### Integrated Dual Diagnosis Treatment
#### Stagewise Treatment
#### Assessment and Interventions

<table>
<thead>
<tr>
<th>Dartmouth Substance Abuse Treatment Scale</th>
<th>Evidence Based Interventions</th>
<th>Stage-Wise Activities for Case Managers</th>
<th>Activities to Avoid based on Stages of Treatment</th>
</tr>
</thead>
</table>
| 1. Pre-engagement. The person does not have contact with case manager and meets criteria for substance abuse or dependence. | ➢ Assertive outreach  
➢ Practical assistance  
➢ Crisis interventions  
➢ Build alliance  
➢ Assessment  
➢ Develop regular contact and a helpful relationship with client  
➢ Meet client where they are  
➢ Understand client’s world and goal  
➢ Acceptance and empathy  
➢ Active and reflective listening  
➢ Offer honest hope  
➢ Reinforce honest communication about substance use or mental illness management  
➢ Create openings to discuss substance abuse  
➢ Ask permission to discuss substance abuse, respect any “no” or “don’t want to talk about it” responses  
➢ Create recognition that things could be different | TASKS:  
➢ Regular meetings with consumer in the community (at least weekly)  
➢ Help consumer apply for benefits, obtain or improve housing, food, address legal needs  
➢ Facilitate admission to hospital and/detox if needed  
➢ Explore family relationships, engage them in treatment process if consumer desires  
➢ Review chart to understand history | DO NOT:  
➢ Require abstinence  
➢ Start substance abuse treatment or groups  
➢ Confront substance use  
➢ Ignore substance use and/or mental illness  
➢ Punishing substance use  
➢ Don’t start group work at this point |
| 2. Engagement. The client has only irregular contact with assigned case manager, and meets criteria for substance abuse or dependence. | ➢ Assertive outreach  
➢ Practical assistance  
➢ Crisis interventions  
➢ Build alliance  
➢ Assessment  
➢ Develop regular contact and a helpful relationship with client  
➢ Meet client where they are  
➢ Understand client’s world and goal  
➢ Acceptance and empathy  
➢ Active and reflective listening  
➢ Offer honest hope  
➢ Reinforce honest communication about substance use or mental illness management  
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➢ Ask permission to discuss substance abuse, respect any “no” or “don’t want to talk about it” responses  
➢ Create recognition that things could be different | | |

**GOAL:** To establish a working alliance with a professional.

*indicates tool in “Integrated Treatment for Dual Disorders” by Kim T Mueser, Douglas L. Noordsy, Robert Drake & Lindy Fox
Handout Version: 7/30/04
### 3. Early Persuasion

The client has regular contact with case manager, continues to use the same amount of substances or has reduced substance use for less than 2 weeks, and meets criteria for substance abuse or dependence.

**GOAL:** To help the client view substance abuse as a problem that should be worked on.

<table>
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<th>Tasks</th>
<th>Tools</th>
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| ➢ Ask permission to discuss substance use  
➢ Education about illness and substances  
➢ Set goals  
➢ Build awareness of problem  
➢ Assist in envisioning life without substances  
➢ Develop motivation to change using motivational interviewing techniques  
➢ Family support  
➢ Peer support  
➢ Assessment and treatment planning  
➢ Interventions can be individual and/or group  
➢ Help establish meaningful activities (work, school, etc) in client’s life  
➢ Work collaboratively with client in reducing use and setting reduction goals | ➢ Time-line follow back calendar to assess past 7 months use  
➢ Develop a list of supportive friends and family and practice reaching out to them  
➢ Complete a Contextual Analysis  
➢ Complete/Update a Functional Analysis  
➢ Complete a Payoff Matrix & Functional Assessment  
➢ Complete a pro/con list regarding use  
➢ Pleasant Activities Worksheet |

### 4. Persuasion

The client has regular contact with case manager, shows some evidence of reduction in use for the past 2-4 weeks (fewer substances, smaller quantities, or both), but still meets criteria for substance abuse or dependence.

