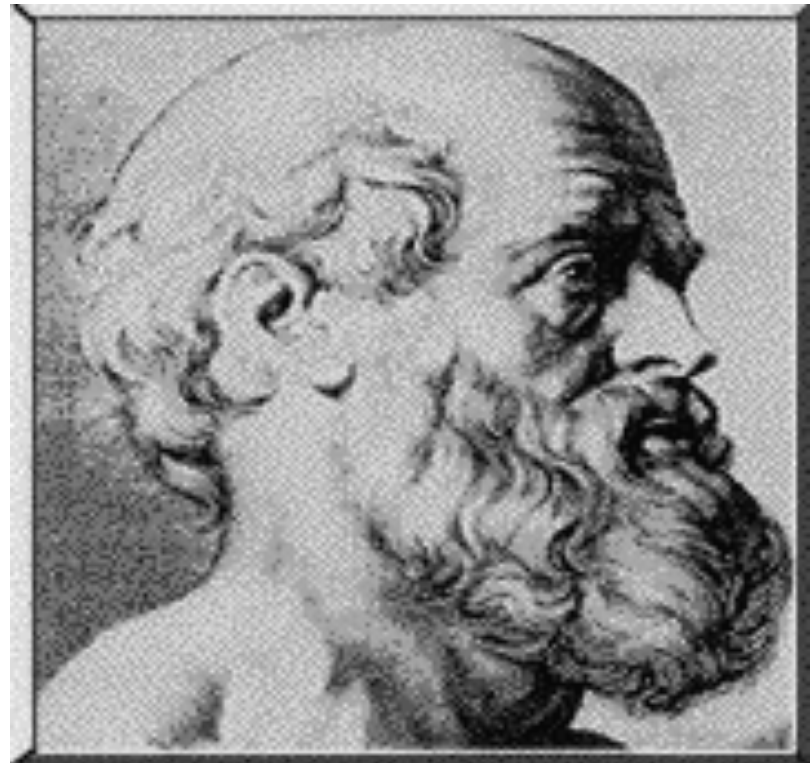


# Integrated Mental Health and Substance Use Assessment: *A practical approach*

*It is more important to  
know the person the  
disease has than the  
disease the person has*



**Presented by  
Erwin Concepcion,  
Ph.D. LP**

# Webinar Resource

- Integrated Dual Disorders Treatment Workbook
  - <http://store.samhsa.gov/s hin/content/SMA08-4367/TrainingFrontlineStaff-ITC.pdf>



Training  
Frontline Staff

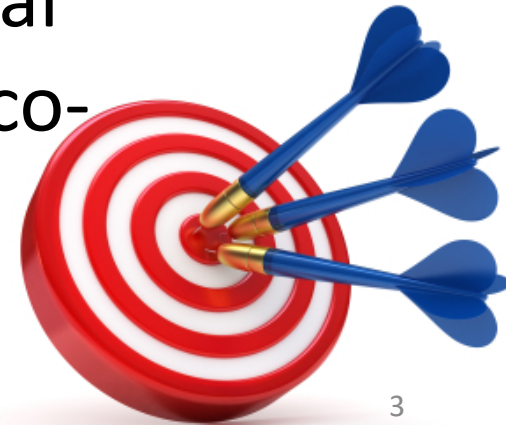
Integrated  
Treatment for  
Co-Occurring  
Disorders



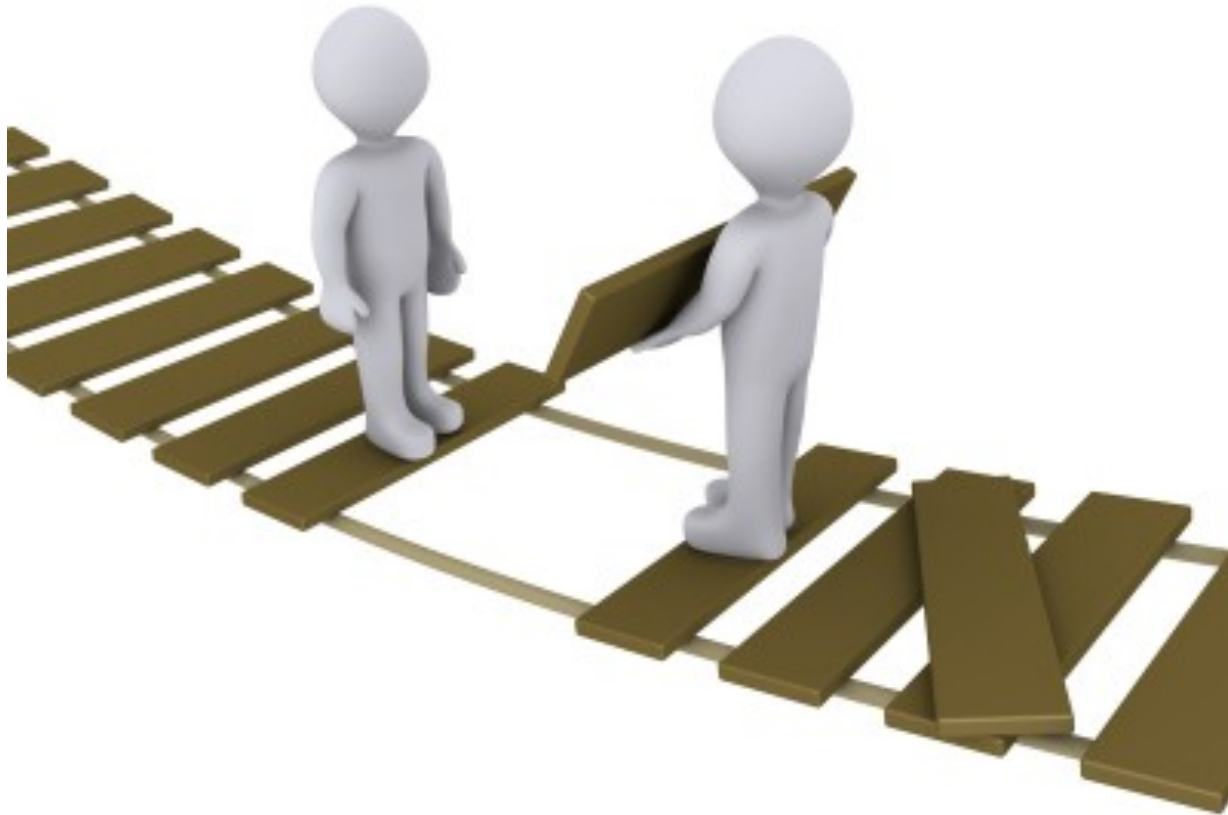
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Mental Health Services  
[www.samhsa.gov](http://www.samhsa.gov)

