



Co-occurring Disorders

ITCD - a note from the Division of Behavioral Health

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ITCD Networking Across the Missouri

One of the important things about providing co-occurring treatment is being part of a multidisciplinary team and feeling that “teamness” in working alongside them. To further replicate this benefit, DMH has provided a way to connect specialists across the state with one another by offering networking conference calls. Networking calls are unique and already in use by Missouri ACT Teams. These meetings allow for long distance information sharing, training, learning and the ability to network with specialists on other teams. Calls will be set up by DMH and generally last an hour. The call agendas will include introductions, announcements, hot topics and information sharing among the specialists. There will be a selected interactive topic for discussion based on current events in mental health and 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, updates on current events in mental health and substance use, shared

training opportunities, education of team members’ roles as defined by the co-occurring treatment protocol, information from the state code of regulations for co-occurring teams as well as the Integrated Treatment toolkit used to measure fidelity to the co-occurring treatment model in Missouri. Team members can come away from the networking session with new information to apply in their jobs, share at team meetings and trainings, discover leads to find out further information or linkage with other teams/providers in the state. Scheduling of the calls may vary slightly depending on holidays and due to limitations of attendees on the conference call lines, will be split into two sessions. Our first call will include discussion of how often to have the calls and what day and time in the week. We hope you will take advantage of this networking opportunity and come prepared to share and/or ask questions. The first scheduled call will be announced by email directly to those invited.

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

Fidelity Facet

Does your program obtain outcome data on the individuals served in your evidence based program? Systematic and regular collection of client outcome data is imperative in evaluating program effectiveness. The data is analyzed to ascertain what is working and what is not working as well as using the results to improve the quality of services provided. Examples of outcome data in-

clude client specific information such as the tracking the Stages of Treatment, DLA-20 scores, hospitalization, relapse, employment or any other type of client outcomes. If your program has a standardized outcome monitoring procedure that occurs at least quarterly and results are shared with the Integrated Treatment Specialists, you could receive a perfect score on this GOI scale item #G10!



ITCD 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/



Institute for Research, Education & Training in Addictions

Toolkit for treating individuals with co-occurring disorders

[Click here to view](#)

Hazelden Integrated Dual Disorders Treatment Curriculum

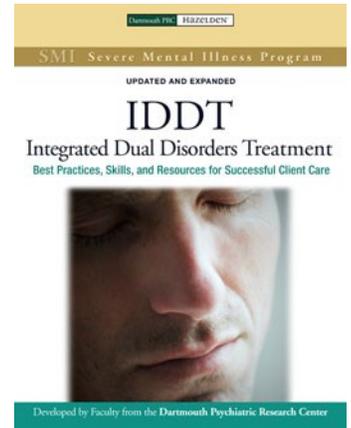
http://www.hazelden.org/OA_HTML/ibeCCtpItnDspRte.jsp?item=120103&sitex=10020:22372:US

DMH Peer Support Services Website:

www.peerspecialist.org

University of Minnesota MNCAMH

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



Motivational Interviewing Corner

“Tell me more.” A simple statement that serves as an incredibly important question in Motivational Interviewing. I was reminded of this as I was working with my own MI mentor who had coded a recent session of mine. She told me something to the effect of “You have some really nice reflections, but at times it seems you are working so hard to create complex reflections that you miss opportunities for simple elaborative questions”. As I listened to the segment of audio it was clear that she was right on the money...and I was shocked by how blind I had been to this simple observation.

In my quest to ever improve my MI skills, I have focused a great deal on reflective listening. In that quest I missed that I was often trading the work of trying to fix someone, which is not what we do in MI, for working really hard to develop clever reflections...often to the detriment of the session. I am reminded of Cathy Cole, a longtime MI trainer, and her ability to communicate her curiosity to her clients. Cathy’s skill in curiosity serves as a reminder that we are listening to understand a client, to help them process their thoughts, values, and goals. In our efforts to understand, let us not get caught

By Scott Kerby

up in thinking that fancy, complex, or majestic reflections replace good old fashioned curiosity. Join me in committing to finding those moments in conversations where less is more, where simple elaboration is the vehicle for deeper understanding, where “What else about that?” is all you need to say.