**GOAL:** To help the client view substance abuse as a problem that should be worked on.

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| ➢ Increase knowledge of substance use and mental illness  
➢ Discuss the role of ambivalence in recovery  
➢ Encourage consumer to explore self-help groups  
➢ Offer DD groups (persuasion) | ➢ Require abstinence  
➢ Offer too much treatment too early (jumping to the action phase at the first mention of changing use)  
➢ Ignore substance use and/or mental illness  
➢ Require inpatient substance abuse treatment |

*indicates tool in “Integrated Treatment for Dual Disorders” by Kim T Mueser, Douglas L. Noordsy, Robert Drake & Lindy Fox

Handout Version: 7/30/04
### 5. Early Active Treatment.
The client is engaged in treatment and has reduced substance use for more than the past month, but still meets criteria for substance abuse or dependence.

**GOAL:** To help the client decrease or stop substance use so that it is no longer a problem.

- Substance abuse counseling (individual and/or group)
- Skills training
- Community reinforcement; seek out work, school, church, clubs, volunteer opportunities
- Self-help groups
- Cognitive behavioral therapy
- Motivational interventions
- Begin relapse prevention work
- Offer a menu of treatment options
- Normalize relapse

### 6. Late Active Treatment.
The client is engaged in treatment and has not met criteria for substance abuse or dependence for the past 1-5 months.

**GOAL:** To help the client decrease or stop substance use so that it is no longer a problem.

**TASKS:**
- Join consumer for new “sober” activities
- Refer for Med evaluation to see if meds can help with reduced or no usage, cravings
- Explore employment or education options
- Help family and friends support consumer’s abstinence
- Have consumer announce plans to stop using
- Learn/practice relaxation techniques
- Teach anger management skills
- Develop list of triggers based on functional analysis, make a plan for each trigger
- Develop/practice a plan for coping with cravings, high-risk situations, boredom, celebrations, etc…
- Practice drink refusal skills with consumer

**TOOLS:**
- Problem-solving sheet*
- Recovery Mountain worksheet*
- Relapse Prevention Worksheets (SA & MI*)

**DO NOT:**
- Punish or ignore a slip or relapse
- Express disappointment or judgment of a relapse or slip
- Premature discharge
- Overload consumer with goals/activities

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*indicates tool in “Integrated Treatment for Dual Disorders” by Kim T Mueser, Douglas L. Noordsy, Robert Drake & Lindy Fox
Handout Version: 7/30/04
7. **Relapse Prevention.** The client is engaged in treatment and has not met criteria for substance abuse or dependence for the past 6-12 months.

8. **Remission or Recovery.** The client has not met criteria for substance abuse or dependence for more than the past year.

| Relapse prevention planning for both diagnoses | Expand/reinforce sober lifestyle | View relapse as a treatment or professional failure |
| Skills training | Revise or update relapse prevention plan | Shame the individual for having a slip or relapse |
| Self-help groups | Expand development of recovery in other areas of life (i.e. nutrient, exercise, work, relationships, living space, spirituality, living environment) | |
| Expand recovery to other areas of life | Be ready to intensify services as needed | |
| Interventions can be both individual and group with an emphasis on graduated disengagement | Emphasize recovery as journey | |
| Be ready to intensify services as needed | Respond to slips or relapses proactively by revising relapse prevention plan, completing contextual analysis, etc. | |
| Emphasize recovery as journey | Tool: Recovery mountain worksheet* | |
| Respond to slips or relapses proactively by revising relapse prevention plan, completing contextual analysis, etc. | Tool: Relapse Prevention Worksheets for SA and MI* | |

**TASKS:**

**DO NOT:**

- View relapse as a treatment or professional failure
- Shame the individual for having a slip or relapse

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*indicates tool in “Integrated Treatment for Dual Disorders” by Kim T Mueser, Douglas L. Noordsy, Robert Drake & Lindy Fox

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