# Objectives

1. Describe the purpose of an integrated assessment
2. Identify three key components of an integrated assessment
3. Describe the use of two clinical tools to enhance assessment and contextual understanding of individuals with co-occurring disorders (COD's)



# Assessment Problem: Gap in Knowledge, Understanding & Insight



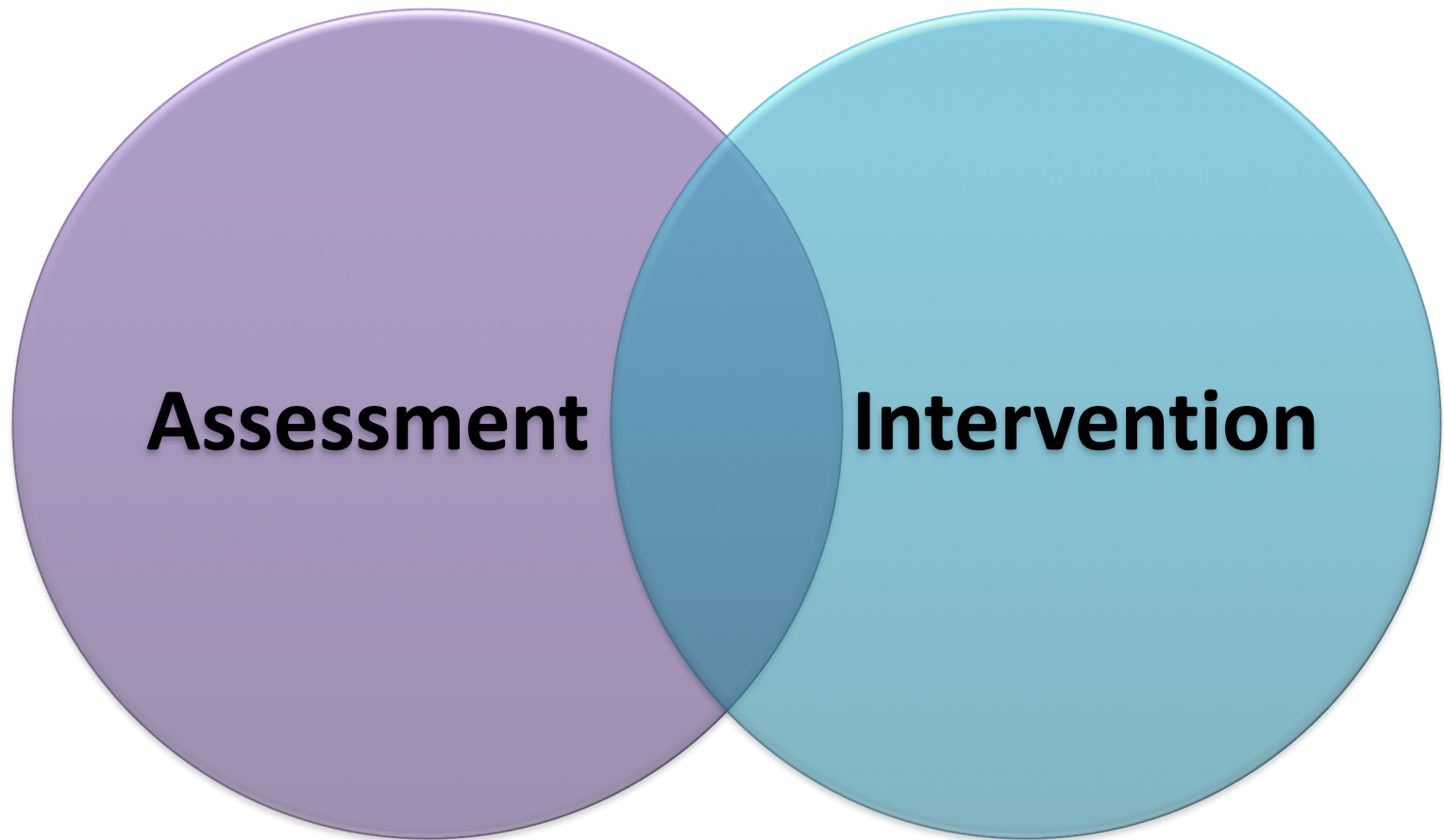


# Goal of Integrated Assessment

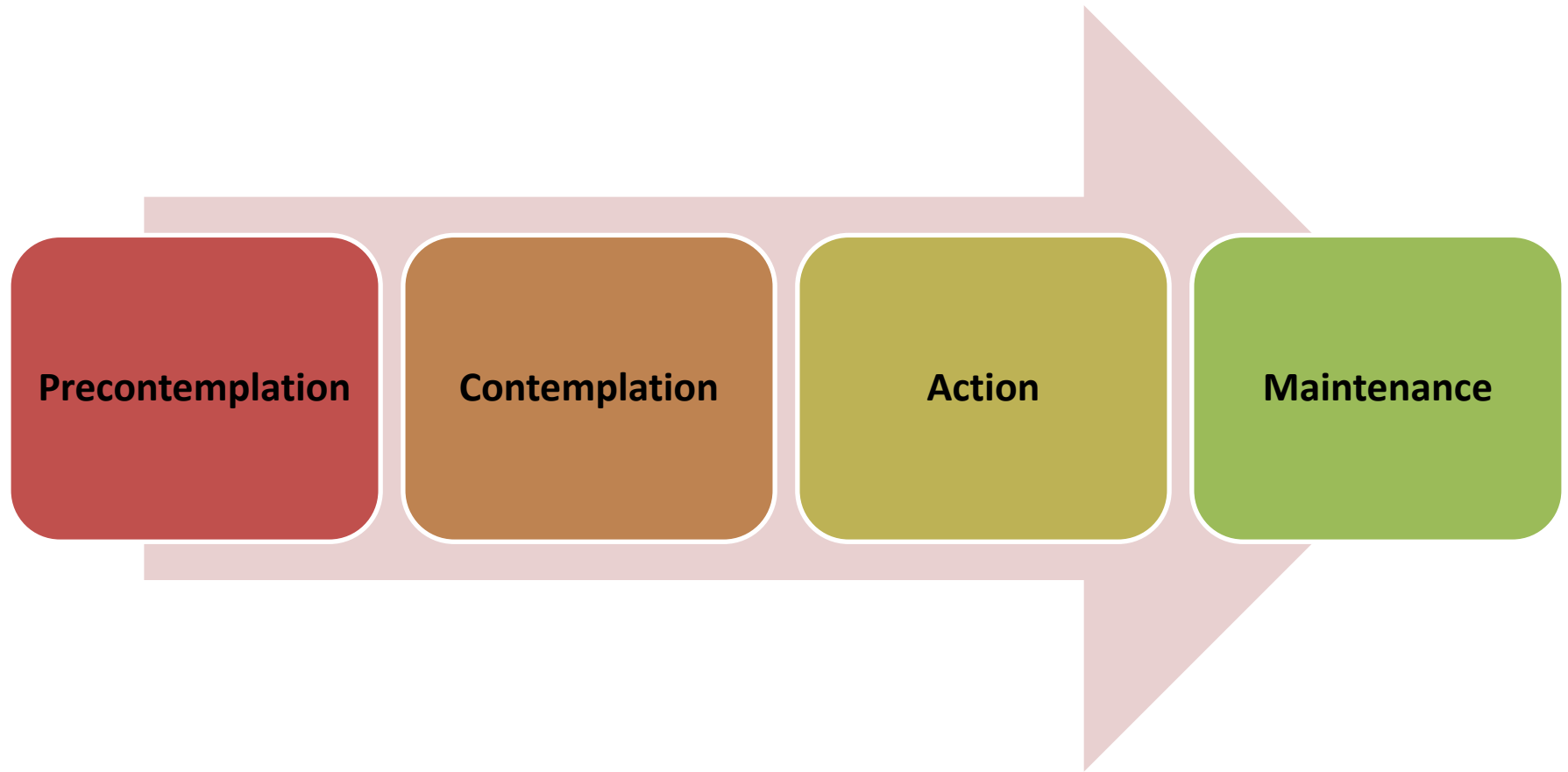
- Identification of established or probable diagnoses
- Strengths and challenges/barriers
- Description of person's functioning across time
- Interactions between mental illness, substance use, and treatment
- Contextual understanding of triggers, sustaining factors, and consequences of use
- Stage of change or treatment for substance use and mental health problems



