacting with others, especially in group situations	
III. Active Treatment	Active Treatment Group	- For consumers who want to develop personal strategies to manage their substance use and mental health disorders to enhance their recovery	Action
	Self-Help Groups (e.g., DRA, AA, NA, CA, Double Trouble etc.)	- Peer-led fellowship that provides social support for consumers who are working toward recovery - Most groups are community-based and utilize a 12-Step approach	
	Social-Skills Training Group	- Helps consumers develop responses to peer pressure and social situations that encourage substance use	
IV. Relapse Prevention	Relapse Prevention Group	- Helps consumers maintain lifestyle changes that they learned in the active treatment stage - Helps reduce the frequency, intensity, and duration of relapses associated with both disorders	Maintenance
	Social-Skills Training Group	- Helps consumers remain committed to their relapse-prevention plans and enhances social relationships that promote recovery	

Training Workshop

**Intro to IDDT Groups
Workshop Session 5,
Workshop #28**
Presented by Deborah Myers, MEd, PCC, consultant and trainer at the Ohio SAMI CCOE
Wednesday, September 29
Holiday Inn-Worthington
Columbus, Ohio

*This workshop is part of the "SAMI CCOE Conference 2004: Keeping the Focus on Consumers and Families." Register online for one or both days of the Conference:
www.ohiosamiccoe.case.edu/events*

Agency Profile

IDDT promotes recovery philosophy, inspires restructuring of inpatient care

—by Matthew K. Weiland



HAMILTON COUNTY

Summit Behavioral Healthcare Cincinnati, Ohio

The Ohio Department of Mental Health's Integrated Behavioral Healthcare System is comprised of five inpatient Behavioral Healthcare Organizations (BHOs), which operate nine hospital campuses throughout the state. Summit Behavioral Healthcare in Cincinnati is one of the BHOs.

More than two years ago, the Ohio Department of Mental Health's inpatient Integrated Behavioral Healthcare System made a bold move to become the first psychiatric hospital system in the United States to implement the New Hampshire-Dartmouth Integrated Dual Disorder Treatment (IDDT) model. Two years later, Summit Behavioral Healthcare (SBH) in Cincinnati has evidence that IDDT is enhancing consumer recovery in the hospital and improving transitions to life in the community. SBH serves 700 consumers with severe mental illness, approximately 72 percent are forensic cases.

According to Deborah Vorst, BS, OTR/L, assistant director of occupational therapy/clinical standards coordinator and chair of the SAMI implementation steering committee at SBH, the goals of inpatient services are to support recovery from the negative effects of mental illness, substance abuse, and physical illness and to discharge consumers to the least restrictive environment that is most appropriate for their level of functioning. IDDT helps SBH achieve these goals, she explains, because it takes a stage-wise approach. It acknowledges that recovery is a personal journey that occurs with small gains over time through four stages of treatment—engagement, persuasion, active treatment, and relapse prevention.

"We have totally revamped our service

delivery system to incorporate stage-wise interventions," Vorst says. She adds that in the past, SBH focused primarily on recovery from mental illness, but now it also focuses on recovery from substance abuse. The shift in focus has required a total organizational commitment. "Implementing a new model of practice, IDDT specifically, involves a long-term perspective and strong administrative and clinical support to bring all components to life in practice."

Fidelity scale helps structure IDDT implementation

A major factor contributing to the success of IDDT at SBH has been the Inpatient Fidelity Scale, a standardized instrument that helps hospitals implement all components of the model and evaluate the implementation process.

"The scale has provided SBH with a blueprint for comprehensive implementation," Vorst says. "The scale identifies best practices, and all system requirements are clear. As an organization, we have been bringing all pieces of the system together in a collaborative and united manner."

Vorst cites an example of success. The Fidelity Scale has helped SBH enhance its screening and assessment process. Physicians now use the CAGE Questionnaire during each admission and also gather collateral information (such as police reports, hospital reports, and interviews with parents and family members) to confirm the accuracy of information that consumers present about their mental illness and substance use. The new admission procedure identifies dual disorders with more efficiency and accuracy, which enables SBH to provide the most appropriate treatment available. The admission procedure has increased the detection of dual disorders among consumers at SBH from 34 percent in October 2001 to 55 percent in June 2004. In addition, the detection of dual disorders at admission has increased from 54 percent in 2001 to 85 percent in 2004.

