



IDDT - a note from the Division of Behavioral Health

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Greetings from DMH! Change is in the air – CAN YOU FEEL IT? Linda Rosenberg, President and CEO of the National Council for Behavioral Health, just reminded us that we are about to enter a “New World Order” for specialty behavioral health care. There are only a few short weeks until the state planning grant applications for Certified Community Behavioral Health Clinics are due to SAMHSA and Missouri is applying. If you are reading this newsletter you are already ahead of the game on integrated care. Integrated care is serving the whole person in the same place to ensure all their needs are being met. Missouri has been supporting an integrated care model for some time with the birth of healthcare home and the option for

providing integrated treatment for co-occurring disorders. We realize that integrated treatment is the right thing to do and that everyone should be doing it! You’re doing a great job but we’ve got to keep the system moving forward. We’ve got to do more! The Integrated System of Care workgroup is looking for ways to strengthen Missouri’s mental health workforce on integrated treatment with upcoming training opportunities. AND keep your eyes and ears open for the Coalition for Community Behavioral Healthcare’s pre-conference workshop this fall - it’s going to be all about Integrated Treatment for Co-occurring Disorders - with a new twist – and we’ve invited a nationally known trainer to share her knowledge. Psst – stay tuned – more to come.....

Fidelity Facet



IDDT programs have a commitment to a clearly articulated philosophy that is consistent with this evidence based practice. The key staff involved truly endorse IDDT, embrace that philosophy and practice it in their daily work. During a fidelity visit, staff are asked about their understanding of the program philosophy to determine if it is aligned with IDDT principals.

Examples would include critical elements of the services, the program goal, the defini-

tion of IDDT, as well as the services offered within the program. The program philosophy may also be reflected in written materials about the program services.

If all sources in your IDDT program show evidence that they clearly understand and/or reflect the program philosophy, then you could receive the highest rating for this scale item in the Generalized Organizational Index portion of the fidelity review!

IDDT 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>



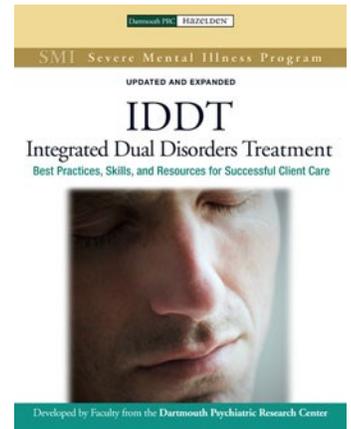
Center for Evidence-Based Practices—Substance Abuse & Mental Illness
<http://www.centerforebp.case.edu/practices/sami/iddt>

Hazelden Integrated Dual Disorders Treatment Curriculum

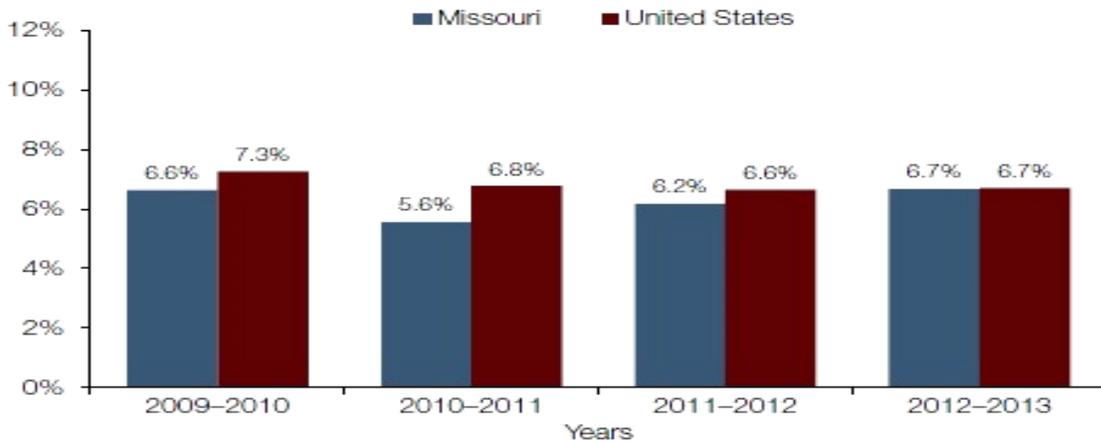
http://www.hazelden.org/OA_HTML/ibeCCtpItnDspRte.jsp?

Missouri Credentialing Board
www.missouricb.com/

Peer Support Services Website:
www.peerspecialist.org



Missouri's percentage of alcohol dependence or abuse among individuals aged 12 or older was similar to the national percentage in 2012–2013.



6.2%

In Missouri, about 307,000 individuals aged 12 or older (6.2% of all individuals in this age group) per year in 2009–2013* were dependent on or abused alcohol within the year prior to being surveyed. The percentage did not change significantly over this period.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009 to 2013.

* These estimates are based on combined data from multiple years of the National Survey of Drug Use and Health (NSDUH), whereas estimates in the accompanying figure are from an estimation procedure that uses 2 consecutive years of NSDUH data plus other information from the state. The estimates from these two methods may differ. For more information, please see Figure Notes 1 and 2 on p. 19.