# Assessment & Intervention



# Where are most of the people you serve or support?



# What Will You Serve?

# Parallel Treatment

Mental  
health

**And**

Chemical  
Dependency

# Sequential Treatment



Chemical  
Dependency

Mental  
Health

Or

Mental  
Health

Chemical  
Dependency

# Integrated Treatment

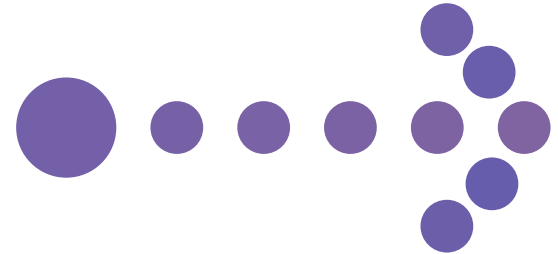
SUD Treatment



Other Conditions

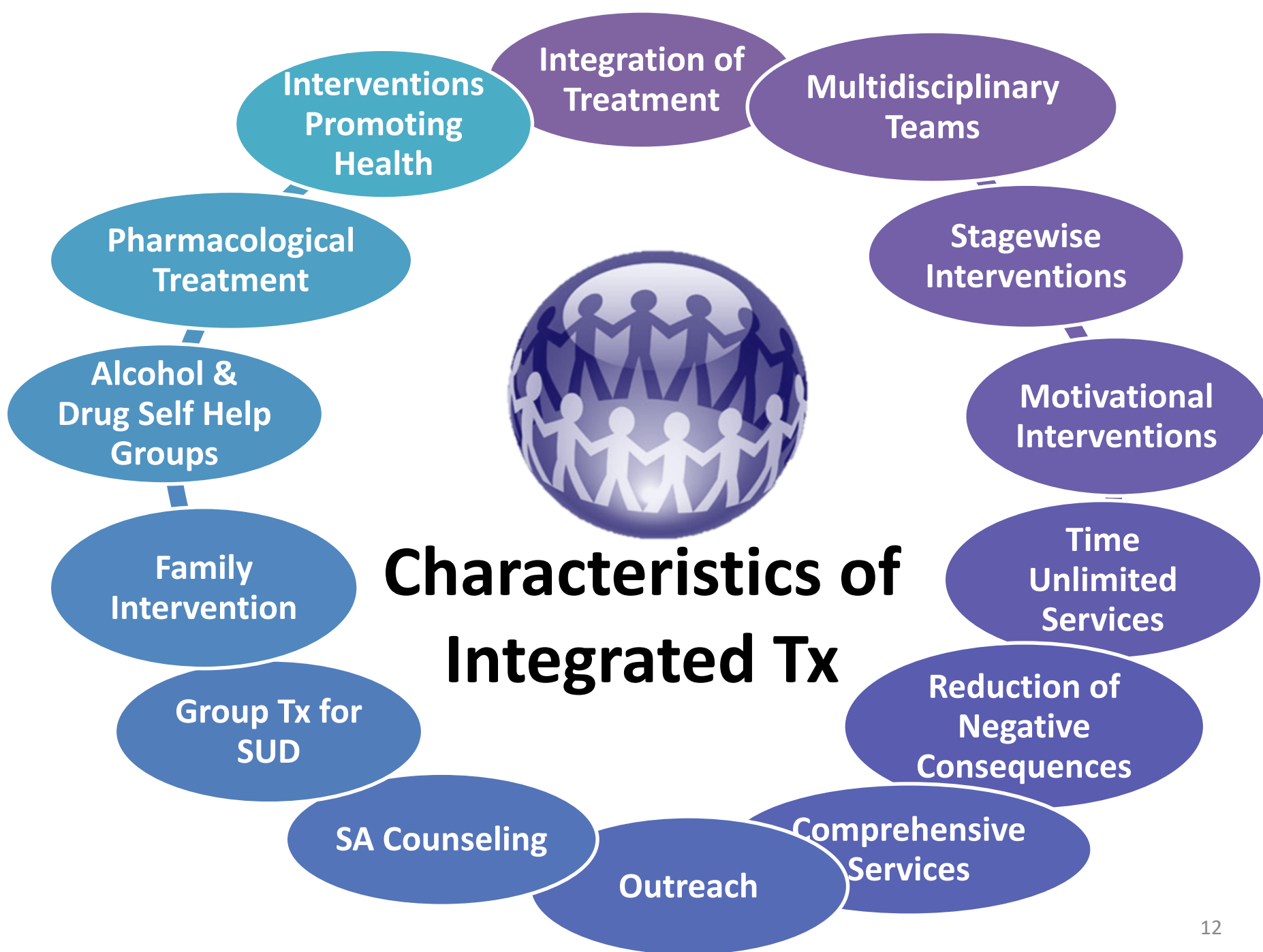


Mental Health Tx



## Treatment...

- by the same clinicians
- for both disorders
- simultaneously

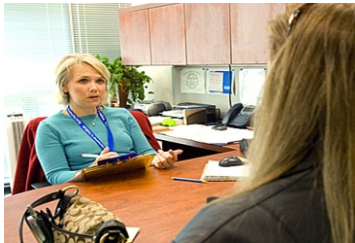




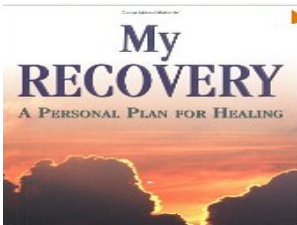
# Clinical Process



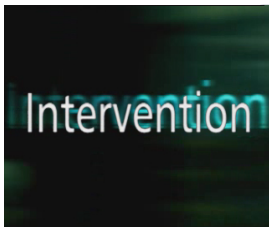
**SCREENING**



**INTEGRATED  
ASSESSMENT**



**INTEGRATED  
TREATMENT PLAN**



**STAGED INTERVENTIONS**

# Assessment is NOT

## Tools Used



## History Only



# Dual Diagnosis Capability in Addiction Treatment (DDCAT) 4.0

	1 – AOS	2	3 – DDC	4	5 – DDE
<i>III. Clinical Process: Assessment</i>					
IIIB. Routine assessment if screened positive for mental health symptoms.	Assessment for mental health disorders is not recorded in records.	Assessment for mental health disorders occurs for some patients, but is not routine or is variable by clinician.	Assessment for mental health disorders is present, formal, standardized, and documented in 50-69% of the records.	Assessment for mental health disorders is present, formal, standardized, and documented in 70-89% of the records.	Assessment for mental health disorders is formal, standardized, and integrated with assessment for substance use symptoms, and documented in at least 90% of the records.

Table Header Key	
1-AOS	Addiction Only Services
3-DDC	Dual Diagnosis Capable
5-DDE	Dual Diagnosis Enhanced

# Dual Disorder Capability for Mental Health Treatment (DDCMHT) 4.0

	1 – MHOS	2	3 – DDC	4	5 – DDE
<i>III. Clinical Process: Assessment</i>					
IIIB. Routine assessment if screened positive for substance use.	Assessment for substance use disorders is not recorded in records.	Assessment for substance use disorders occurs for some patients, but is not routine or is variable by clinician.	Assessment for substance use disorders is present, formal, standardized, and documented in 50-69% of the records	Assessment for substance use disorders is present, formal, standardized, and documented in 70-89% of the records.	Assessment for substance use disorders is present, formal, standardized, documented in at least 90% of the records.

