New director of ODADAS promotes evidence-based practices, systems collaboration

Gary Q. Tester, MRC, CCDCIII-E, OCPS II, the new director of the Ohio Department of Alcohol and Drug Addiction Services (ODADAS), plans to enhance Ohio’s role as a national leader in the implementation of evidence-based practices for individuals with substance use disorders. Evidence-based practices are human services that research has demonstrated will generate positive outcomes. Tester was appointed Director of ODADAS by Ohio Governor Bob Taft this past summer. Prior to his appointment, Tester served as Chief of Prevention Services at ODADAS. He has been working in the provision of substance abuse services since 1983.

As Director, Tester oversees the system that provides substance use prevention and treatment services to consumers and their caregivers throughout Ohio. He

Continued on page 4
Integrated Dual Disorder Treatment
An overview of the model

The New Hampshire-Dartmouth Integrated Dual Disorder Treatment (IDDT) model is an evidence-based practice that improves the quality of life for persons with dual disorders by integrating substance abuse services with mental health services. The IDDT model utilizes biopsychosocial treatments (which combine pharmacological, psychological, educational, and social interventions) to address the needs of consumers and their caregivers (family and friends). It also promotes consumer and family involvement in service delivery, stable housing as a necessary condition for recovery, and employment as an expectation for many.

IDDT promotes ongoing recovery from co-occurring substance abuse and severe mental illness by providing service agencies with specific strategies for organizing and delivering services. Research has shown that the IDDT model helps consumers achieve the best outcomes when service agencies maintain fidelity to the principles of the model.

TREATMENT CHARACTERISTICS
Successful IDDT programs must include the following service philosophies and strategies to maintain fidelity to the IDDT model and to produce the positive outcomes that research has shown will occur with this model.

1. Multidisciplinary Team
2. Stage-Wise Interventions
3. Access to Comprehensive Services
4. Time-Unlimited Services
5. Assertive Outreach
6. Motivational Interviewing
7. Substance Abuse Counseling
8. Group Treatment
9. Family Psychoeducation
11. Pharmacological Treatment
12. Interventions to Promote Health
13. Secondary Interventions for Non-Responders to Substance Abuse Treatment

ORGANIZATIONAL CHARACTERISTICS
The IDDT model provides service agencies with management philosophies and strategies that ensure the longevity of the treatment model. Agencies that maintain fidelity to these philosophies and strategies help consumers achieve the positive outcomes that research has shown will occur. These outcomes motivate consumers, family members, service professionals, and community stakeholders to maintain a long-term commitment to the model. A detailed description of the Organizational Characteristics that guide the management of IDDT programs may be obtained from the Ohio SAMI CCOE website. Some key items include the following:

• Integrate a commitment to the IDDT model and a quality improvement process into the agency’s vision and mission
• Routinely monitor key outcomes and process-indicators with agency management and direct service staff
• Provide ongoing training and supervision of all staff involved in providing services
• Assemble a steering committee that is comprised of all relevant community stakeholders: they will guide implementation of the model and monitor the goals, objectives, target outcomes, and fidelity to the design of the model.
• Encourage consumer choice: Inform consumers of their options, encourage them to set their goals for daily living and to make choices for themselves, and support them as they learn to respond and adapt to the challenges of recovery in the community.

Resources
A more detailed overview of IDDT may be obtained by contacting the Ohio SAMI CCOE or by accessing this web page:
New fidelity coordinator joins CCOE

Christine M. Alex, MA, has joined the Ohio SAMI CCOE as Fidelity Coordinator. In this newly created position, Ms. Alex will help organize and coordinate research that pertains to fidelity reviews at inpatient and community-based programs in Ohio that are implementing the Integrated Dual Disorder Treatment (IDDT) model, as well as community-based programs that will be implementing the Supported Employment (SE) model. The fidelity review is an important part of the CCOE’s research and evaluation efforts. Research demonstrates that programs which maintain fidelity to evidence-based models like IDDT and SE achieve the best outcomes. Ms. Alex will also be involved in developing research projects that examine consumer and family outcomes.

When the SAMI CCOE began in January 2000, it helped nine community-based agencies in Ohio implement IDDT. Since then, the number of agencies has increased to 25. In the spring of 2002, the CCOE also began helping the State of Ohio’s inpatient Behavioral Healthcare Organizations implement IDDT.

“The number of organizations that want to implement evidence-based practices has grown quickly,” says David E. Biegel, Ph.D., director of research and evaluation at the CCOE. “Christine will help us expand our capacity to meet the growing need for fidelity reviews and other research services.”

