



ITCD - a note from the Division of Behavioral Health

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One important thing about working in co-occurring treatment is being surrounded by other professional staff and feeling connected as a team. To further replicate this benefit, DBH has made an effort to connect ITCD Specialists across the state with one another by offering networking conference calls. These calls link together Specialists working as part of ITCD programs across the state. Networking calls have already been offered to the various clinicians on Missouri ACT Teams to allow for information sharing, training, learning and access to specialists on other teams. ITCD calls are set up by DBH and generally last an hour. The first 2 network calls are scheduled for late July and part of the agenda will be to develop topics of interest and date/time planning for future calls. The call agenda typically includes introductions, announcements, hot topics and information sharing among the specialists. There is a selected topic for discussion based on current events in mental health or substance use which is covered for the remainder of the hour. The calls can be beneficial to Specialists in that they allow for critical information sharing in clinical practices, current events in mental

health, training opportunities, education of team members' roles as defined by the ITCD toolkit, state code of regulations for co-occurring programs as well as the toolkit scoring protocol used to measure fidelity to the ITCD programs in Missouri. Team members can come away from the networking session with new information to apply in their jobs, share at team meetings, leads to find out further information or linkage with other teams/providers in the state. Scheduling of the calls has begun with the first calls scheduled for July 25th from 2-3pm and July 29th from 10-11 am. Two calls are being held due to limitations in the number who can be on the call- in line at a time. The agencies have been divided up to some degree so that most of the western teams are on one call and the eastern teams on the other. Individuals who cannot make it on one call are invited to join the other call scheduled that week.

Be sure to take advantage of joining in networking with other professionals in the field. The time is a great opportunity to keep up to date, link up with your co-workers across the state and get positive affirmation about the great work you do!



Fidelity Facet

Treatment planning is one of the most basic yet important steps of beginning and continuing services with ITCD clients. The plan provides a roadmap to guide the staff in providing individualized interventions to clients in an effort to help them reach their goals. "Individualized" means that goals, steps to reaching the goals, services and interven-

tions, and intensity of involvement are unique to the consumer. If your team has more than 50% of treatment plans which are consistent with the assessment recommendations, individualized, and are updated every 3 months, you could score a "5" on this fidelity item!

M R N

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Stigma: Language Matters

Stigma is about disrespect

It hurts, punishes and diminishes people.

It harms and undermines all relationships.

It appears in behavior, language, attitude and tone of voice.

It happens even when we don't mean it.

Disrespectful Language

Crazy, lunatic, deficient, wacko, loony tune, psycho, etc.

Manic depressive (when referring to an person)

Schizophrenic.

Handicapped Person.

Slow, low functioning.

Normal.

Respectful Language

Mental illness or psychiatric disability.

Person with bipolar disorder or manic depressive disorder.

Person who has schizophrenia.

Person with a disability.

Person who has cognitive difficulties.

Non-disabled person.



Some Rules of Thumb:

Don't focus on a disability. Focus instead on issues that affect the quality of life for everyone, e.g., accessible transportation, housing, affordable health care, etc.

Don't portray successful persons with disabilities as super humans. This carries expectations for others and is patronizing to those who make various achievements.

Don't sensationalize a disability. This means not using terms such as "afflicted with", "suffers from", and "victim of", and so on.

Don't use generic labels such as "the retarded", "our mentally ill", etc.

Don't use psychiatric diagnoses as metaphors for other situations, e.g., a "schizophrenic situation". This is not only stigmatizing, but inaccurate.

Do put people first, not their disabilities. Say for example, "person with schizophrenia" rather than "schizophrenic".

Do emphasize abilities, not limitations. Terms that are condescending must be avoided.

MEDICATION ASSISTED TRAINING COURSE

<http://www.ndcrc.org/content/medication-assisted-treatment-course>

ITCD and CSTAR

CSTAR and ITCD are effective programs for clients in community mental health centers. Each is focused on a different population and provides care that targets the clients' individualized needs. Many agencies have both CSTAR and ITCD programs and often questions arise about referring clients to them. CSTAR is provided for those who have a principal diagnosis of substance use and/or addiction. ITCD is provided for individuals who are diagnosed with severe and persistent mental illness and substance use. ITCD is an evidence based practice that specifically focuses on the direct correlation of mental illness symptoms and substance use. Treatment is designed to address the co-occurring disorders and accommodates clients who are in various stages of change with regard to their mental illness and use of each substance. Clients interviewed in ITCD programs sometimes report that they have

been asked to attend CSTAR groups and find them not helpful for various reasons. CSTAR groups last longer and are faster paced with regard to the curriculum. Individuals more suited for ITCD may not tolerate these types of settings for group learning. In addition, CSTAR groups are often attended by individuals mandated to attend and who may not be in the action stages of change. ITCD clients express they prefer being in groups with like-minded individuals who are at the same stage of change as they are and share some of the same experiences with symptoms of their mental illness. ITCD programs should carefully consider the appropriateness of not only referring individuals to CSTAR, but the quality of care when ITCD clients are attending CSTAR groups or receiving counseling from staff who are trained in CSTAR vs ITCD principals.