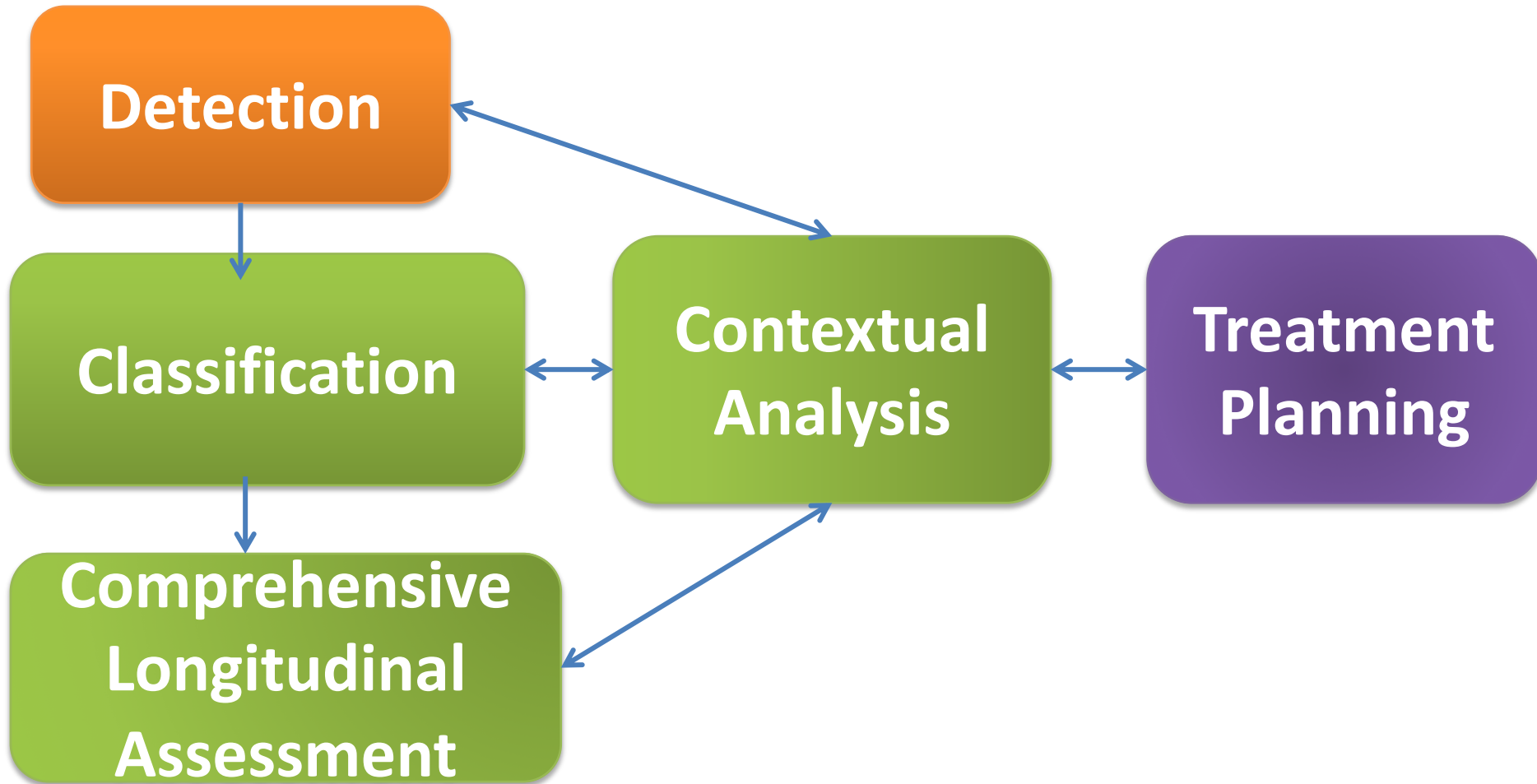
Table Header Key	
1-MHOS	Mental Health Only Services
3-DDC	Dual Diagnosis Capable
5-DDE	Dual Diagnosis Enhanced