Ms. Alex is a Ph.D. candidate in sociology at the University of Pittsburgh. She brings research experience in public health to her work at the CCOE. Prior to joining the CCOE, she worked at the University Center for Social and Urban Research at the University of Pittsburgh.
New director of ODADAS...

is responsible for working with county-level alcohol and drug boards to develop and implement a statewide plan for services. He is also responsible for ensuring that county boards and service agencies comply with all state and federal laws and policies. As Ohio’s single state authority on alcohol and other drug issues, he is the Governor’s representative to the federal government and is responsible for acquiring federal grants and for disbursing both federal and state funds to boards and agencies. The success of his work, he explains, depends upon strong relationships with other state-level health and human service departments, county boards, service providers, and consumers and their families.

Tester’s vision for substance use prevention and treatment is a holistic one that examines risk and protective factors of addiction and barriers to care throughout the lifespan—from early childhood to old age. It is his goal to ensure that prevention, assessment, and treatment reach as many Ohio citizens as possible. It is also his goal to disseminate service models and strategies that generate the best outcomes, including service innovations developed in Ohio and elsewhere.

“I intentionally use the word ‘evidence-based’ instead of ‘science-based’ because I am concerned less about the science and more about the evidence—the outcomes,” he says. “I want to know which services increase abstinence and which help consumers become employed and reconnected with their children and families. I want to know which agencies have successful outcomes and how other agencies can replicate these outcomes. I want to tell the people of Ohio that we’ve saved money through effective treatment and we’ve helped individuals become independent wage earners who are contributing productivity and tax dollars to the economy.”

Co-Occurring Disorders
Tester points to the New Hampshire-Dartmouth Integrated Dual Disorder Treatment (IDDT) model as an example of an evidence-based practice that generates good outcomes for individuals with co-occurring substance use and mental disorders. He also points to the Ohio SAMI CCOE as an example of an effective dissemination tool. The CCOE trains a variety of professionals how to develop, implement, and sustain IDDT programs. Both ODADAS and the Ohio Department of Mental Health provide financial support to the CCOE.

“We know from the evidence that if IDDT is replicated we will get good outcomes,” Tester says. “The CCOE provides an opportunity to validate an evidence-based model. We’ve made a modest investment in the CCOE but it provides a lot for workforce development. Because of it, we will come out miles ahead.”

He adds that the IDDT model has facilitated an important collaboration between ODADAS and ODMH. He acknowledges ODMH Director Michael Hogan, Ph.D., as an example of the leadership that is needed to facilitate necessary partnerships among service systems. Tester plans to work with Hogan to support Ohio’s status as a national leader in integrated services for persons with dual disorders.

Children, Adolescents & Adults
Tester emphasizes the importance of cross-training professionals as a way to facilitate more collaboration between service systems. The collaborations, he explains, reduce gaps in service that may otherwise leave Ohio residents without the help they need. For example, he is looking to enhance collaboration and training with the child welfare system, because, he explains, substance abuse and co-occurre-
Continued from page 4

Gary Q. Tester, MRC, CCDCIII-E, OCPS II

1980
Bachelor of Arts in Psychology, University of Toledo, Toledo, Ohio

1988
Master of Rehabilitation Counseling, Bowling Green State University, Bowling Green, Ohio

1988 to 1994
Executive Director of Lucas County C.A.R.E.S., Toledo, Ohio. Responsible for development of countywide alcohol, tobacco, and other drug prevention initiatives, policies, and programs.

1994 to 1996
Ohio Regional Director of Boysville, Inc., Clinton, Michigan. Responsible for all of Boysville’s treatment in Toledo, Ohio. Programs served 90 youth with emotional, mental health, and substance abuse issues.

1996 to 1998
Executive Director of the Youth Commission, City of Toledo, Ohio. Oversaw and directed the development of youth programs and community partnership efforts on behalf of youth.

1998 to 2000
Director of Public Policy and Development and Interim Director of Chemical Dependency Services Division in the Ohio Region of Boysville, Inc., Clinton, Michigan. Responsible for local, state, and federal government relations. Monitored federal grants and contracts for Michigan and Ohio operations. Directed child and family advocacy at the state and federal levels. Represented agency to federal congressmen and congresswomen.

1999 to 2000
Consultant to the Family Drug Court of the Lucas County Juvenile Court, Toledo, Ohio. Performed all functions related to strategic planning and case review. Engineered barrier identification and problem solving to facilitate continued drug court growth.

2000 to 2003
Chief of the Division of Prevention Services, Ohio Department of Alcohol and Drug Addiction Services (ODADAS), Columbus, Ohio.

July 2003
Director of ODADAS.

ring disorders often contribute to the break-up of families. He adds that child welfare professionals and substance abuse professionals can work together to assess, refer, and treat both adults and children. Additional alliances in child welfare will also be formed with foster care and adoption agencies and families. Opportunities also exist in the areas of special education, juvenile criminal justice, adult criminal justice, and the Rehabilitation Services Commission, which provides and promotes employment opportunities for vulnerable populations.