Team feature

Team feature

Compass Health - Eldon

Submitted by Stephanie Gash, Team Supervisor

The **Eldon ITCD Team** is passionate about making sure that Eldon and the surrounding communities have the same opportunities as other communities when it comes to having support systems in place to combat substance use and mental illness. This team has been instrumental in providing substance use support groups, individual therapy sessions as well as social outings to help show its members that

there are alternatives to continuing to use drugs and alcohol as a way to cope with life struggles and a mental illness. When the ITCD team was made aware last year during the fidelity review of the need for weekend groups, CRADC Brian began weekend support groups for the community. This is definitely a **TEAM TO WATCH !!!!!**

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 addiction professional (QAP) 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 QAP who meets the co-occurring counselor competency requirements. Co-occurring counselor competency requirements are defined as: 1) a QMHP or a QAP 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 integrated treatment, must be actively acquiring 24 hours of training in integrated treatment specific content* and receive supervision from experienced integrated treatment 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 QAP is defined within ITCD 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 ITCD 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 Addiction 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 QAP):

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 QAP, 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.

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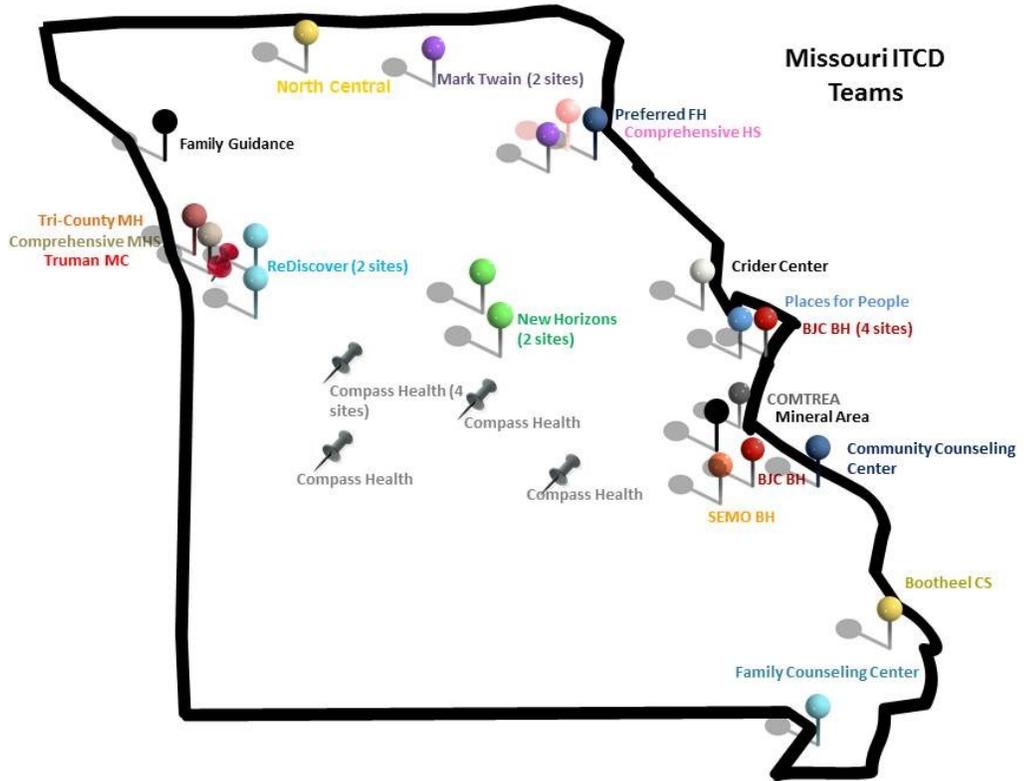
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Mineral Area Community Psychiatric Rehabilitation Center (MACPRC)

Missouri ITCD teams

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Community Alternatives for Hope, Health and Recovery

Family Counseling Center, Inc.

BCS

Mark Twain Behavioral Health

COMPREHENSIVE MENTAL HEALTH SERVICES, INC.

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Full, Productive, Healthy Lives for Everyone

Bootheel Counseling Services

Southeast Missouri Behavioral Health

NORTH CENTRAL MISSOURI MENTAL HEALTH CENTER

COMPASS HEALTH
guiding solutions

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ReDiscover
Help, Hope, and Healing

FAMILY GUIDANCE CENTER
for behavioral healthcare

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