Vorst adds that the Fidelity Scale has also guided SBH to assemble interdisciplinary

nary service teams and to provide them with training from the Ohio SAMI CCOE. The training provides service professionals with specific clinical skills to help consumers become aware of and reduce the negative consequences of their mental illness and substance use disorders. The training also helps team members learn to be sensitive to consumer choice and readiness for change. Team members are equipped with motivational strategies to help consumers move at their own pace through the four stages of treatment. IDDT's consumer focus supports Ohio's Recovery model.

IDDT inspires honest communication, innovation

A safe and trusting relationship between consumers and clinicians is essential for successful outcomes, such as a reduction in the frequency, intensity, and duration of relapses. However, Vorst explains, trust can only emerge with honesty and respect. IDDT inspires both because it acknowledges that relapse is a part of the recovery process. Consumers are encouraged to discuss the symptoms of their mental illness and substance abuse openly. Clinicians intentionally respond in a therapeutic manner, not a punitive one, because every experience—including relapse—is an opportunity for personal growth and positive change.

In another IDDT-based innovation, SBH has structured some residential units as active-treatment environments in which consumers and their family members have opportunities to participate in treatment planning and team meetings with service professionals. The active-treatment units also provide consumer and family education. Topics include illness management, coping and social skills development, and community resources for recovery.

According to CEO Liz Banks, MSW, LISW, the implementation of IDDT has promoted an atmosphere of communication and career development throughout the hospital. In five years, she would like

to see 75 percent of the staff proficient in engagement and motivational strategies, a strong family psychoeducational program, and more collaboration with community-based programs that have a clear understanding of and commitment to the IDDT model.

Employment prepares residents for discharge

Not all initiatives at SBH have been inspired by IDDT. However, they have been supported by it. An example is the consumer employment initiative. The IDDT model emphasizes that employment is an important part of treatment and recovery and requires programs to include employment specialists on service teams.

Consumers in SBH's employment initiative are employed and supervised by staff members in a variety of departments at the hospital, including housekeeping, education, fiscal services, and plant services. Consumers receive on-the-job training and develop vocational skills based on their interests. All consumers who want to work are included in the program. If consumers do not have privileges to leave their units, vocational experiences are found near them. Examples include tutoring of peers, writing and publishing the patient and staff newsletters, and stocking and inventorying supplies in the commissary.

Consumers in the employment initiative are also employed in the community through partnerships with a community health clinic, a local fitness center, and Aramark Food Service. Some consumers have continued to work at their jobs in the community after discharge. According to Banks, SBH is in the process of developing more competitive employment opportunities in the community. Competitive employment, she explains, is an effective way to help consumers make a seamless transition to a more independent lifestyle and a higher quality of life.

(Matthew K. Weiland is a free-lance writer based in Cleveland.)



Deborah Vorst, BS, OTR/L



CEO Liz Banks, MSW, LISW

The Ohio Department of Mental Health's Intensive Specialized Services (ISS) Committee is overseeing the implementation of inpatient IDDT. The Co-Chairs of the ISS Committee are Liz Banks, MSW, LISW, chief executive officer of Summit Behavioral Healthcare (SBH) in Cincinnati and Vic Knapp, M.D., chief clinical officer at Twin Valley Behavioral Healthcare in Dayton. The Chair of ISS' Inpatient Implementation Committee is Deborah Vorst, BS, OTR/L, assistant director of occupational therapy/clinical standards coordinator at SBH.

Other IDDT implementation team members at SBH

- Brett Dowdy, Ph.D., is a psychologist who serves on SBH's IDDT Implementation Steering Committee (ISC).
- Charley Sroufe, LSW, CCDCIII-E, is a chemical dependency counselor and a member of the ISC.
- Tracy Holt, COTA/L, is a member of the ISC and serves as an IDDT trainer for SBH.



Resources

The Inpatient IDDT Fidelity Scale

The Inpatient IDDT Fidelity Scale has been developed by a team lead by Barbara L. Wieder, Ph.D., at the Ohio SAMI CCOE. The fidelity scale is being piloted in the State of Ohio's inpatient Behavioral Healthcare Organizations. For more information about the inpatient fidelity scale, contact Dr. Wieder at 216-368-0372.