The development of a supportive network is crucial to individuals with co-occurring disorders. IDDT team staff work to engage and do outreach directly with identified supporters of their clients. Offering support groups can be effective but direct contact with case managers, IDDT Therapists, Physicians and nursing staff can be even more important.



Wellness Recovery Action Plan

By Mary Ellen Copeland, PhD

Discover more here:

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

IDDT TEAM SUCCESS STORY

BY ANNA WEIMER, KENNETH HORNE

Comprehensive Mental Health Services

Our IDDT program at CMHS is doing well meeting challenges and moving forward. We have a gentleman that has completed groups and is now leading the AA/ 12 step groups.

This consumer has been with CMHS for many years and has been diagnosed with polysubstance dependence along with schizoaffective disorder. He has been clean and sober for 5+ years

and has sponsored several other individuals. He has utilized and grown from the addiction recovery services that he has been in at CMHS and attended individual therapy to better his circumstances and understand more about how his mental illness fed into his addiction.

The 12-step group he recommended for us when we first started was for AA as well as NA. He lives

independently has remained hospital free for at least 5+ years and has a vast community awareness.

He is our local success story and he is trying to give back to the community by sharing his life experiences.



Cannabis Use and Pregnancy



MONDAY, June 22, 2015 (HealthDay News) -- Doctors should discourage women from using marijuana during pregnancy, due to the potential effects that pot's active ingredients can have on a child's brain development, new guidelines state.

The recommendation was released Monday by the American College of Obstetricians and Gynecologists (ACOG). Find out more by clicking [HERE](#)

INDIVIDUALIZED TREATMENT

Individualized Treatment refers to steps, strategies, services, interventions and intensity of involvement which are focused on specific consumer goals and are unique for each consumer. High fidelity teams ensure that more than 80% of consumers receive treatment that is consistent with the goals of IDDT.



Consumption of "energy drinks" - are they bad for our clients? Find out more by clicking [here](#)

"As with anything creative, change is inevitable"
Enya



Motivational Interviewing Corner

By Scott Kerby, Truman Behavioral Health IDDT Specialist

During a recent training, we were discussing the difficulty of change and how each of us can relate to the challenges of ambivalence. One particularly astute individual asked, "What do I say when my patient asks me why I can't seem to give up diet coke?" This is a good question and led to an interesting discussion. At the heart of this question is this: "How can I help someone else change when I still struggle to make changes in my own life---If I can't help myself, how can I speak with any authority to them?"

This would be a big problem if our driving principle was "I have fixed all my issues so I can help you fix all your issues"---what we would call the expert role. Fortunately in MI, we are running from that role. Sure, we have expertise that may be helpful, but we are fellow travelers, sharing the struggle of change. We aren't relying on our ability to fix ourselves or to fix another person...we are asking permission to join in with them, and if allowed, to become helpful partners along the way. In the end we best help people change not because of how amazing we are, but by

helping them come up with *their own* reasons that will fuel *their own* plans.

So I say to the doctor that asked the question, "thanks for your honest question". And the harm reductionist in me says..."if I can get my clients hooked on only diet coke...". The Motivational Interviewing would say to let our flaws remind us to surrender the expert role, be human, and enjoy the ride.

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 resources and can help you find a trainer to fit your agency's needs.
Scott.Kerby@tmcmcd.org

Staff Qualification for Co-occurring treatment in the CPR Program

For 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.

Access to comprehensive services

IDDT clients have access to residential services from the team which can include supervised residential housing, supported housing and residential programs with onsite residential staff. IDDT clients who live independently are counseled on their housing options, when needed.

RESPECT

BY LEIGH GIBSON

In 2001, Joel Slack, an internationally known mental health consumer and advocate, provided training and consultation at Fulton State Hospital. At that time, the hospital's administration explored the idea of involving consumers in new employee orientations with Mr. Slack. Since he had already developed an informal program to help consumers learn to tell their stories, FSH management agreed to host the first formal RESPECT Institute (RI) in 2002. Jane Smith, the hospital's chaplain, coordinated the (RI), and Mr. Slack facilitated.

Over the course of the next five years, Dr. Smith and Mr. Slack refined the RI into a systematic method to help mental health consumers develop the skills they need to transform their experiences of mental illness and substance use disorders, their treatment, and their recovery into educational and inspirational presentations. During the RESPECT Institute training, participants organize, construct, and customize their personal stories so they may deliver them in diverse venues such as legislative meetings, employee orientations, university and high school classrooms, and civic meetings. In 2008, monies from the Mental Health Transformation state incentive grant allowed the expansion of the RI to all of the DMH psychiatric facilities.

The RI training provides a warm, supportive environment for consumers while they reflect upon their experiences and craft them into a cohesive story. The initial day of the training, each individual shares his or her story. Although most of the participants have recounted portions of their stories to mental health professionals or in settings such as support groups, few have shared their entire story at one time. For many individuals, determining how much of their life experiences they feel comfortable in revealing proves the most sensitive issue they face. As the institute progresses, the training facilitator seeks clarification from the participants regarding the details of their experiences, helps them amplify salient points, and engages them in

group discussions to uncover the importance of their stories. Through this process, each participant identifies the educational messages and develops a theme for his or her speech.

