

OCTOBER 2009

RECOVERY TIMES

Healthy People, Healthy Communities. Let's Make It Happen!

State of Connecticut Department of Mental Health and Addiction Services

Pat Rehmer, Acting Commissioner

Emphasis on Innovative Services/Approaches that Address Co-Occurring Disorders

CONTINGENCY MANAGEMENT AND INTEGRATED DUAL DISORDERS TREATMENT

DMHAS' Western CT Mental Health Network (WCMHN) has been employing contingency management (CM) in several of its Integrated Dual Disorders Treatment (IDDT) groups over the past several months. This is in large part to both technical and financial assistance provided through the federal Co-Occurring State Incentive Grant. Several individuals from WCMHN attended training on CM provided by Dr. Nancy Petry from UConn, a nationally recognized expert on the use of CM.

Following the training, WCMHN decided to try to implement CM in two sites, Waterbury and Danbury. Our third site, Torrington, had been using CM for some of their persuasion groups for several years. Due to Danbury's request, we employed these practices with their Smoking Cessation group, which uses an IDDT philosophy and staging paradigm. Within Waterbury, we employed the practice in a Young Adult Persuasion Group and in an Active Treatment Group. All groups were relatively new, and as such, were struggling with getting better and more consistent attendance.

In implementing these practices, several issues arose that bear some discussion. First, there were some philosophical debates about the use of CM. Comments such as: "Shouldn't clients be motivated on their own?"; "Aren't we just bribing people?"; "This is way too complicated..."; and "What's stopping people from just selling what they win?"

CM is a method to help shape behavior in a more positive direction. Group attendance was the behavior that was rewarded, not the outcome. The theory is, the more "doses" of group you get, and the more likely it is that you will perceive a benefit from attending. Thus over time, the outcomes should improve. Over time, motivation tends to become more intrinsically driven and not externally controlled. Although the system takes some time to set up and maintain, group leaders report that they have become much more comfortable and efficient in running the contingency aspect.

We all work on contingencies! For the majority of prizes associated with these groups, they are items that cost up to or less than a dollar. Group leaders say that attendance is up (+30%), more consistently attended week over week, and the groups have an element of fun and camaraderie associated with them. Based on our recent experiences, we support redeploying this for other groups in the future, many of which have attendance/retention issues.

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DMHAS RECEIVES NATIONAL SCIENCE & SERVICE AWARD IN CO-OCCURRING DISORDERS

The Hispanic Clinic of the Connecticut Mental Health Center (CMHC) recently completed the pilot phase of the CT Co-Occurring State Incentive Grant (COSIG), which began in 2005. The COSIG, funded by SAMHSA, is part of a national initiative to introduce and implement evidence-based treatment for individuals with co-occurring mental health and substance use disorders. Replicating and adapting a prior DMHAS project called "Dame la Mano", the Hispanic Clinic implemented the Integrated Dual Disorder Treatment (IDDT) Model while studying the application of Latino culture specific values in the treatment of co-occurring disorders. Specifically, the COSIG pilot assesses the utilization of Confianza (referring to a sense of intimacy in personal relationships), Personalismo (referring to preference for harmonious interpersonal relationship), Respeto (referring to respect) and Familismo (referring to sense of loyalty to family) in engaging Latino clients with co-occurring disorders. Preliminary outcome results from the COSIG evaluation team, led by Dr. Larry Davidson of Yale's Program for Recovery and Community Health (PRCH), are promising, suggesting that treatments adapted to Latino populations must consider some cultural variables. On September 25th SAMHSA announced DMHAS is the recipient of a 2009 Science and

Service award in the co-occurring disorders category for the implementation of IDDT at the Hispanic Clinic. This national award that DMHAS applied for is designed to recognize exemplary implementation of evidence-based practices focusing on the areas of community need, sustainability, implementation and results.

For more information, contact Luis Anez, CMHC Hispanic Clinic Director, at Luis.Aneznavayale@yale.edu / 203-974-5806.

IDDT WITHIN CEDAR RIDGE'S TRANSITIONAL RESIDENTIAL UNIT

Over the past year DMHAS' Cedar Ridge Hospital has continued to forge ahead in its efforts to make the services of its transitional residential unit as consistent as possible with the Integrated Dual Disorders Treatment (IDDT) model. Using the IDDT Inpatient Fidelity Study that had been completed the previous year as a guide, along with goals established by the DMHAS Statewide IDDT Implementation Group for Fiscal Year 09, we focused on achieving the following:

- Expanding the number of staff that could demonstrate competence in basic Motivational Interviewing Skills (open-ended questions, simple reflections, complex reflections, and summaries), we have used audiotapes and the Motivational Interviewing Treatment Integrity (MITI) Coding System to validate staff acquisition of skills. Though time-consuming, we have found that this is great way to get a sense of how a staff person handles interactions with an individuals and how the staff person "recovers" when they make "mistakes" such as giving too much advice or losing focus and then regaining it. It also is a good opportunity to hear how a staff person evaluates themselves after listening to their own interview.
- Insuring that Stage-Based Assessments and Stage-Based Interventions were reflected in the clinical documentation. We began to audit medical records looking specifically for things such as motivational assessments of both mental health and substance abuse problems, along with evidence to support the assessments; stage-based treatment interventions that were appropriate for the given stages that the person was assessed at; and evidence that the interventions subsequently took place. The quality of the documentation improved considerably from the inception of the IDDT-oriented audits.
- Implementing Contingency Management in a number of the co-occurring groups at the hospital available to individuals served by the Transitional Residential Unit. Nearly three cycles of contingency management were completed during the fiscal year, with significant success in impacting attendance rates. We are planning to continue this strategy in the future.