Research & Evaluation

SAMI CCOE to help agencies disseminate, adopt outcomes strategies



IDDT reduces

Relapse of substance abuse and mental illness

Hospitalization

Arrest

Incarceration

Duplication of services

Service costs

Utilization of high-cost services

IDDT increases

Continuity of care

Consumer quality-of-life outcomes

Stable housing

Employment

Independent living

Rates of abstinence

The Ohio SAMI CCOE has initiated a planning process to determine how it can best assist Ohio programs in their efforts to collect, analyze, interpret, and utilize consumer-outcomes data for the evidence-based practices (EBPs) that they are implementing.

This summer, the SAMI CCOE's research team is visiting three community-based Ohio agencies that make extensive use of outcomes data. Two of the agencies have implemented the Integrated Dual Disorder Treatment (IDDT) model. The third agency has not yet implemented an EBP but has a reputation in the state for the quality of its outcomes work. The research team will learn about each agency's data-collection instruments and quality improvement processes. It will also inquire about the types of services that Ohio agencies might need from the CCOE to implement and enhance outcomes initiatives. Examples might include consultation, training, and peer-networking.

"The CCOE facilitates peer networks for the dissemination of IDDT, and it has been an effective way for professionals to

share directly with each other the lessons they have learned through practice," says David E. Biegel, Ph.D., director of research and evaluation at the CCOE. "Peer networks might be useful for outcomes initiatives as well."

Outcomes data are important because they can provide feedback about consumer successes to individual case managers and service teams. Agencies can also use data to manage their programs. Outcomes monitoring is one of the items on the fidelity scale for each EBP.

"It's simply good practice," Dr. Biegel says. "Outcomes data enable you to step back from your day-to-day interactions with people and ask, 'How am I doing here? How are we doing? Is there something that I and we can do better?' This is the essence of evidence-based practices."

Dr. Biegel explains that the Ohio Department of Mental Health requires agencies to collect consumer-outcomes data. Therefore, there is an opportunity for programs to maximize the benefits of this information.



Resources

Integrated Dual Disorder Treatment (IDDT) Fidelity Scale

www.ohiosamiccoe.cwru.edu/research/research.html

Conference 2004

**Tuesday, September 28 &
Wednesday, September 29**

Register online today

www.ohiosamiccoe.case.edu/events

Cost: Two days, \$95; One day, \$75

Conference workshops to teach agencies how to collect and use outcomes data

Session4-Workshop26: Outcomes use: Benefits, challenges, and next steps for SAMI programs

Session5-Workshop33: The ODMH Consumer Outcomes Initiative: Collecting and using data to improve quality in Ohio's mental health system

Activities Update

New Staff

Supported Employment gets boost with full-time trainer

In January 2004, Sarah Swanson, MRC, LSW, CRC, joined the Ohio SAMI CCOE as its full-time Supported Employment consultant and trainer. In this newly created position, Ms. Swanson is supporting the implementation of the Supported Employment (SE) model at mental health programs in Ohio. SE is an evidence-based practice (EBP) that was developed by the New Hampshire-Dartmouth Psychiatric Research Center (PRC).

Ms. Swanson is supporting a three-year SE dissemination grant that the Ohio Department of Mental Health (ODMH) received from the Substance Abuse and Mental Health Services Administration (SAMHSA). Ms. Swanson is working with four mental health programs that are providing SE services to people with co-occurring mental and substance use disorders. Beginning in 2005, she will help the programs expand SE services to any consumers with severe mental illness. In 2005 and 2006, she will work with additional programs throughout the state.

Ms. Swanson is providing training in the SE model to employment specialists, case managers, and supervisors. She is providing program consultation and participating in fidelity reviews to help the mental health programs achieve and maintain fidelity to the SE model. Her consultation is also helping the programs enhance collaborations with various community stakeholders, such as local offices of the Ohio Rehabilitation Services Commission and local chapters of the National Alliance for the Mentally Ill (NAMI).

Ms. Swanson brings 16 years of direct practice and administrative experience in both mental health and rehabilitation services to her work at the Ohio SAMI CCOE. Prior to joining the CCOE, she was the director of rehabilitation services at The W.G. Nord Center in Lorain, Ohio. Ms. Swanson received extensive training at the PACT program in Madison, Wisconsin.

Hrouda supports EBP research

Debra Hrouda, MSSA, LISW, joined the Ohio SAMI CCOE in April 2004 as the evidence-based practices (EBP) implementation projects researcher. In this newly created position, she is working closely with Barbara L. Wieder, Ph.D., director of EBP implementation project research. Ms. Hrouda's responsibilities include data management and analysis for two SAMHSA-funded projects. She is also actively involved in the preparation of reports for the projects.