Division of Treatment Services
Having been appointed as Director in July, Tester is using the first six months of his new job to identify service system needs and to evaluate how ODADAS might be restructured to meet the needs of county boards and service providers. He reports that ODADAS will be reinvigorating a Division of Treatment Services that will house experts in a variety of treatment areas, such as co-occurring disorders.

“I’ve received a clear message from the field,” Tester says. “Providers want a Division of Treatment Services with point people who they can call for expertise. I am inspired by what our community of professionals in Ohio has to say. ODADAS will continue to provide them with the best service possible. We will do everything it takes to equip them with the tools they need to get the job done right.”
SAMHSA awards ODMH start-up money for supported employment

On October 23, 2003, Governor Bob Taft announced that the Ohio Department of Mental Health (ODMH) was awarded nearly $1 million in federal funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services to disseminate the Supported Employment (SE) Resource Kit at service agencies in Ohio. The grant supports the national Evidence-Based Practices (EBP) Project (see resources below).

ODMH will disseminate the SE Resource Kit through the Ohio SAMI CCOE, which will provide the agencies with program consultation, clinical consultation, education and training, and research and evaluation services. In the first year of the grant, the SAMI CCOE will work with four agencies that have already implemented and are utilizing the New Hampshire-Dartmouth Integrated Dual Disorder Treatment (IDDT) model. In the second and third year of the grant, the SAMI CCOE will help additional agencies implement the SE Resource Kit. The CCOE will evaluate the facilitators and barriers to implementation of SE with methods that have been developed as part of the national EBP Project.

Supported Employment is a term used to describe an evidence-based service model that helps consumers identify, acquire, and maintain competitive employment in their communities. The IDDT model emphasizes that employment is an important component of the recovery process. Many service providers have found that consumers who work are less likely to abuse alcohol and other drugs. Employment also helps consumers begin the process of economic independence, which reduces their vulnerability to poverty and their dependence upon social service systems. The Resource Kit that the agencies will use to implement SE contains education, training, and evaluation materials needed for implementation.

“Supported employment services are an effective and widely researched evidence-based practice for assisting persons with mental illness to successfully enter the workforce,” says Michael F. Hogan, Ph.D., director of ODMH.

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 are: 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. Says Dr. Svendsen, “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. The successful implementation of SE is vital to help many people reach these important goals.”

Research sponsored by ODMH has found that the current rate of employment among this population is approximately 16 percent and that consumers in Ohio’s community mental health system rank employment as their top unmet need. In 2000, ODMH initiated a five-year plan to dramatically increase the rate of employment for people with serious mental illness through a statewide-employment initiative, Working for Recovery. The SAMI CCOE will be collaborating with this initiative.

Resources
The National Evidence-Based Practices (EBP) Project
- www.mentalhealthpractices.org/
The Ohio SAMI CCOE presented training in the Integrated Dual Disorder Treatment (IDDT) model and Supported Employment (SE) model for staff of the Ohio Rehabilitation Services Commission (RSC) this past summer. The training will be repeated in February 2004. Research has demonstrated that both IDDT and SE improve employment rates for individuals with co-occurring disorders.

The training is being conducted at the request of RSC, which is dedicated to helping persons with co-occurring disorders find competitive employment. SAMI CCOE staff members Patrick E. Boyle and Ric Kruszynski conducted the training. The purpose of the workshop is to provide employment counselors with an overview of dual disorders and evidence-based practices and to equip them with an introduction to concepts for working effectively with persons who have dual disorders. The workshop helps participants achieve the following learning objectives:

- Recognize the therapeutic issues in engaging the dually disordered consumer
- Identify personal and professional factors required to establish a working relationship
- Apply relevant criteria and strategies in working with the consumer in light of a stage-wise approach
- Understand the primary research, core principles, and structure of both evidence-based practices

The mission of the Ohio RSC is to work in partnership with people with disabilities to assist them in achieving greater community participation through opportunities for employment and independence. RSC offers numerous innovative services for people with disabilities and for employers.

The Eva L. and Joseph M. Bruening Foundation of Cleveland has awarded the Ohio SAMI CCOE a $43 thousand grant to begin developing a comprehensive training curriculum that will help service agencies, hospitals, and service professionals implement the New Hampshire-Dartmouth Integrated Dual Disorder Treatment (IDDT) model. The curriculum will be the first of its kind in the country because it will contain training materials that will complement the structure of the IDDT Fidelity Scale, an evidence-based implementation instrument that provides agencies with a framework for measuring successful IDDT implementation. The grant will fund the first phase of development for a curriculum that the CCOE will disseminate nationally. The CCOE will seek funding for additional phases of the project.