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@tmcmed.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/>

www.health-street.net

THE K2 HIGH

What is K2?
Also known as Spice, K2 is a synthetic cannabinoid closely resembling a potpourri. The DEA classifies it as a Schedule I Controlled Substance.

How is K2 Procured?
Online, head shops, gas stations, and drug dealers. Around 87% of purchases are made through legal channels.

Reasons for K2's Popularity
Popular mainly among teens due to easy availability, its low price, and it is marketed as a safe herbal alternative.

How K2 is Used?
Smoked using pipes, joints, or brewed in tea.

Profile of K2 Users

- Around 8% of college grads and 11% of 12th graders have consumed K2
- Male students are more susceptible to being attracted to K2 than female students
- Use of K2 diminished during third year of college
- Usage not linked to any race or socio-economic groups

Effects of K2

- Elevated mood swings, altered perception, and induced relaxation
- Greater hangover and paranoia
- Extreme effects constitute hallucinations, aggressive behavior, psychoses, agitation, panic attacks, anxiety, short term memory deficits, seizures, hypertension, respiratory depression, acute kidney injury, and acute myocardial infarction
- Addiction and withdrawal symptoms found in many cases
- No deaths due to use or abuse reported thus far

Why K2 Poses Threat?

- Freely available in a number of varieties and typically sold as an incense concentrate
- Constantly changing manufacturing formula to keep a step ahead of the DEA
- No manufacturing norms, quality controls, or regulatory oversight during production

This infographic was brought to you by: **HEALTHSTREET**
www.health-street.net

SOURCES
www.drugabuse.gov - www.apa.org - www.ncbi.nlm.nih.gov - www.whitehouse.gov

In 2010, lawmakers passed a ban on K2, however, manufacturers of this substance continue to make it available in Missouri. Recent news articles in the St. Louis area indicate that a rise in ER visits from K2 overdoses have occurred this year. Serious symptoms involving the heart and respiratory system are resulting from overdose which may lead to death in some cases. Individuals with mental illness and substance use are often the victims of K2 overdose. What can we do? Learn more about K2, what it is and how it is obtained and used on the streets. Educate those receiving treatment in your program about it and work with them on understanding the risk it poses to their health and safety. Though not all areas of Missouri are seeing significant use by individuals, it only takes one client's death to make an impact on us as healthcare providers. Teams can create a consistent attack on K2 use by helping to lessen the chances that one of the individuals receiving ITCD treatment will chose to use it. Learn more at

<https://www.drugabuse.gov/publications/drugfacts/synthetic-cannabinoids>



SUD DIAGNOSES IN THE TREATMENT PLAN

It is essential to include the substance use diagnoses in the treatment plans of all ITCD clients. This is particularly important to support services billed to ITCD.

What? A name change?

The year was 2007 and Missouri Department of Mental Health was making efforts to support treatment for those individuals with serious mental illness and a co-occurring substance use disorder. The SAMHSA evidence based practice toolkit was named *Integrated Dual Disorders Treatment*, or the acronym so near and dear to many of our hearts, IDDT. It rolls so nicely off the tongue, doesn't it? The subsequent version of the SAHMSA KIT (Knowledge Informing Transformation) was titled *Integrated Treatment for Co-occurring Disorders*. The Department of Mental Health is now referring to this evidence based practice by its current name and the acronym ITCD. You will notice this when you hear about Department initiatives such as the *Certified Community Behavioral Health Center Prospective Payment System Demonstration Project* and the *Mental Health Crisis Prevention Project*, as well as see it in future fidelity reports. Change takes time and is never easy. Hopefully we will all get there, eventually.

Team feature

Crider Health Center

Team feature

Submitted by Carrie Rigdon

The ITCD team in Wentzville serves the 11th and 45th circuit courts in Missouri. The team uses Motivational Interviewing, Cognitive Behavioral Therapy, Mindfulness and a Person Centered approach to help guide the clients through their recovery.

