



IDDT - a note from the Division of Behavioral Health

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Celebrate success!!! Working on an IDDT team is not an easy job. We all know that. To make it just a little bit easier remember to celebrate successes along the way. Celebrate with the people you serve – maybe send a congratulations card signed by the whole team when someone achieves a goal, or gets a job, or reaches out to the team instead of going to the hospital. Also remember to find a way to celebrate successes as a team to help keep morale on the team up. We know it isn't always easy to keep people motivated to pursue recovery. As we learned in IMR, motivational strategies mostly involve helping people see how learning information and skills will help them achieve their goals. Developing motivation for learning information and skills is an ongoing process. Motivation can naturally increase or decrease over time, especially if people think their goals are too big or too

hard to achieve. To help people stay motivated, the team can help identify goals that won't take too long to achieve and help break goals down into small, manageable, achievable steps. The team can also convey their own confidence that the person can accomplish goals and support the person's own optimism and self-confidence. The team looks for every opportunity to convey their belief in the person's ability to succeed and to instill hope that recovery is possible. If the team seems doubtful, the individual will often pick up on this and will start to feel that way themselves. So remember to look for every opportunity to celebrate success and to instill hope. From the point of view of the people we serve, we are celebrating their life. This can make all the difference in the world.

To be added to the distribution list for this newsletter, please click to contact lori.norval@dmh.mo.gov requesting the addition of

Fidelity Facet

Each agency has a target population of individuals to be served. Most often this includes adults with severe and persistent mental illness. From this group are found potential IDDT clients. Screening is the most common form of identifying individuals who qualify for the program.

The use of screening tools can vary and be administered in various way upon a client presenting at a program. It may be done directly by the program staff or by

designated intake staff within the agency. If your program has an explicit, systematic method for identifying the eligibility of every new consumer or a plan for systematically reviewing consumers who are already active in services, you could score a perfect "5" in the General Organizational Index item G2. "Eligibility/Consumer Identification".



IDDIT Resources



SAMHSA Toolkit for integrated treatment for co-occurring disorders

<http://store.samhsa.gov/product/Integrated-Treatment-for-Co-Occurring-Disorders-Evidence-Based-Practices-EBP-KIT/SMA08-4367>



Center for Evidence-Based Practices—Substance Abuse & Mental Illness

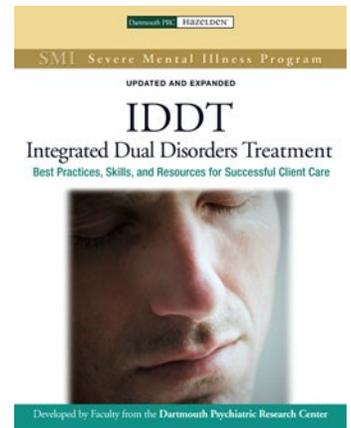
<http://www.centerforebp.case.edu/practices/sami/iddt>

Missouri Credentialing Board

www.missouricb.com/

Hazelden Integrated Dual Disorders Treatment Curriculum

http://www.hazelden.org/OA_HTML/ibeCCtPltmDspRte.jsp?item=120103&site=10020:22372:US



ireta

Institute for Research, Education & Training in Addictions

Toolkit for treating individuals with co-occurring disorders

[Click here to view](#)

DMH Peer Support Services Website:

www.peerspecialist.org

University of Minnesota MNCAMH

<https://mncamh.umn.edu/co-occurring-disorders>

Motivational Interviewing Corner

By Scott Kerby

In the latest edition (3rd) of *Motivational Interviewing: Helping People Change*, Steve Rollnick and Bill Miller use new language to describe the course of a conversation while utilizing Motivational Interviewing (MI). They describe four processes that are somewhat linear but also recursive: Engagement, Focusing, Evoking, and Planning. Another trainer stated that the processes each ask a different question of the client. Engagement asks, “Can we travel together?” Focusing, “Where is it you want to travel?” Evoking seeks “What are your reasons for wanting to travel?” And finally Planning asks, “How can we get there?”