The SAMI CCOE will develop an innovative curriculum that will be organized, written, and graphically designed to be easily understood and utilized by service professionals across multiple disciplines. The curriculum will be based upon the knowledge and expertise of the SAMI CCOE’s co-directors, trainers, and consultants, who have provided thousands of hours of consultation and training service strategies for persons with co-occurring disorders in Ohio and other states. The CCOE will use and expand upon the clinical SAMI modules that were developed by Lenore Kola, Ph.D., co-director of the SAMI CCOE, and funded by the Woodruff Foundation in 1999. The curriculum will also utilize knowledge from other projects funded by the Bruening Foundation over the last 10 years.
Ohio Supreme Court invites CCOE to help reduce recidivism for mentally ill offenders

Justice Evelyn Lundberg Stratton of the Ohio Supreme Court has invited the Ohio SAMI CCOE to participate on the Supreme Court Advisory Committee on Mentally Ill in the Courts. Justice Stratton created the Committee in June 2001 to address the urgent needs of persons with mental illness who are caught in the revolving door of the criminal justice system. Federal statistics show that more than 16 percent of adult prisoners suffer from mental illnesses and more than 20 percent of youths in the juvenile-justice system have mental health problems. Many of these people have co-occurring substance use disorders, and, as a result, correctional facilities have become de facto mental health and substance abuse centers.

The primary purpose of the Ohio Supreme Court’s Advisory Committee is to promote efforts to ensure that people with mental illness get treatment when appropriate, rather than unnecessary and/or inappropriate incarceration. The Committee is promoting the development of mental health courts, crisis intervention training for police officers, and education about co-occurring disorders for police officers, judges, and corrections, probation, and parole officers. The Committee is also utilizing the expertise of its 45-plus members (see below) to seek funding and legislation that create and support state initiatives.

The Ohio SAMI CCOE is contributing its expertise in the New Hampshire-Dartmouth Integrated Dual Disorder Treatment (IDDT) model to the Advisory Committee and is working to identify ways in which the Advisory Committee may utilize the CCOE’s five regional stakeholder networks as consulting and training resources.

Director of Clinical Training Patrick E. Boyle, MSSA, LISW, CCDC III-E, represents the Ohio SAMI CCOE to the Advisory Committee. Representing the Ohio Criminal Justice CCOE in Jail Diversion for the Mentally Ill are Jo Ann Harris, JD, director, and Mark Munetz, M.D., chief clinical officer of the Summit County ADM Board.

Participating Members
- Ohio Department of Mental Health
- Ohio Department of Alcohol and Drug Addiction Services
- Ohio Department of Rehabilitation and Correction
- Ohio Department of Mental Retardation and Developmental Disabilities
- Ohio Department of Youth Services
- Ohio Office of Criminal Justice Services
- Ohio Association of Pretrial Service Agencies
- Ohio Nurses’ Association
- Ohio House of Representatives
- Ohio Legal Rights
- Ohio Criminal Justice CCOE in Jail Diversion for the Mentally Ill
- Ohio SAMI CCOE
- Judges
- Law enforcement professionals
- Mediation experts
- Housing and treatment providers
- Consumer advocacy groups

Subcommittees
- Community Re-entry
- Consumer Advocacy
- Education
- Employment
- Funding
- Housing
- Jail Standards
- Juvenile
- Legislative
- Mediation
- Police Training
- Research/Evaluation

Resources
Supreme Court Advisory Committee on Mentally Ill in the Courts
http://www.sconet.state.oh.us/ACMIC/

For more information about how the IDDT model promotes partnerships with the criminal justice system, visit this web page:
http://www.ohiosamiccoe.case.edu/training/justice/justice.html

Activities Update continued...

Ohio Supreme Court invites CCOE to help reduce recidivism for mentally ill offenders
Ohio agencies enter second year of implementation, sustain IDDT

The Ohio SAMI CCOE is completing its intensive onsite consultation and training with the four Ohio agencies that are implementing the IDDT model as part of the national EBP Project. The CCOE will continue to provide consultation and training but in a less intensive format beginning in January. Each site has completed or is in the process of completing a fidelity action plan that will help them achieve optimum fidelity and consumer outcomes.

The one year of intensive consultation and training has enabled the CCOE to collaborate with the agencies in a hands-on manner, which has contributed to strong fidelity scores.

1. **Behavior Connections, Bowling Green**  
   **Wood County**  
   Manager of SAMI Services Deborah Myers; Team Leader Kim McCall  
   This program has finalized its fidelity action plan and has set up a full schedule of group services. It has also added a vocational specialist to the team. The team is maximizing its nursing staff effectively, and the program has received strong support from its steering committee and ADAMH Board. Several consumers they are serving have achieved significant outcomes in a relatively short period of time.

