

**SAMHSA's Integrated Dual Disorder Treatment (IDDT) for Co-occurring Disorders**

**Updated Guideline for 2021**

<b>SOURCE</b>	SAMSHA - Case Western Reserve University
<b>PUBLISH DATE</b>	2012
<b>WEBSITE</b>	<a href="https://easacommunity.org/Toolkit/IDDT%20Clinical%20Guide.pdf#:~:text=The%20Integrated%20Dual%20Disorder%20Treatment%20%28IDDT%29%20model%20is,mental%20illness%20and%20a%20co-occurring%20substance%20use%20disorder.">https://easacommunity.org/Toolkit/IDDT%20Clinical%20Guide.pdf#:~:text=The%20Integrated%20Dual%20Disorder%20Treatment%20%28IDDT%29%20model%20is,mental%20illness%20and%20a%20co-occurring%20substance%20use%20disorder.</a>

**GUIDELINE OVERVIEW**

<b>General Considerations</b>	<p>Research shows the over 50 percent of people in the United States who have been diagnosed with a severe mental illness will also have a diagnosable co-occurring substance use disorder (alcohol or other drugs) during their lifetimes. The Integrated Dual Disorder Treatment (IDDT) model combines substance abuse services with mental health services and helps people address both disorders at the same time—in the same service organization by the same team of treatment providers. IDDT is multidisciplinary and combines pharmacological, psychological, educational, and social interventions to address the needs of consumers and their family members. IDDT also promotes consumer and family involvement in service delivery, stable housing as a necessary condition for recovery, and employment as an expectation for many.</p>
<b>Diagnostic Criteria</b>	<p>Integrated services rely upon members of the clinical team to be experts in diagnostic criteria not only for mental disorders but also for substance use disorders, which includes an expert knowledge of symptoms of its two subcategories—substance abuse and substance dependence.</p> <p><b>MENTAL DISORDERS</b></p> <p>Mental disorders are diagnosed based upon symptoms that fit into particular categories described in the DSM. The major categories of mental illness in adults include the following:</p> <ul style="list-style-type: none"> <li>• Mood disorders</li> <li>• Psychotic disorders</li> <li>• Anxiety disorders</li> <li>• Somatoform disorders</li> <li>• Cognitive disorders</li> <li>• Personality disorders</li> <li>• Substance use disorders</li> </ul> <p><b>SUBSTANCE ABUSE VS. SUBSTANCE DEPENDENCE</b></p> <p>Not everyone who presents with symptoms of a mental disorder has one. The symptoms might be induced due to mood-altering and psychoactive substances. Prominent symptoms of substance-induced mental disorders include depression, hallucinations, and delusions, among others. The symptoms are typically the direct result of the following:</p> <ul style="list-style-type: none"> <li>• Use of alcohol</li> <li>• Use of other drugs</li> <li>• Use of medication</li> <li>• Exposure to chemicals/toxins (e.g., glue, paint thinner)</li> </ul> <p><b>Diagnostic Challenges</b></p> <p>If someone chooses to become abstinent, it may become easier to distinguish between symptoms of mental disorder and symptoms of substance induced mental disorder. During a long period of abstinence, if symptoms dissipate and disappear, then it is likely he or she has presented symptoms of a substance-induced disorder. If the symptoms persist, it is likely the consumer has</p>

	<p>presented symptoms of a non-substance-induced mental disorder(s). There are a few challenges to this diagnostic and treatment approach:</p> <ul style="list-style-type: none"> <li>• Abstinence takes time to achieve and maintain</li> <li>• Relapse to substance use is likely; it is a part of recovery.</li> <li>• Psychotic symptoms may occur as a symptom of withdrawal.</li> <li>• Psychotropic medications have side effects that may also mimic symptoms of several mental disorders.</li> <li>• There is limited research data about how much time must pass to consider a symptom as substance-induced. For instance, clinical observations suggest the following: <ul style="list-style-type: none"> <li>○ Cocaine-induced hallucinations or depression may be present even after abstinence has been achieved.</li> </ul> </li> <li>• Alcohol-induced depression may last six months or longer if someone has been drinking alcohol heavily for many years.</li> <li>• Amphetamine-induced psychosis may last as long as eight weeks.</li> </ul>
<p><b>Staging/Treatment Planning</b></p>	<p>Staging is a process to help you plan treatment after you screen for, assess, and diagnose co-occurring disorders. Staging is a word that is commonly used to describe an individual’s readiness to make a change and the subsequent process of matching a menu of comprehensive services with each consumer’s stage of treatment.</p> <p><b>STAGES OF TREATMENT</b></p> <p>There are four primary stages of IDDT treatment:</p> <ul style="list-style-type: none"> <li>• Engagement</li> <li>• Persuasion</li> <li>• Active treatment</li> <li>• Relapse prevention</li> </ul> <p><b>THE PROCESS OF “STAGING”</b></p> <p>IDDT teams utilize the stages of change and treatment to ensure that they are in line with each consumer’s personal recovery goals and personal change process. For instance, you do not encourage people to attend an active-treatment group just because they are talking about cutting back on how much they drink. It is best to look at their behavior over a period of time to determine if they are ready for a more significant change. A person who is talking about cutting back is more likely in an early persuasion stage of treatment.</p>

<b>Goals of Treatment</b>	<p>People are more likely to initiate and sustain a personal change process in treatment if they are able to work toward goals that matter to them. It is important for service providers to align themselves (and their work) with the expressed goals of consumers. This will create an important therapeutic alliance. Some common goals expressed by consumers and some common outcomes include the following:</p> <ul style="list-style-type: none"><li>• Fulfillment of daily-living needs/quality-of-life needs (e.g., a safe and affordable place to live, a part-time or full-time job, improved health, managing money)</li><li>• Increase meaningful activities (e.g., school, work)</li><li>• Improve social relationships (e.g., with family members, friends, co-workers who support abstinence and recovery)</li><li>• Increase awareness and self-management of cravings and other symptoms of both disorders</li><li>• Reduce the negative impact of symptoms of both disorders</li><li>• Reduce substance use</li><li>• Change harmful psychological defense mechanisms (e.g., denial) into healthy adaptive coping mechanisms</li><li>• Stop the progression of addiction and mental illness</li><li>• Utilize daily living skills to increase independent living in the community</li><li>• Long-term abstinence from substance use</li></ul>
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