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Valeo Behavioral Health Care, Inc. has been implementing Integrated Dual Diagnosis Treatment (IDDT) in their practice since 2004. In June of 2009, Valeo completed their first year of implementation of Kansas Partnership of Families (family psychoeducation) FPE. On June 5, 2009, staff trained in the IDDT model completed a one day training in family psychoeducation. Their plan is to combine the two evidence-based practices to provide recovery and treatment to people diagnosed with a dual disorder. This article describes the rationale and benefits to combining the two evidence-based practices, as well as the design of the program at Valeo.

The concept of including family members in the treatment of dual disorders is not a new one, and is a critical component of the IDDT model. There is significant evidence that providing information to the family members of consumers on the diagnosis, etiology, treatment, and prognosis decreases the frequency of relapse of the consumer (Spaniol, et al, 2000). However, investigation of other sites in various states implementing IDDT and/or FPE has shown that the implementation of both programs together has not yet been done.

Extensive research shows that implementing FPE in mental health settings dramatically improves the lives of people diagnosed with mental illness. MacFarlane (2002) reports the following outcomes:

- Up to 75% reduction in relapse and rehospitalization after two years.
- Over 50% of consumers employed after two years when combined with supported employment.
- Reduced negative symptoms.
- Improved family relationships, and reduced friction and family burden.
- A decrease by over 50% in one year for doctor visits of family members with medical illness.
- Low cost-benefit ratio, especially in savings from reduced hospital admissions, reduction in hospital
A dual diagnosis increases the risk of problems for consumers and their family members beyond the risk posed by severe mental illness. Dual disorders result in more relapses and rehospitalizations, poorer medication compliance, increased violence (especially toward family members) and more time in jail (Mueser, et al, 2003). These consequences can strain family relationships to the point where the family members’ ability to cope is often overwhelmed.

Some family members of consumers diagnosed with a dual disorder often times decrease their contact with the consumer because of the effects of the substance abuse, but are willing to become more involved if help is provided. Between 25% and 50% of consumers with a dual disorder live with family members, and even more see their families on a regular basis (Mueser, et al, 2003). The high level of family contact and involvement in the lives of consumers with dual disorders indicates that family-based interventions have considerable potential for influencing the disorders’ course.

Tense family atmosphere, frequent conflict among family members, and poor communication has a significant negative effect on the course of dual disorders. Research has shown that people with severe mental illnesses who are exposed to high levels of family stress are much more likely to have relapses or hospitalizations than are consumers with less stressful family relationships (Mueser, et al, 2003). There are skills that family members are provided through family psychoeducation that can make things better for the consumer. These are skills that are not necessarily natural responses anyone would have to someone who is ill. Nor are the skills taught meant to imply criticism of the ways family members may have coped in the past.

Family members play an important role in the lives of consumers with dual disorders. Families are often vital sources of economic and social support to consumers, but their own lives can be dramatically affected by dual disorders. Without collaboration with professionals, the strain of coping with the consumer’s symptoms can take a huge toll- often overwhelming family coping, and leading to the breakup of families, the loss of support, and housing instability for many consumers.

The goals of working with family members of people with dual disorders include, from Mueser, et al, 2003:

- Improving family members’ understanding of dual disorders.
- Decreasing family stress.
- Improving consumers’ adherence to treatment recommendations.
- Improving communication between the family and the treatment team.
- Coordinating efforts of the family and treatment team.
- Reducing substance abuse and its effects on family members.

**Program Design**

Family psychoeducation consists of a family-consumer-professional partnership that combines clear, current information about mental illnesses with developing social networks and training in problem solving, communication, and coping skills. By combining skills learned from the IDDT model with the family psychoeducation program, staff will be providing information to consumers and family members about the effects of drugs and alcohol on people with mental illnesses and the treatment of dual disorders. Consumers and family members will have the opportunity in the multifamily groups to participate in the problem-solving process around issues that consumers with dual disorders experience.

The Valeo Kansas Partnership of Family team will be meeting monthly for a skills group to learn the skills to implement family psychoeducation, and to combine these skills with the skills they have learned from the IDDT model. Consumers participating in the program will be diagnosed with a dual disorder that includes Bipolar Disorder. Consumers and family members will meet with the family practitioners individually for 3 to 5 joining sessions to concentrate on building engagement and completing the family support plan.
Consumers and family members will then be brought together for a one day educational workshop to learn more about dual disorders. After this, they will be meeting together for the multifamily groups twice a month to focus on problem solving.

**Conclusion**

Including family members in the treatment of someone diagnosed with a mental illness or a dual disorder gives the family members the opportunity to become educated about the diagnosis, about treatment and recovery, and about the skills to assist the consumer in the recovery process. As members of the treatment team, family members are better able to support the consumer by using positive communication and problem solving skills to help the consumer obtain their goals. As they become more educated in these areas, the stress and burden often associated with caring for someone with a mental illness or a dual disorder is decreased and family relationships are improved.

KU will continue consultation and complete fidelity reviews to measure implementation of this new program. Future EBP Times’ articles will report the progress that Valeo is making in providing family psychoeducation and IDDT to consumers and their family members.

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