# Integrated Dual Disorders Treatment (IDDT)

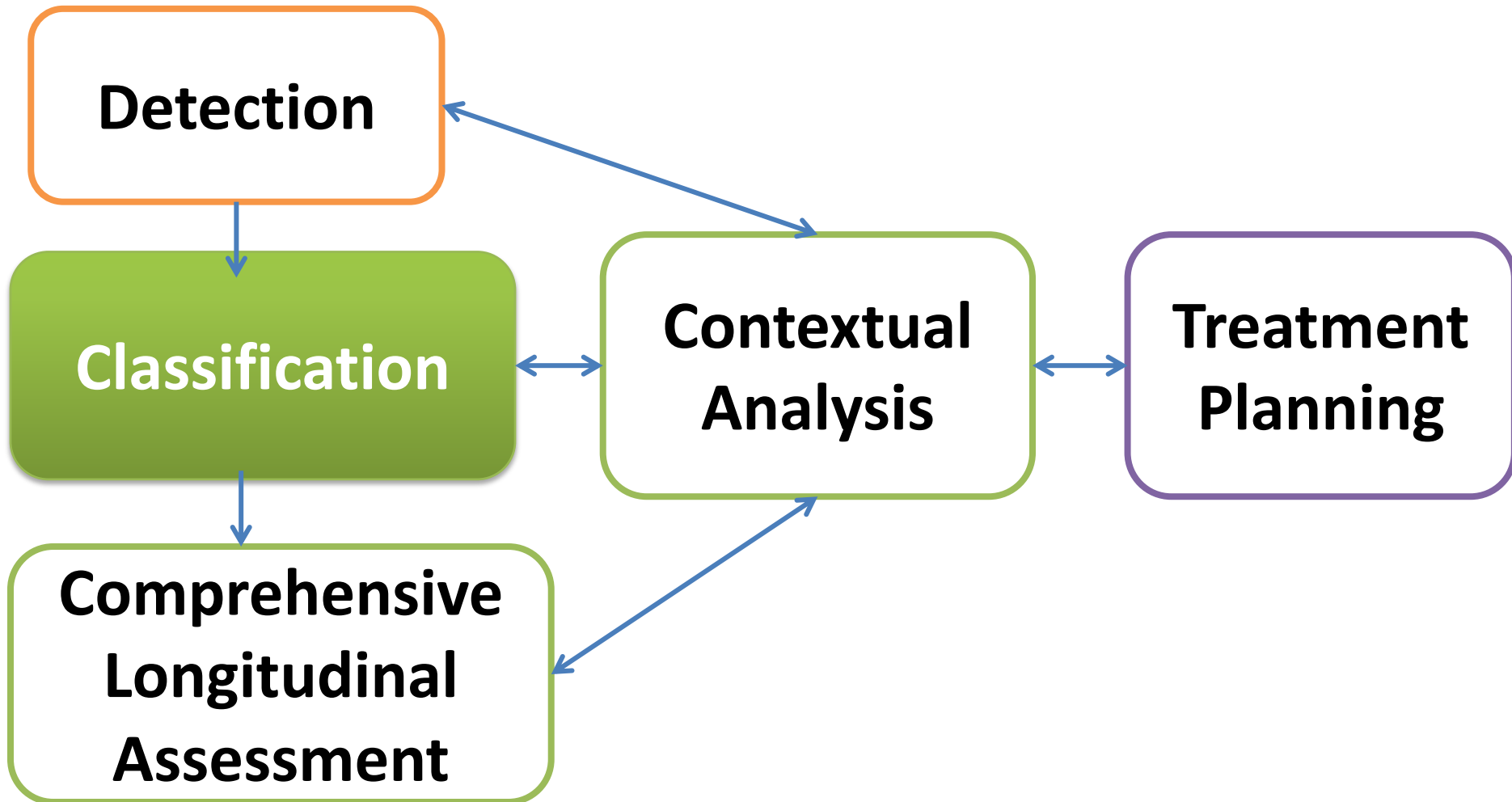
## *Inpatient Adaptation*

ORGANIZATIONAL ITEMS:	1	2	3	4	5
<p><b>Item 2. Assessment</b> Patient needs are assessed comprehensively and updated upon re-admission and/or whenever clinical course dictates. Assessment should include impact of psychiatric illness and substance use in multiple life areas, as well as interaction between psychiatric symptoms and substance use. Numerous data sources are important; there is an expectation that family members will be contacted. Substance use should be assessed using a standardized protocol. <i>Standardization is defined as use of the same process or instrumentation with all patients to collect data on all of the items specified above.</i></p> <p><b>Sources of Information:</b> Patient record review, clinician interview, patient/family member interviews.</p>					
2. Assessment	<30% of patients receive standardized assessment that is updated as clinically and administratively indicated	30-49% of patients receive standardized assessment that is updated as