The team is made up of: Amanda Lumpkin the Co-Occurring disorders specialist, JoLynn Dubea and Shelby Pascoe the Integrated Health Specialists, and Tabitha Nolda the Community Support Supervisor. Amanda has been leading groups, completing brief screens and seeing clients for counseling for almost three years. Amanda's welcoming spirit has made a positive impact on all clients she has come into contact with. JoLynn has been standing in to lead groups, working with clients in a community setting, acting as a liaison for all providers and advocating for clients at court for almost four years. JoLynn's passion for her clients has helped several through their recovery. Shelby

is the newest member of the ITCD Team being with Crider a year; she draws from her previous experience to help our clients. Shelby works with client's in the community setting, acts as a liaison for providers' and is an advocate for her client's at court. Tabitha has been the supervisor over the team for about two years. Under her leadership the team, in addition to weekly team meetings, has begun having monthly co-supervision so all the team members can collaborate on how to best serve our clients. Over the past two years, several clients have completed the treatment court program. Many of the clients have chosen to stay being served by this ITCD team and continue to participate in groups, counseling, and community based services. The team is able to act in Crider's mission of "Inspire Hope: Promote Wellness" with the ITCD clients by helping them believe recovery is possible.

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 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 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.



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

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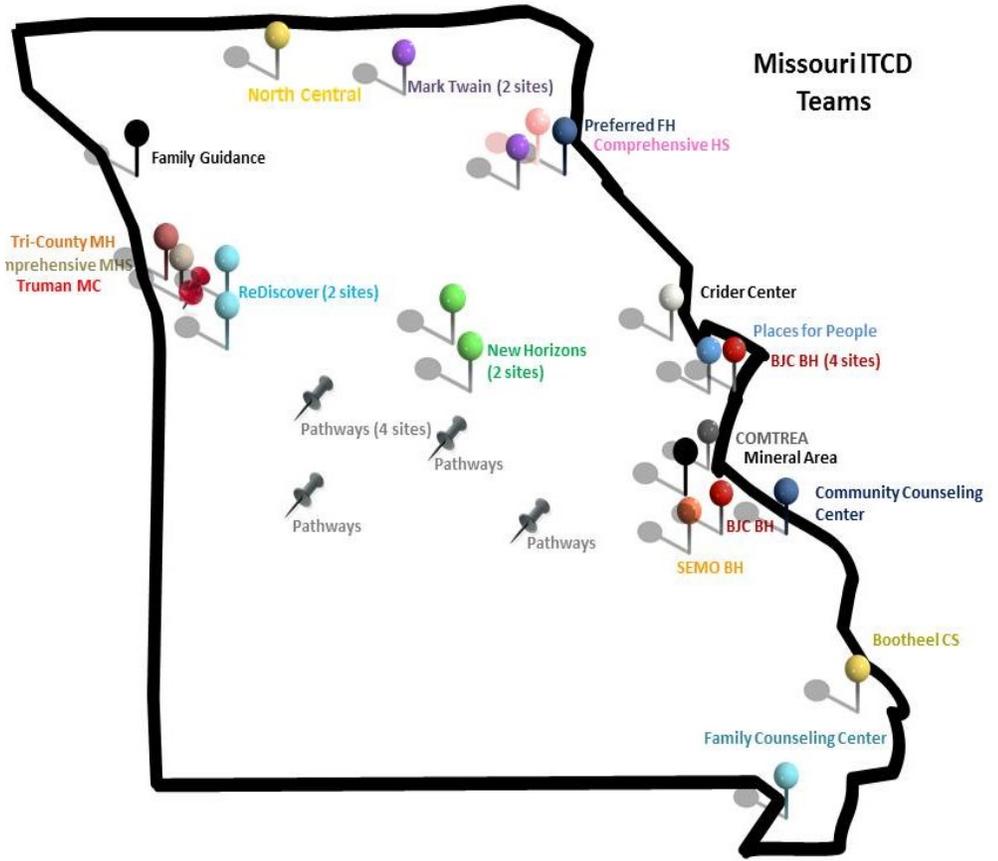
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Mineral Area Community Psychiatric Rehabilitation Center (MACPRC)

Missouri ITCD 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.