Today I want to spotlight the 2nd process, Focusing. After listening to hours of MI trainee audio, one of the biggest

early struggles I notice is setting an explicitly stated, mutually agreed upon change topic. Too often clinicians start a session with the general “How have things been going?” or “check-in question” which leads to 20 unproductive minutes of wandering, where a topic is eventually “sort of” decided upon by the clinician. In MI, it is very important to have a clear change topic, and to work with the client to clarify that change topic, especially if it seems vague in session (which it often does...people often know something needs to change, just not sure what that is). While we do not want to rush to set the topic in a way that damages the spirit of MI, we do want to make it a priority to set this clear mutual goal as early in a session as appropriate. Re-

member, if there is no clear change topic, then you are not really doing MI, because ambivalence can only be defined (along with change and sustain talk) with a target in mind. So in your MI practice, if you notice your sessions are “stuck in the mud” check and make sure you agreed upon a destination, and use your skills to guide the conversation that direction.

If you have any questions about further developing Motivational Interviewing in your practice feel free to contact Scott Kerby. He has information on free and cost effective products and can help you find a trainer to fit your agency's needs.

Scott.Kerby@tmcmcd.org

M R N

MISSOURI RECOVERY NETWORK

The Statewide Voice for Recovery

www.morecovery.org 573.634.1029

WRAP

Wellness Recovery Action Plan

By Mary Ellen Copeland, PhD

Discover more here:

<http://www.mentalhealthrecovery.com/>

Record number of Americans are drinking themselves to death

Alcohol-related deaths reached a 35-year high in 2014, when more than 30,700 Americans died from such causes as alcohol poisonings and cirrhosis. This amounted to about 9.6 deaths from alcohol-induced causes per 100,000 people in 2014 — a 37 percent increase since 2002.⁴

These numbers do *not* include deaths from alcohol-related homicides, drunk driving or other accidents. If those figures were included, data from the U.S. Centers for Disease Control and Prevention (CDC) suggest alcohol-related deaths would be closer to 90,000. As reported by The Washington Post:⁵

"In recent years, public health experts have focused extensively on overdose deaths from heroin and prescription painkillers, which have risen rapidly since the early 2000s.

But in 2014, more people died from alcohol-induced causes (30,722) than from overdoses of prescription painkillers and heroin combined (28,647), according to the CDC."

This isn't to say that prescription painkiller and heroin addiction isn't also an epidemic of major concern. A joint report by the CDC and the Food and Drug Administration (FDA) revealed lethal heroin overdoses nearly quadrupled between 2000 and 2013.⁶

Between 2000 and 2010, heroin-related deaths rose at an average rate of 6 percent per year in the U.S. Then, from 2010 to 2013, the average annual increase suddenly jumped to 37 percent.

According to CDC Director Dr. Thomas Frieden, opioid painkillers like Vicodin, OxyContin, and Percocet increase your susceptibility to heroin addiction, and the report found that the vast majority — 75 percent — of heroin users started out on prescription painkillers.

Further, those who abuse prescription opiates have a 40 times greater risk of abusing heroin, and the widespread misuse of prescription painkillers is thought to be at the heart of rising heroin addiction and related deaths.

However, getting back to alcohol, the rise in alcohol-related deaths may be related to the steady rise in per capita alcohol consumption in the U.S. Nearly 57 percent of Americans drank at least monthly in 2014 (up from 55 percent in 2002).

A recent study published in Scientific Reports that compared the risks of recreational drugs such as alcohol, tobacco and marijuana found alcohol to be the deadliest of all on an individual level, and noted that "on a population scale, only alcohol would fall into the 'high risk' category.

Taken from Mercola.com

MAKING IDDT TREATMENT WORK

Services for both mental illness and substance use need to be provided simultaneously by the same clinicians within the same organization.