2. **Central Ohio Mental Health Services, Delaware**  
   **Delaware - Morrow County**  
   COO Wendy Williams; Program Manager Stephanie Johnson  
   This program has successfully used aggressive outreach and group services to engage consumers with complex needs, and consumers who have been underserved or not served at all in the past. The team has developed numerous clinical and quality improvement tools for their IDDT team that the CCOE has shared around Ohio and throughout the country.

3. **Southeast, Inc., Columbus**  
   **Franklin County**  
   Clinical Director Terry Jones; Team Leader Chris NiCastro  
   This program continues to develop its fidelity action plan and to track and monitor the desired outcomes that were established by its steering committee. It has added a women’s group to its service menu, which has helped meet the individual needs of these consumers. The program utilizes the flexibility of the IDDT model by customizing its service menu within the framework of the model.

4. **New Horizons Lancaster, Fairfield County**  
   Clinical Director Michael Ashton; Team Leader Scott Gerhard  
   With feedback from its six-month fidelity review, this program decided to make significant modifications to its SAMI team. It has three new case managers and a new team leader. Twelve-month fidelity scores improved again for the team, which is a tribute to all involved given the numerous changes the team has enacted.

**Resources**

For more information about the National EBP implementation project:  
http://www.mentalhealthpractices.org/
For consumers who utilize inpatient mental health services, the transition from life in the hospital to life in the community is often overwhelming. The transition is dominated by uncertainties; therefore, it can disrupt the routine of recovery, placing consumers at a high risk for relapse and a return trip to the hospital.

In Columbus, Ohio, the transition is becoming less disruptive because the old paradigm of service system isolation is beginning to change. A partnership between Twin Valley Behavioral Health Care (TVBH), a state-operated inpatient Behavioral Healthcare Organization (BHO), and Southeast, Inc., a community-based service agency, is ensuring that service professionals help consumers take the necessary steps to return to life in the community with success. The partnership is an example of the seamless mental health system that the Ohio Department of Mental Health (ODMH) is working to create.

According to Georgeann Neuzil, SAMI services coordinator at TVBH, the partnership in Columbus is possible for two reasons: Both TVBH and Southeast, Inc. are utilizing the New Hampshire-Dartmouth Integrated Dual Disorder Treatment (IDDT) model, and both are actively participating in the Central Regional Network, one of five regional networks in the state that the Ohio SAMI CCOE has helped ODMH create. The networks provide both inpatient and community-based IDDT programs with the opportunity to collaborate on training, consultation, and advocacy initiatives that help sustain IDDT programs. The meetings also provide a forum for sharing success stories, reviewing best practices, and addressing issues of concern. The Central Regional Network is co-chaired by Neuzil and Terry Jones, clinical director at Southeast, Inc.

Neuzil explains that, in the past, meetings between inpatient and community-based organizations focused primarily on administrative issues. In contrast, the Regional Network meetings focus more on clinical needs—on how service professionals can dovetail their efforts to meet the needs of consumers. The meetings have already inspired an important innovation, one that has given birth to this new partnership between TVBH and Southeast, Inc.

“One of the things that came out of our first meeting was an appreciation of the need for better, more specific information becoming part of the discharge summary,” Neuzil says. “It now includes a more detailed history of the consumer’s progress while in the hospital. It’s a window that a case manager in the community can look through to see what has happened in the hospital. They can see what progress has been made, what medications need to be taken, and where consumers are in terms of recovery.”

**Inpatient IDDT: The Campus is the Community**

In April 2002, ODMH’s Integrated Behavioral Healthcare System became the first state-operated psychiatric hospital system in the nation to implement an inpatient version of IDDT. There are five inpatient BHOs in Ohio that operate nine hospital campuses. TVBH is one of them, and it is leading the way with IDDT implementation.
Neuzil attributes TVBH’s success to careful planning and implementation. TVBH uses the new inpatient IDDT Fidelity Scale to guide the development and evaluation of its services. It also uses the philosophy of IDDT to think differently about inpatient care. IDDT was originally designed for treatment in the community; therefore, TVBH staff members view the hospital campus as a community. For them, a unit is like a neighborhood and a room is like a home.

“Outreach occurs on the unit the patient is assigned to,” Neuzil explains. “Unit staff members do engagement work with all their patients to encourage them to take advantage of treatment groups available to them. The group facilitators come to the unit and individually invite all identified SAMI patients.”

Group facilitators engage in motivational discussions with consumers at the bedside or in the television room. They introduce or reintroduce themselves, share information about the meaning of substance abuse and mental illness, explain the goals of group work, ask consumers about their own personal goals, and remind consumers that joining the group is their choice. They are welcomed to join when they are ready.

