Integrated Dual Diagnosis Treatment (IDDT) Working toward Recovery

Recovery is: “The development of new meaning & purpose in life as one grows beyond the catastrophe of mental illness” (and substance abuse).
- William Anthony, PhD

High fidelity IDDT programs are catching hold in Kansas!!

Beginning in the fall of 2001, Franklin County Mental Health Clinic (Ottawa), The Guidance Center (Leavenworth), and The Wyandot Center for Community Behavioral Health Care (Kansas City) opened their doors to evidenced based IDDT practice.

In 2004, Bert Nash Community Mental Health Center (Lawrence), Valeo Behavioral Health Care (Topeka), LaBette Center for Mental Health Services (Parsons), Pawnee Mental Health Services (Manhattan).

In 2005, Four County Mental Center (Coffeyville) joined in the process of implementing IDDT. All of these MHCs have shown a strong commitment to help improve the quality of life for consumers who suffer from a severe and persistent mental illness and co-occurring substance use disorder.

In Kansas, there are currently 7,204 persons with severe and persistent psychiatric disorders served by Community Support Services (CSS) programs. (AIMS, Mar-June, 2005). Given a life-time prevalence of substance abuse problems of 50% in this population, over 3,500 Kansans with Severe Mental Illness can expect to struggle with substance-related issues at some point in their lives. IDDT is specifically designed to
help these individuals. Simply put, IDDT aims to help the client learn to manage both illnesses so that he/she can pursue meaningful life goals.

Factors in IDDT Treatment Recovery:

- Integration of mental health and substance abuse treatment
- Stage-wise intervention
- Assertive outreach
- Motivational counseling
- Active stage counseling

Over time outcomes for dual diagnosed consumers improve! Ten-year research studies illustrate that IDDT programs in New Hampshire show outcome improvements in the following areas over a 36 month period including:

- decreased percentage of hospitalizations
- increased days in community housing
- treatment costs decreasing and moving from inpatient to outpatient
- decreased number of arrests and incarcerations
- improved rates of recovery
  (see "research on IDDT")

High fidelity IDDT programs significantly improve the lives of dually diagnosed consumers’ over time, but it is does not happen quickly. The following graph demonstrates the dramatic increase in fidelity of the 3 original IDDT sites in Kansas.
All three sites have improved fidelity scores from baseline. The range of improvement is between 34% to 104%.

In addition, each site had over 150% improvement on the General Organization Index (GOI). The GOI measures the program on various elements: program philosophy, penetration, eligibility/identification of consumers, assessment, treatment planning, treatment, training, supervision, process monitoring, outcome monitoring, quality assurance, and consumer choice.
All of the IDDT sites in Kansas report increased confidence and competence in treating dually diagnosed individuals and have learned that many of the skills taught in the IDDT model apply to a wide variety of mental health related treatment topics.

Please feel free to contact the Integrated Dual Diagnosis Treatment consultants/trainers at KU: Dianne Asher, dasher@ku.edu or Taunia Locker, tlocker@ku.edu or call us (785) 864-4720 for further information.

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