Ms. Hrouda brings 19 years of experience in research and clinical practice to her work at the CCOE. Her clinical practice has focused on individual and group

treatment for people with dual disorders in community settings. Her research has focused primarily on forensic issues related to mental illness. Most recently, her research activities have targeted the facilitators and barriers to treatment for people with dual disorders in the criminal justice system.

Ms. Hrouda is an adjunct faculty member and doctoral candidate at the Mandel School of Applied Social Sciences, Case Western Reserve University. She is also an instructor in the Department of Psychiatry at the Case School of Medicine. She earned her master's degree at the Mandel School.



Debra R. Hrouda,
MSSA, LISW

Activities Update

New Staff continued...

New consultant and trainer disseminates EBPs in western Ohio



Deborah Myers,
MEd, PCC

Deborah Myers, MEd, PCC, has joined the Ohio SAMI CCOE as a consultant and trainer for the Integrated Dual Disorder Treatment (IDDT) model and the Supported Employment (SE) model, two evidence-based practices (EBPs) that improve outcomes for people with mental health and substance use disorders. The addition of this newly created position enables the SAMI CCOE to respond to a growing number of requests for its services. Ms. Myers is assisting community-based mental health agencies, addiction-services agencies, county boards, and the State of Ohio's inpatient Behavioral Healthcare Organizations (BHOs) with the implementation of EBPs. Her consultation and training efforts will focus primarily on the western portion of the state.

Through the CCOE's consultation services, Ms. Myers is helping agencies, boards, and BHOs with building consensus and collaboration among community stakeholders; planning system changes that are necessary for the implementation of EBP programs; and monitoring implementation processes and outcomes. She is also participating in fidelity reviews to help the EBP programs achieve and main-

tain fidelity to the models. Through the CCOE's training services, Ms. Myers is providing training about administrative and clinical issues related to EBPs.

Ms. Myers has over 20 years of experience in clinical practice, supervision, and administration. She has worked in both mental health and chemical dependency settings, where she has provided service to adolescents and adults. She has also worked as a medical social worker. Prior to joining the CCOE, Ms. Myers was the dual disorders program manager at Behavioral Connections in Bowling Green, Ohio, where she was responsible for the implementation of the IDDT model. There, she planned, implemented, and supervised the day-to-day operations of the IDDT program. Her responsibilities included hiring, training, supervising, and evaluating staff, monitoring consumer and program outcomes, as well as training and collaborating with relevant community stakeholders. She also maintained a caseload of clients.

Ms. Myers earned a bachelor's degree in mental health and a master's degree in agency and community counseling from the University of Toledo.

Smith helps CCOE build capacity



Crystal Smith

Crystal Smith has joined the Ohio SAMI CCOE as the full-time office manager. In this newly created position, Ms. Smith is providing support for the CCOE's day-to-day operations as it disseminates two evidence-based practices—the Integrated Dual Disorder Treatment (IDDT) model and the Supported Employment (SE) model. Ms. Smith supports the co-directors of the CCOE with their planning, budgeting, fundraising, and reporting initiatives. She also supports the director of clinical training, the associate director of clinical training, and two consultant-trainers with maintaining the consulting and training schedule; coordinating fidelity-visit scheduling; planning and coordinating teleconferences, regional trainings, and onsite training events; preparing and

distributing training and consultation materials; and generating reports. In addition, Ms. Smith is responsible for coordinating the CCOE's continuing education activities. This includes collaborating with the Ohio Department of Mental Health and with accrediting boards. Ms. Smith also maintains communication with and coordinates the activities of volunteer training monitors throughout the state who assist the CCOE with its videoconferences.

Ms. Smith brings almost 20 years of experience to her work. Prior to joining the SAMI CCOE, she worked at the Center for Families and Children as the supervisor for clerical support. She has also worked at Key Corp and National City Bank.

About Us

The Ohio Substance Abuse and Mental Illness Coordinating Center of Excellence (Ohio SAMI CCOE), is a partnership between the Mandel School of Applied Social Sciences at Case Western Reserve University and the Department of Psychiatry at the Case School of Medicine. The partnership is collaborating with and is supported by the Ohio Department of Mental Health and the Ohio Department of Alcohol and Drug Addiction Services.