Providing IDDT treatment in an inpatient setting is beneficial, Neuzil explains, because hospitalization often occurs as a consequence of behaviors associated with the use of alcohol and other drugs. Consumers typically feel like they’ve hit bottom and are more willing to consider a new way of managing symptoms.

“It is an optimal time to learn and to make informed decisions about changes that will improve recovery,” she says. “At the very least a contact is made.”

SAMI groups are the most popular form of treatment among consumers. SAMI groups provide an opportunity to talk honestly about both the positive and negative aspects of using alcohol and other drugs. TVBH’s active treatment group, called the “recovery skills groups,” gives consumers a chance to practice social skills they will have to use on the outside.

TVBH also utilizes a unique form of treatment, called Community Support Networks (CSN), which help consumers prepare for their transition to living in the community. The CSN building is located about three miles from the hospital, and the physical act of leaving the campus helps consumers gradually adjust. They meet other consumers and service professionals and begin to attend peer support meetings, such as Alcoholics Anonymous. CSN helps consumers develop healthy lifestyle habits and expand their social network of recovery supporters.

**Community-Based IDDT: Family is a Network of Supportive People**

Like TVBH, Southeast, Inc. is a relative newcomer to the IDDT model. Southeast began implementing the model in January 2003 as part of the national Implementing Evidence-Based Practices (EBP) Project. It is one of four agencies in Ohio participating in the national EBP Project, which is studying the facilitators and barriers to program implementation. Southeast is implementing two SAMI teams, one for consumers in the criminal justice system and another for consumers who are homeless.

According to Terry Jones, clinical director at Southeast, Inc., these two groups of consumers typically experience the most severe symptoms and, thus,

*Continued on page 12*
experience the most devastating consequences, such as unemployment, chronic illness, shattered relationships, and isolation. They have the highest risk for relapse. Yet, since the implementation of IDDT, consumer outcomes have improved, and caregivers report a significant decrease in jail time.

Jones credits the IDDT model with equipping his staff with the clinical tools they need to engage consumers and to develop trusting relationships with them. This enables them to help consumers understand substance abuse, mental illness, and the stages of recovery. Consumers now understand that relapse is a natural part of the recovery process.

“This fact puts things into perspective,” Jones says. “Clients don’t feel they’re spinning their wheels.”

An important part of Southeast, Inc.’s adaptation of IDDT has been its partnership with TVBH. Case managers from Southeast, Inc. begin developing relationships with consumers in the hospital. They also attend IDDT team meetings at TVBH and work with TVBH team members and consumers to develop a discharge plan, which includes finding safe and affordable housing. Upon discharge, case managers meet with consumers at least once a week.

Like TVBH, Southeast, Inc. recognizes the value of group treatment and social support. Jones explains that team members at Southeast, Inc. have embraced the IDDT philosophy of encouraging more family involvement as a way to expand the social support network of consumers. IDDT has inspired team members to expand their definition of family beyond blood relatives. They now include people who are close in spirit—those who support the consumer in recovery.

“We don’t define family and significant others so narrowly,” Jones says. “We ask, ‘Who does the consumer see as support?’ It might be a landlord, a neighbor, a sponsor [from Alcoholics Anonymous meetings].”

Jones concludes that the team members not only help consumers develop new relationships but also help them repair old ruptured relationships. The reparation is typically achieved by educating family members, friends, and acquaintances about the symptoms and behaviors associated with mental illness and substance abuse. The understanding, he explains, enhances communication and, thus, improves relationships.

**Partnerships Sustain Recovery**

Both Jones and Neuzil agree that there are some key ingredients to building successful relationships with people who have co-occurring disorders. The most important is not to underestimate the power of social support, that is, interpersonal relationships. Consumers who surround themselves with family, friends, and acquaintances who encourage the use of alcohol and other drugs are likely to experience negative consequences and relapse. Consumers who surround themselves with people who understand addiction and mental illness and support abstinence and recovery are likely to experience the positive consequences of recovery, such as employment and independent living. Good relationships cast a safety net of support that follows the consumers wherever they go. It is there for every step.

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

**Resources**

Inpatient IDDT Fidelity Scale
http://www.ohiosamiccoe.case.edu/research/research.html

SAMI Matters, Spring 2003, Volume 2, Issue 2
“Ohio becomes first in nation to implement IDDT in state hospital system”
Fidelity monitoring is a requirement of evidence-based practices such as IDDT. Research demonstrates that programs which maintain fidelity to the model achieve the best outcomes.