Another process during the training involves the facilitator helping the participants to consider how their messages will impact an audience. For example, will an individual's story inspire new employees to treat patients with respect, or will it be accusatorial and put new employees on the defensive? Will the educative message instruct new employees on how to seclude or restrain a frightened patient with greater sensitivity or to avoid using such techniques, or will it be filled with anger and be misunderstood by the audience? Is the message limited to stories of illness and victimization, or is it balanced with helpful experiences that support hope and recovery? Will the story help audience members achieve a greater understanding of mental illness and substance use disorders and diminish stigma, or will it reinforce the stereotypes commonly portrayed in the news media and entertainment? Consideration of these kinds of questions helps consumers enhance the content of the presentations and make them more effective.

Individuals who complete the RI training report feeling more confident and more in control of their painful life experiences after they learn the skills necessary to deliver their stories to audiences. Above all else, the RI empowers participants by acknowledging, by honoring, and by valuing their personal experiences and insights. The recognition and acceptance individuals experience during the RI training helps them reclaim their sense of self, gain a better understanding of their personal experiences, and accept them without shame or embarrassment. As one individual said after completing the RI training "My story used to own me, but now I own my story."



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

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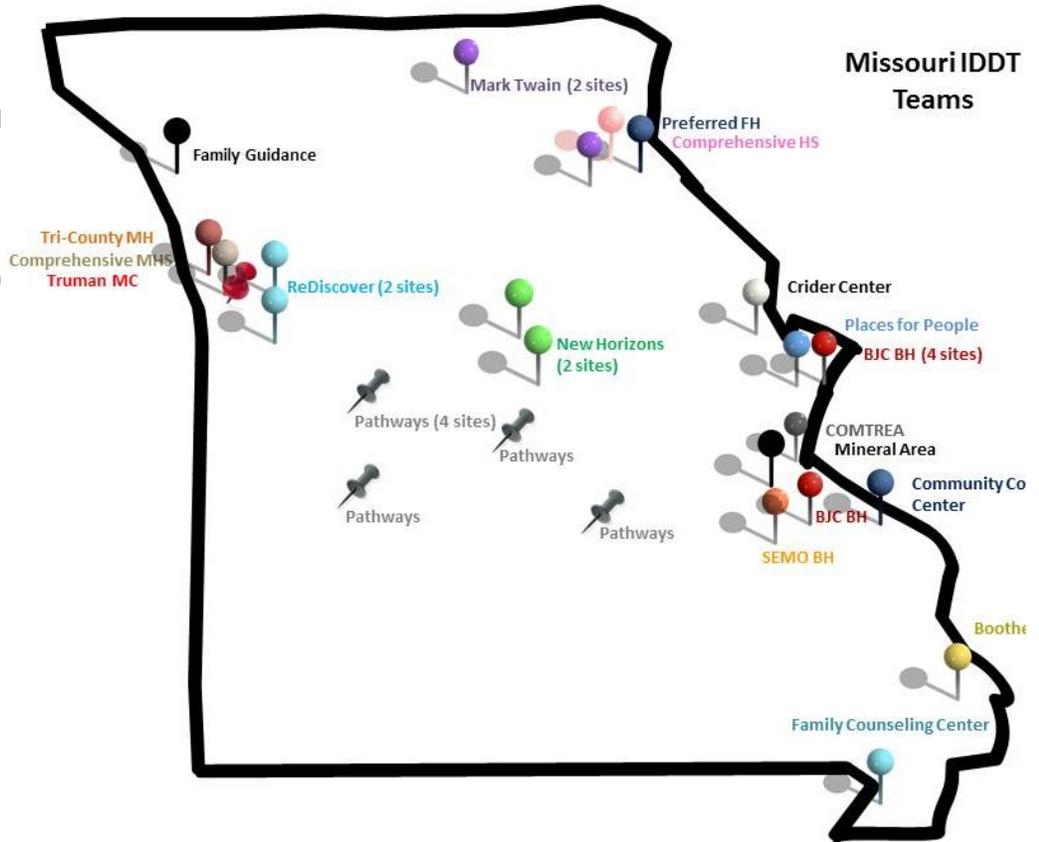
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**Mineral Area Community
Psychiatric Rehabilitation
Center (MACPRC)**

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

COMPREHENSIVE
MENTAL HEALTH
SERVICES, INC.

New Horizons
Community Support Services

Family Counseling Center, Inc.

Mark Twain
Behavioral Health

Southeast Missouri
Behavioral Health

Crider
HEALTH CENTER
Full, Productive, Healthy Lives for Everyone

Help, Hope, and Healing
ReDiscover

COMPASS HEALTH
guiding solutions

FAMILY GUIDANCE CENTER
for behavioral healthcare

COMTREA
Founded 1973

Preferred Family Healthcare



TMC
TRUMAN MEDICAL CENTER
Behavioral Health

COMMUNITY COUNSELING CENTER

TRI-COUNTY MENTAL HEALTH SERVICES, INC.