For info on the above, contact Randy.kaplan@po.state.ct.us or 860-666-7697, or Joeli.McQuaid-Robert@po.state.ct.us or 860-666-7605. For more on Cedarcrest Hospital, contact Brenda.Thorington@po.state.ct.us or 860-666-7604.

THE CO-OCCURRING INITIATIVE AS GROUNDWORK

Those of us in DMHAS who are involved in provision of services for individuals with co-occurring disorders, or dissemination of information concerning co-occurring disorders, or the training of co-occurring disorder skill sets, are frequently too involved to take a longer view of how important the integrated approach has become to the Human Service field. We have witnessed how the integrated approach to treatment has allowed those that we serve to increase the roles that they play in their recovery, become more independent and in the best of circumstances, return to full participation in the community. What has made this outcome improvement possible has been the cooperation of practitioners' from the mental health and substance abuse treatment fields. While this has not always been a seamless transition, it has been a productive transition, and one that has been noted in other Behavioral Health areas.

The Veterans Health Administration has begun treating veterans who present with mild Traumatic Brain Injury, PTSD and their co-morbidities with, what they refer to as "poly-trauma teams". The disciplines on these teams range from Medical and rehabilitation professionals to mental health, addiction counselors, vocational and life skills professionals.

Within DMHAS, the Co-Occurring Disorder Initiative's use of integrated treatment is demonstrating better outcomes for individuals with mental health and substance use disorders, than parallel or sequential treatment for these problems. It appears probable that we will continue to see collaborations among practitioners of the different professions. Many of these collaborations will encompass other initiatives that are underway within DMHAS.

Trauma, Recovery, Cultural Competency Initiatives, all lend themselves to integration with Co-Occurring Disorder, and with other initiatives, leading to improved outcomes for the people we serve.

The Co-Occurring Disorder Initiative, and the methods used to implement it, may be viewed as a template, with which more collaborative treatment options may be presented to those with behavioral health challenges. Not only will these collaborations lead to better outcomes, they are also an important step toward a holistic care system for an individual—mind, body and spirit.

For more information, contact Peter.Gergler@po.state.ct.us, Substance Abuse Specialist, Southeastern Mental Health Authority (SMHA), or 860-859-4604.

USE OF INTERVENTIONS EFFECTIVE WITH INDIVIDUALS WITH CO-OCCURRING DISORDERS

DMHAS' Southwest CT Mental Health System (SWCMHS) continues to focus on increasing the use and mastery of interventions that have been shown to be effective with people that have a co-occurring disorder. Contingency Management (CM) was implemented within a smoking cessation group in Bridgeport in May 2009. Prior to the addition of CM the weekly group had average attendance of approximately three individuals since it began in November 2008. Shortly after the addition of CM in May of 2009 attendance greatly improved and persisted after the program ended. CM is currently utilized in two persuasion groups in Bridgeport and three co-occurring groups in Stamford.

In 2007 and 2008 SWCMHS was fortunate to have Raquel Andres-Hyman, Ph.D., of the Yale Program for Recovery and Community Health, provide training and consultation to enhance the motivational interviewing (MI) skills of the clinicians providing service to individuals with co-occurring disorders. Since then the supervisors that were involved in the training and consultation have embraced the practice and continue to evaluate cases from a motivational interviewing perspective in both group and individual supervision. It is evident from recent high IDDT fidelity scores on motivational interviewing (4 out of 5) that the training has had a powerful and lasting impact on the staff providing services. Each staff person who participated in the MI training was recently evaluated for MI skill proficiency by utilizing the video assessment of simulated encounters (VASE) instrument. VASE consists of three videotaped vignettes of an actor portrayal of a clinical situation that the therapist may encounter in practice. Each vignette is followed by questions focused on generating answers that are consistent with MI principles. The scores were very good and provided direction to concentrate future training efforts.

The F.S. Dubois Center in Stamford has reorganized and has allocated three full-time staff to focus on co-occurring disorders. Each person is embedded in an outpatient team to assist with integration of treatment for both disorders and to serve as a consultant to the team on key concepts within the Integrated Dual Disorders Treatment (IDDT) model. The staff facilitates the twice-monthly co-occurring consultation group. They also take an active role in implementing recent statewide initiatives such as the VASE-R evaluation and the addition of contingency management within COD groups.

The majority of outpatient teams have fully implemented additions to the treatment plan documentation, which include stage of treatment identification, payoff matrix, functional analysis, and alcohol and drug use scales. Other activities for this year include: 1) A family wellness kickoff event and subsequent family psycho education bi-weekly meetings; 2) Pre-AA group co-facilitated by peers in Bridgeport; and 3) The addition of more smoking cessation groups with peer co-facilitation.

For more information on the above, contact Kate.Powell@po.state.ct.us or 203-579-7419. For information on SWCMHS, contact James.Pisciotta@po.state.ct.us or 203-579-7368.