DID YOU KNOW....

That “Sizzurp”, “Purple Drank”, “Texas tea”, “Dirty Sprite” and “Lean” are common names for prescription or over-the-counter cough syrups which are commonly mixed with soda and/or candy?

“A creative man is motivated by the desire to achieve, not by the desire to beat others”

~Ayn Rand



New Team Feature: North Central Missouri Mental Health Center

By Debbie Eggering

North Central Missouri Mental Health Center’s (NCMMH) mission is to deliver quality behavioral health services in an atmosphere that promotes dignity, builds on natural supports, encourages consumer choice, embraces cultural diversity, and empowers individuals to achieve their highest quality of life.

In order to carry out this mission NCMMH has initiated new IDDT (Integrated Dual Disorders Treatment) services. Our IDDT services will be provided by our new IDDT team. Two of the leading staff on our IDDT are: Barbara Martin LCSW, the Program Leader and Jeanny Domon LMSW, the Substance Abuse Specialist.

Barbara Martin has been employed at NCMMHC for six years. She has held the position of ACI Coordinator for the last three years. In addition, Barbara coordinates the Community Mental Health Treatment program in collaboration with the Department of Corrections. Barbara supervises five full time staff and one internship student which includes the Community Mental Health Liaison and the Outreach Coordinator. Prior to being the ACI Coordinator, she provided services as a licensed therapist.

Jeanny Domon has been working with NCMMHC for the past year. She is the therapist for the IDDT and Community Mental Health Treatment programs. Jeanny will be assessing her client’s readiness to change. She will meet individually with clients on a weekly basis

for therapy and group sessions to address goals and barriers for change. She will educate clients and their support persons about the effects of their substance use and how it interferes with managing their overall health. She has proven her skill working with individuals with substance use and mental health disorders. She recognizes the value of every individual and treats them with dignity and respect. She recognizes that recovery is unique to each person as well as it being a lifelong process.

Our IDDT team will provide treatment by integrating substance abuse treatment along with CPRC (community psychiatric rehabilitation center) services for individuals with co-occurring psychiatric and substance use disorders. Through this integrated treatment our clients will be able to live lives in which their co-occurring disorders are not the dominant driving factors. We expect more than “maintaining” people with co-occurring disorders. Our recovery-oriented services will encourage clients to define and fulfill their personal recovery goals. Our clients will be actively involved in their treatment design and have the ability to self-direct their person-centered and family-centered services. Our IDDT team is sensitive to the particular cultural and other needs of the individual. Our clients will have choices regarding their services here at NCMMHC and our IDDT team is RIGHT team to provide those services.

Staff Qualification for Co-occurring treatment in the CPR Program

For provision of individual co-occurring counseling, group co-occurring counseling, and co-occurring assessment supplement, eligible providers must be either a qualified mental health professional (QMHP) or a qualified substance abuse professional (QSAP) and meet co-occurring counselor competency requirements established by the Department of Mental Health. For group education the eligible provider shall have documented education and experience related to the topic presented and either be or be supervised by a QMHP or a QSAP who meets the co-occurring counselor competency requirements. Co-occurring counselor competency requirements are defined as: 1) a QMHP or a QSAP with one year of training or supervised experience in substance abuse treatment, and 2) if an individual has less than one year of experience in IT, must be actively acquiring 24 hours of training in IT specific content* and receive supervision from experienced IT staff.

A QMHP is defined within 9 CSR 30-4.030 and can be found by following this link:

<http://www.sos.mo.gov/adrules/csr/current/9csr/9c30-4.pdf>

A QSAP is defined within IDDT as: A physician or qualified mental health professional who is licensed or provisionally licensed in Missouri with at least one (1) year of full-time experience in the treatment of persons with substance use disorders; or a person who is certified or registered as a substance abuse professional by the Missouri Credentialing Board**.