MISSION

The purpose of the Ohio SAMI CCOE is to promote knowledge development and the implementation of evidence-based practices (EBPs) for the treatment and recovery of people with mental and substance use disorders. EBPs are service models that research has demonstrated to generate improved consumer and program outcomes. The Ohio SAMI CCOE currently helps service programs implement and sustain two EBPs:

- Integrated Dual Disorder Treatment (IDDT)
- Supported Employment (SE)

SERVICES

The CCOE's dissemination strategy includes providing assistance to mental health and substance abuse boards, agen-

cies, and programs, as well as to other organizations that serve persons with mental and/or substance use disorders. The CCOE helps organizations implement the EBPs, maintain fidelity to the models, and develop collaborations within their communities that enhance the quality of life for consumers and caregivers (family members and friends). The CCOE provides these services:

- Program Consultation
- Clinical Consultation
- Education and Training
- Research and Evaluation

CONTACT US

Organizations that wish to develop or enhance integrated mental health and substance abuse services or supported employment services for people with mental illness are encouraged to contact Patrick E. Boyle, MSSA, LISW, CCDC III-E, director of clinical training.

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Evidence-Based Practices

- Integrated Dual Disorder Treatment
- Supported Employment

Build Trust.
Improve Outcomes.
Promote Recovery.

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ABOUT THIS NEWSLETTER

SAMI Matters is produced twice a year by the Ohio SAMI CCOE. Additional copies of this publication may be obtained by contacting our office or by visiting our web site. We welcome and encourage your comments, questions, and suggestions.

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2004 Conference

Keeping the Focus on Consumers and Families

Tuesday & Wednesday,
September 28 & 29
Holiday Inn—Worthington
Columbus, Ohio
Cost: Two days, \$95; One day, \$75

The fourth annual conference of the Ohio SAMI CCOE features over 30 workshops, as well as panel presentations by Ohio service providers and keynote addresses by nationally recognized consumer advocates, researchers, and policy makers. The conference will help physicians and other direct-service providers, team leaders, program managers, executive administrators, policy makers, advocates, consumers and family members acquire the awareness, knowledge, and applied skills that are utilized in the delivery of two evidence-based practices: Integrated Dual Disorder Treatment (IDDT) and Supported Employment (SE). Our annual conference is a popular event. Seating in all workshops is limited. Register online today to guarantee your first choice.

Supported Employment

Monday, September 27
Holiday Inn—Worthington
Columbus, Ohio
Cost: \$50

Topics in Addiction Psychiatry for Physicians and Psychiatrists

Monday, September 27
Holiday Inn—Worthington
Columbus, Ohio
Cost: \$75

2004-2005 Training Events

OCTOBER 2004

- 10/29 SW Regional Training, Dayton, Montgomery County Children's Services, Haines Children Center
- 10/29 Monthly Team Leader Forum: Teleconference

NOVEMBER 2004

- 11/4 Grant Proposal Development Workshop
- 11/24 Video Stage-Wise Case Conference: Engagement

DECEMBER 2004

- 12/31 Monthly Team Leader Forum: Teleconference

JANUARY 2005

- 01/11-12 IDDT Program Leader Training
- 01/26 Video Stage-Wise Case Conference: Persuasion

FEBRUARY 2005

- 02/23 Video Stage-Wise Case Conference: Active Treatment

MARCH 2005

- 03/3-4 Supported Employment, with Deborah Becker, MEd, CRC, and Robert Drake, MD
- 03/23 Video Stage-Wise Case Conference: Relapse Prevention

APRIL 2005

- 04/27 Video Stage-Wise Case Conference: Fidelity Issues for Action Planning

MAY 2005

- 05/25 Video Stage-Wise Case Conference: Involuntary Treatment

JUNE 2005

- 06/29 Video Stage-Wise Case Conference: TBA

MOTIVATIONAL INTERVIEWING: REGIONAL TRAINING

The SAMI CCOE will be offering training in Motivational Interviewing on a regional basis in the coming year. Watch for announcements via e-mail, and check our training calendar. If you have not subscribed to receive free e-mail announcements about our training events, visit this hyperlink: www.ohiosamimccoe.case.edu/contact/contactus.html

REGISTER ONLINE

www.ohiosamimccoe.case.edu/events/

CALENDAR

www.ohiosamimccoe.case.edu/events/

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