clinically and administratively indicated	50-69% of patients receive standardized assessment that is updated as clinically and administratively indicated	70-89% of patients receive standardized assessment that is updated as clinically and administratively indicated	≥90% of patients receive standardized assessment that is updated as clinically and administratively indicated

# Integrated Assessment



# Assessment Classification/Diagnostic



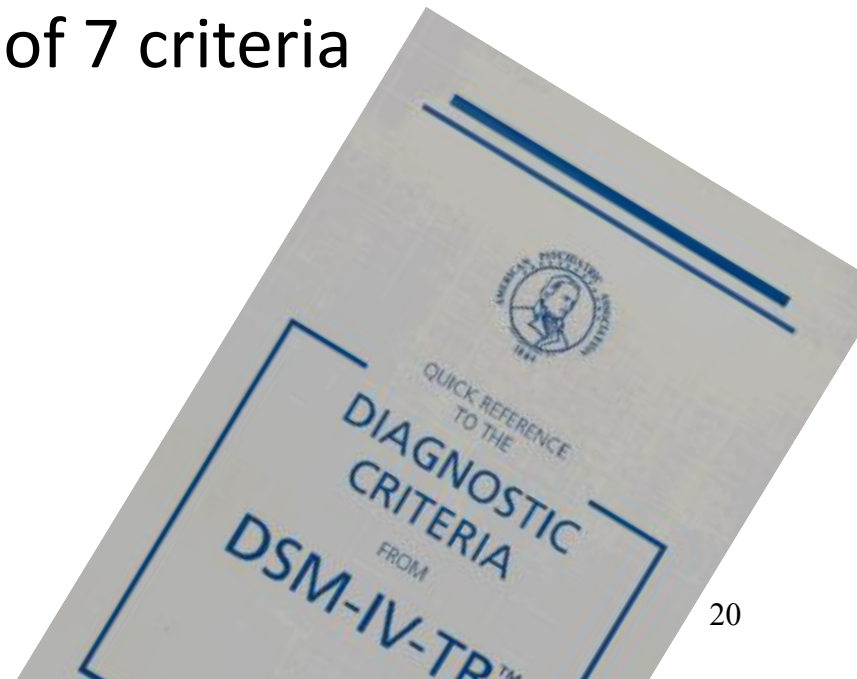
# DSM-IV-TR Criteria

## Substance Abuse

Maladaptive pattern of substance use, within 12 month period, meeting 1 of 4 criteria

## Substance Dependence

Maladaptive pattern of substance use, within 12 month period, must meet 3 of 7 criteria





# Classification: Substance Use Disorder

- Intoxication
- Withdrawal

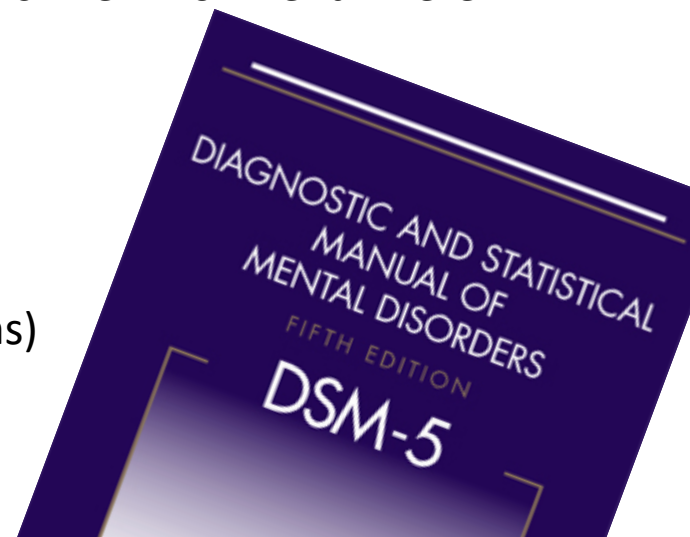
In early remission after full criteria for SUD were previously met, none of the criteria for SUD have been met for at least 3 months, but for less than 12 months (except Criterion A4, “Craving, or a strong desire or urge to use \_\_\_\_\_,” may be met)