The Ohio SAMI CCOE has re-engineered Ohio’s IDDT fidelity assessment process for IDDT programs in Ohio in an effort to respond to the growing demand for its research and evaluation services. The CCOE will use the assessment outcomes to help the programs develop an annual fidelity action plan. The plan will help IDDT programs implement service enhancements to obtain, maintain, or improve fidelity scores, program outcomes, and, presumably, consumer outcomes. The planning will culminate in an action plan meeting, which will take place two to three months after the assessment. Agency action plans will allow the CCOE to provide more help interpreting the results of the fidelity assessments and translating the evaluation into action.

According to David E. Biegel, Ph.D., director of research and evaluation at the CCOE, the annual assessment and action plan creates an enhanced continuous quality improvement process—a cycle of planning, implementation, and evaluation. “This is an exciting time of growth for evidence-based practices in Ohio,” Dr. Biegel says. “We have been refining our methods to meet the surge in demand for the practices. The number of programs with which the CCOE consults has increased from nine to 29 over the past two years as the state’s Behavioral Healthcare Organizations have begun to create new inpatient IDDT programs. This is an incredibly creative time for all of us.”

Fidelity action plan replaces self-study

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Cognitive Behavioral Therapy (CBT) is one of the most effective forms of psychotherapy. It is a general approach to helping people overcome problems and make progress toward personal goals. CBT is an active, structured, and time-limited directive form of therapy that is based on the belief that the way people perceive and structure their worlds determines their feelings and behaviors. Service professionals use CBT to help individuals become more aware of and to change their perceptions and structures. For example, with depression, service professionals use CBT to help consumers examine negative views about themselves and life events and to gather evidence against distorted perceptions. The therapy clarifies and challenges underlying beliefs and increases the consumers’ adaptive problem solving capacities.

Service professionals can use CBT with consumers who have dual disorders to help them address problems related to either their substance abuse or their psychiatric disorders. This overview of CBT describes how service professionals can use CBT to help consumers address their substance abuse as they progress through the stages of treatment defined by the New Hampshire-Dartmouth Integrated Dual Disorder Treatment (IDDT) model (see opposite page). As consumers achieve recovery from their substance use disorders, they become more capable of managing the symptoms of their mental illness.

Use CBT with Individual, Group & Family Interventions
CBT can be used in individual, group, and family interventions. This overview of CBT focuses on its use with individuals. Consumers with dual disorders frequently cannot tolerate group settings, especially in the early stages of treatment. Individual counseling provides an important alternative and complement to group and family interventions.

Use CBT with Other Clinical Techniques
CBT is different from other clinical tools, such as motivational interviewing (MI). MI helps consumers understand how their substance use and mental health needs keep them from achieving their goals. CBT helps consumers learn new skills and behaviors for managing problems and achieving goals. In general, MI is most useful in the early stages of dual disorder treatment (i.e., engagement, persuasion). In later stages, service professionals often blend MI and CBT techniques.

Use CBT in the Community
Service professionals may combine CBT with case management activities and should be prepared to use CBT during crisis events, spontaneous visits with consumers, and while helping consumers with activities of daily living. Counseling in the consumer’s environment is often less threatening because it is less formal and direct and is more practical in its focus.

Continued on page 15

Consumer Goals
Service professionals use CBT to help consumers learn how to improve the following:
• Health
• Self-care
• Self-awareness of feelings and thoughts and self-regulation of behaviors
• Minimizing or coping with unpleasant thoughts and feelings
• Anticipating, preparing for, and managing stress
• Behaving more effectively in social situations

Consumer Skills
Service professionals help consumers learn how to systematically identify and modify problematic thoughts, feelings, and behaviors.

Therapeutic Techniques
• Service professionals teach consumers new skills through demonstration (modeling)
• Encourage consumers to rehearse new behaviors in sessions
• Assign consumers homework for practicing skills
• Provide frequent positive reinforcement (verbal praise) to strengthen skill acquisition

Resources
This article is a summary of “Cognitive-Behavioral Counseling,” a chapter in Integrated Treatment for Dual Disorders: A Guide to Effective Practice by Kim T. Mueser, et al., 2003. New York: The Guilford Press. This article was composed by excerpting sections of the chapter.
Service professionals should use CBT strategically in the four stages of treatment defined by the New Hampshire-Dartmouth Integrated Dual Disorder Treatment (IDDT) model.

1 Engagement
In this initial stage of treatment, service professionals use CBT to help consumers cope more effectively with their psychiatric problems. They do not use it to address substance use yet, because, at this stage, consumers lack the understanding needed to address these behaviors. Service professionals focus mainly on expressing empathy and using motivational interviewing to connect with consumers and to motivate them to work on their substance abuse. This is accomplished by establishing a working alliance built on open, honest discussions. Service professionals create opportunities for consumers to discuss their substance use, and they respond with careful reflective listening without judgment, criticism, or attempting to alter the use itself.