*The 24 hours of training in IDDT specific content can include, but is not limited to:

- Co-occurring mental health and substance use disorders
- Motivational interviewing
- Stage-wise treatment interventions
- Addictions treatment
- Relapse prevention
- Cognitive behavioral treatment

**Qualified Substance Abuse Professional Credentials:

CCDP - Co-Occurring Disorders Professional

CCDP-D - Co-Occurring Disorders Professional - Diplomate

CCJP - Certified Criminal Justice Addictions Professional

CADC - Certified Alcohol Drug Counselor

CRADC - Certified Reciprocal Alcohol Drug Counselor

CRAADC - Certified Reciprocal Advanced Alcohol Drug Counselor

RSAP-P - Registered Substance Abuse Professional – Provisional

The below credentials are NOT Qualified to provide the Co-Occurring Counseling or Supplemental Assessment (Not a QSAP):

RASAC I - Recognized Associate Substance Abuse Counselor I

RASAC II - Recognized Associate Substance Abuse Counselor II

More information can be found by following this link: <http://www.missouricb.com/careerladder.pdf>

There is no application to be a QSAP, just as there is no application to be a QMHP. The person in the position just needs to meet the above criteria as evidenced by documentation in their personnel file.

Generalized Organizational Index (GOI) of IDDT

Program Philosophy— The program is committed to a clearly articulated philosophy consistent with the IDDT model based on the following five sources: program leader, senior staff, Integrated Treatment Specialists, consumers and natural supports, written materials

NEW AND UPDATED MARS PROGRAM

The next Medication Assisted Recovery Specialist (MARS) 40 hour training program will start on February 18, 2016. The MARS program has been updated to reflect new information regarding medication assisted recovery. The new 40 CEU program is \$100.00 and is open to anyone who is interested in learning more about medication assisted recovery. Since the program has been updated, we are also offering anyone who already holds the MARS certification the option of going through the new updated program at a reduced cost of \$75.00.

The updated MARS program will be conducted as follows:

1. The program will begin with a 1 day 6 hour live training that will provide an overview of the program and a discussion of the science of addiction and the medications currently being used to treat substance use disorders. The live training will be provided at the following locations:

- A. Kansas City - Thursday February 18, 2016
- B. Jefferson City - Friday February 19, 2016
- C. St. Peters - Friday February 19, 2016
- D. Cape Girardeau - Friday February 19, 2016
- E. Springfield - Friday February 19, 2016

2. After the live training, participants will complete 8 self study modules starting February 22, 2016 and ending on May 29, 2016. The self study modules consist of reading various documents and completing self-study tests over each reading document.

3. The modules and reading documents are as follows:

- A. Module 1 - NIDA Science of Addiction; Legal Action Center - Eliminating Barriers to Medication Assisted Treatment (MAT); MAT for Opioid Addiction: Facts for Family and Friends
- B. Module 2 - NA & MAT; Tobacco Cessation; Tobacco Replacement
- C. Module 3 - Know Your Rights; Behavioral Health Medications
- D. Module 4 - MAT for Alcohol Use Disorder Brief Guide; Medication Coverage & Financing of MAT; Clinical Use of Vivitrol Brief Guide
- E. Module 5 - ASAM National Guidelines for the Practice of MAT
- F. Module 6 - TIP 43 MAT for Opioid Addiction in Opioid Treatment Programs
- G. Module 7 - TIP 40 Quick Guide
- H. Module 8 - Federal Guidelines for Opioid Treatment Programs; NIATx Getting Started with MAT

For completing the entire program, participants will be awarded 40 CEUs and the MARS Certification.

To sign up for the program, use the link below to access the registration form:

[Click Here for February 2016 MARS Application](#)

For questions, contact Scott Breedlove at scott.breedlove@missouricb.com or call 573-616-2300.