In sustained remission after full criteria for SUD were previously met, none of the criteria for SUD have been met at any time during a period of 12 months or longer (except Criterion A4, “Craving, or a strong desire or urge to use \_\_\_\_\_,” may be met)

Specify if in a Controlled Environment if individual is in environment where access to substances is restricted

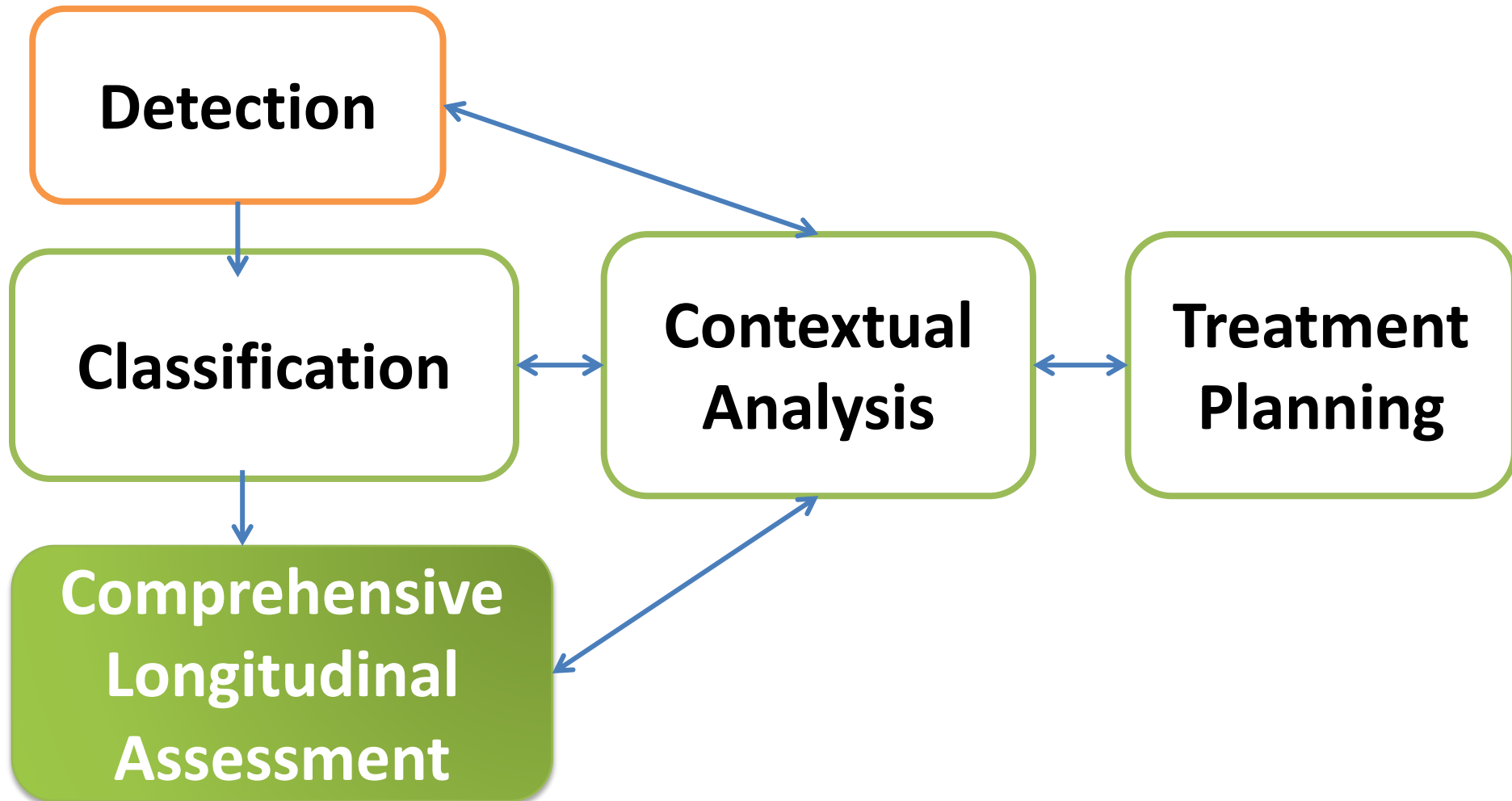
## Current Severity

- Mild (2 to 3 symptoms)
- Moderate (4 to 5 symptoms)
- Severe (6 or more symptoms)