2 Persuasion
In this stage, service professionals continue to utilize motivational interviewing in their therapeutic relationship with consumers and use CBT to help them develop more effective skills for meeting their social, recreational, and coping needs. The new skills replace old habits of using substances to meet these needs. Service professionals also use CBT to help consumers understand the cognitive, emotional, and behavioral events that occur before, during, and after substance use. This raises their awareness of the mechanisms of their disorders. The awareness promotes change. Consumers also explore the following:

• Withdrawal symptoms
• Cravings prior to substance use
• Hangovers
• Insomnia
• Anxiety
• Dejection

3 Active Treatment
Service professionals use CBT in this stage to help consumers learn the skills necessary for reducing substance use and achieving abstinence. They help consumers set goals, develop a behavioral action plan, and practice aspects of the plan through role playing. Consumers may set goals that do not fully address all of their needs. For example, they may choose to continue using one substance (e.g., alcohol) while becoming abstinent from others (e.g., cannabis), or attempt to reduce the amount they use. Service professionals should support these incremental changes. Recovery from substance use disorders is often a gradual process, with reduction often preceding abstinence.

4 Relapse Prevention
In this stage, consumers attain and sustain sobriety. They may slip occasionally to substance use but utilize the awareness of their feelings, thoughts, and behaviors before and after the slip to improve how they will handle future situations. Service professionals use CBT to help consumers examine and change aspects of their lifestyle that may increase their chances to slip. Service professionals also use CBT to begin a gentle process of separating from consumers. They encourage consumers to volunteer with peer-support groups, because providing support to others will help them strengthen their own commitment to a healthier lifestyle. In relapse prevention, consumers begin to rely less on the support of service professionals and more upon their social networks.
2003 Conference

Over 200 people attended the annual Ohio SAMI CCOE Conference, “Implementing Integrated Dual Disorder Treatment—Making Partnerships Work.” The three-day event was held in September at The Holiday Inn-Worthington in Columbus. Among the participants were direct-service providers, team leaders, program managers, county board members, consumers, family members and other social support persons, and executive administrators.

The conference was designed to help participants acquire the awareness, knowledge, and applied skills that are needed to deliver IDDT in partnership with consumers and their family members and other social support persons. The conference featured the following:
- Panel presentation of IDDT providers in Ohio
- 33 workshops
- Physicians Luncheon
- Presentation by Mark Singer, Ph.D., co-director of the Center on Substance Abuse and Mental Illness at the Mandel School of Applied Social Sciences, Case Western Reserve University

Keynote addresses were made by the following:
- Robert Drake, M.D., Ph.D., director of the New Hampshire-Dartmouth Psychiatric Research Center
- Michael Hogan, Ph.D., director of the Ohio Department of Mental Health (ODMH)
- Gary Q. Tester, MRC, CCDCIII-E, OCPS II, director of the Ohio Department of Alcohol and Drug Addiction Services
- Dale Svendsen, M.D., medical director of ODMH
- Evelyn Stratton, J.D., Ohio Supreme Court Justice
- Kenneth Minkoff, M.D., consultant and trainer

2004 Training Events

**JANUARY**
- 1/28 Videoconference: Comprehensive Assessment

**FEBRUARY**
- 2/17 Client-Centered Outcome Based
- 2/18 Supervisor Training
- 2/20 Motivational Interviewing Basics (northeast)
- 2/25 Videoconference: Stage-Wise Groups
- TBD Basic IDDT Overview (southwest)
- TBD BHO Train-the-Trainer (southwest)

**MARCH**
- 3/12 Motivational Interviewing Advanced (northeast)
- 3/18 Central Region Training
- 3/19 Motivational Interviewing Basic (northwest)
- 3/26 Motivational Interviewing Basics (southwest)
- 3/31 Videoconference: Medical Issues
- TBD Northwest Region Training
- TBD Southeast Region Training
- TBD Basic IDDT Overview (central)
- TBD Basic IDDT Overview (northwest)
- TBD Basic IDDT Overview (southeast)

**APRIL**
- 4/2 Motivational Interviewing Advanced (central)
- 4/16 Motivational Interviewing Advanced (southwest)
- 4/23 Motivational Interviewing Advanced (northwest)
- 4/28 Videoconference - Supported Employment
- TBD Family Forum (northwest)

**MAY**
- 5/26 Videoconference: Substance Abuse Counseling & Relapse Prevention
- TBD Basic IDDT Overview (northeast)
- TBD Motivational Interviewing Advanced (northwest)
- TBD Northeast Region Training

**JUNE**
- 6/30 Videoconference: Treatment Planning for Outcomes

**JULY**
- TBD Interactive Staff Training for Supervisors

**SEPTEMBER**
- 9/27-29 Save the Date! 4th Annual SAMI CCOE Conference (Worthington Holiday Inn, Columbus)