Website: www.dmh.mo.gov/mentalillness/provider/iddtproviders.htm

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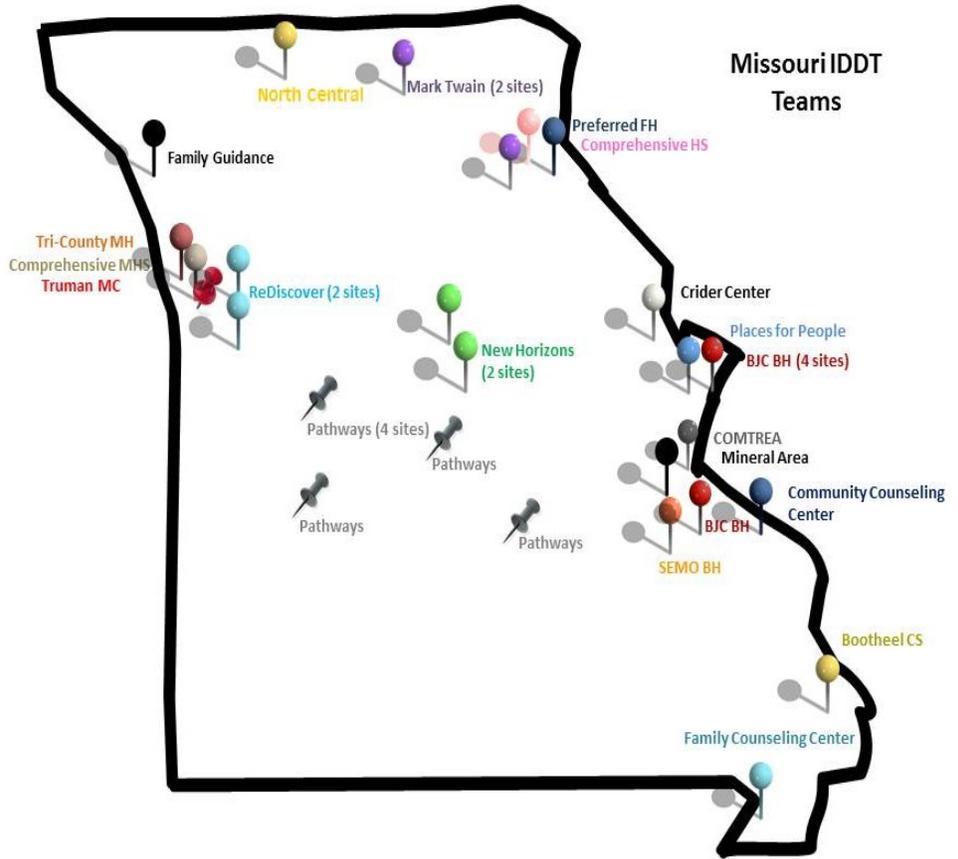
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**Mineral Area Community
Psychiatric Rehabilitation
Center (MACPRC)**

Missouri IDDT teams

**COMPREHENSIVE
Health Systems, Inc.**
"for quality mental health care"

BJC Behavioral Health

placesforpeople
Community Alternatives for Hope, Health and Recovery

BCS
Bootheel Counseling
Services

Mark Twain
Behavioral Health

COMPREHENSIVE
MENTAL HEALTH
SERVICES, INC.

New Horizons
Community Support Services

Family Counseling Center, Inc.

*Southeast Missouri
Behavioral Health*

**NORTH
CENTRAL**
MISSOURI MENTAL
HEALTH CENTER

Crider
HEALTH CENTER
Full, Productive, Healthy Lives for Everyone

COMPASS HEALTH
guiding solutions

COMTREA
Founded 1973

ReDiscover
Help, Hope, and Healing

**FAMILY
GUIDANCE
CENTER** for behavioral healthcare

TMC
TRUMAN MEDICAL CENTER
Behavioral Health

**Preferred
Family Healthcare**

**COMMUNITY
COUNSELING CENTER**

**TRI-COUNTY
MENTAL HEALTH
SERVICES, INC.**