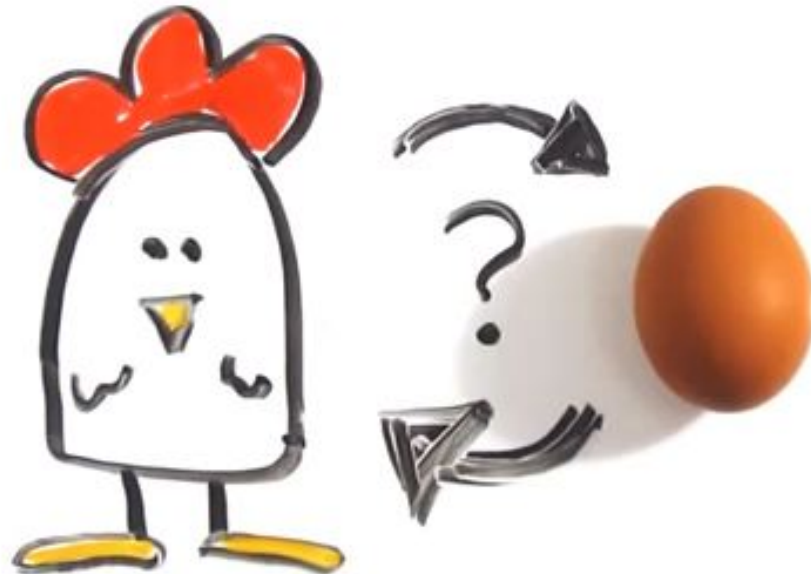
# Assessment

## Comprehensive Longitudinal

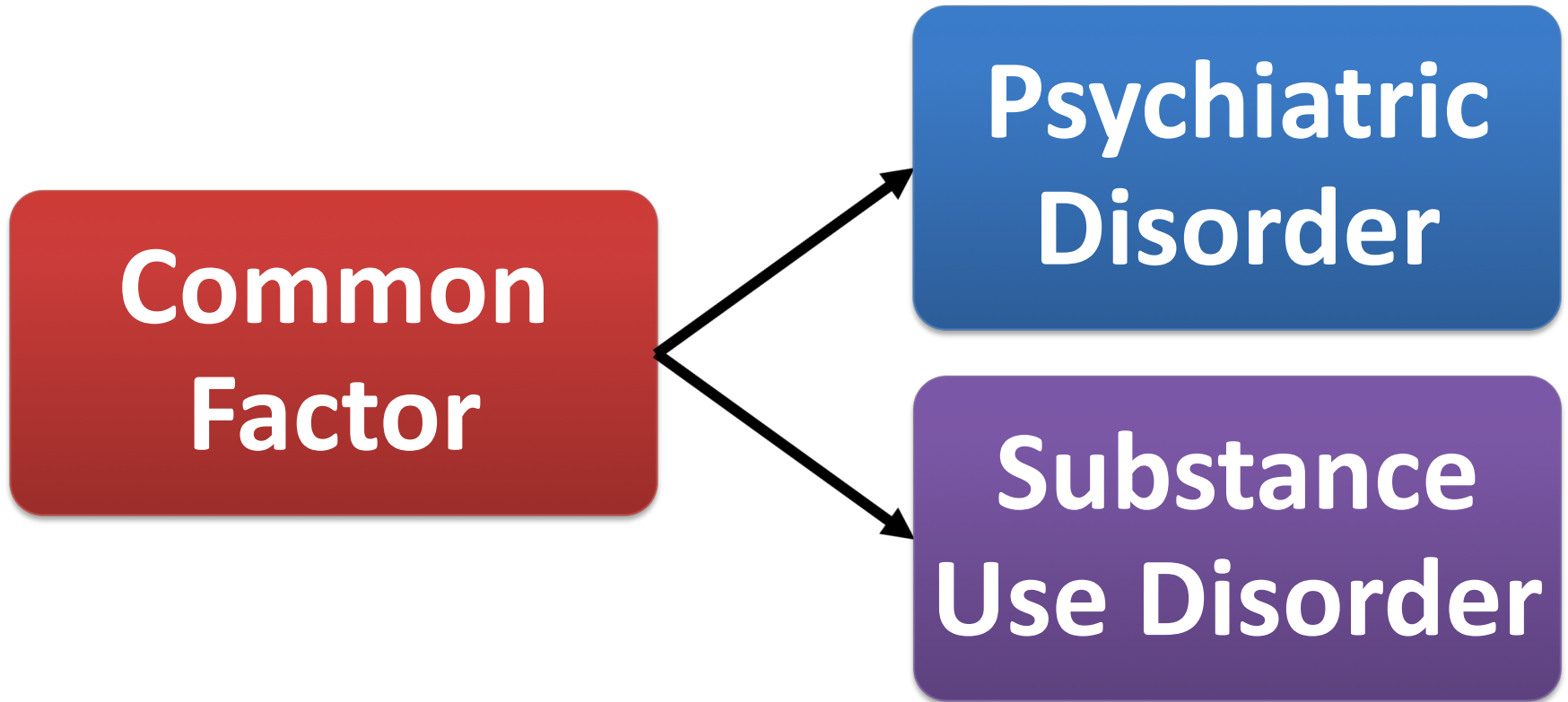


# Which Came First?

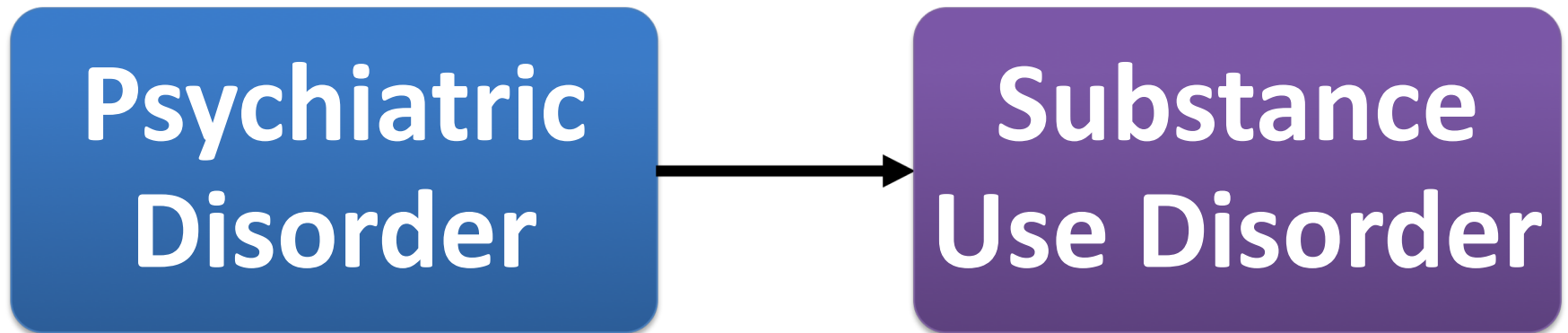
"THE CHICKEN -OR- THE CHICKEN EGG"



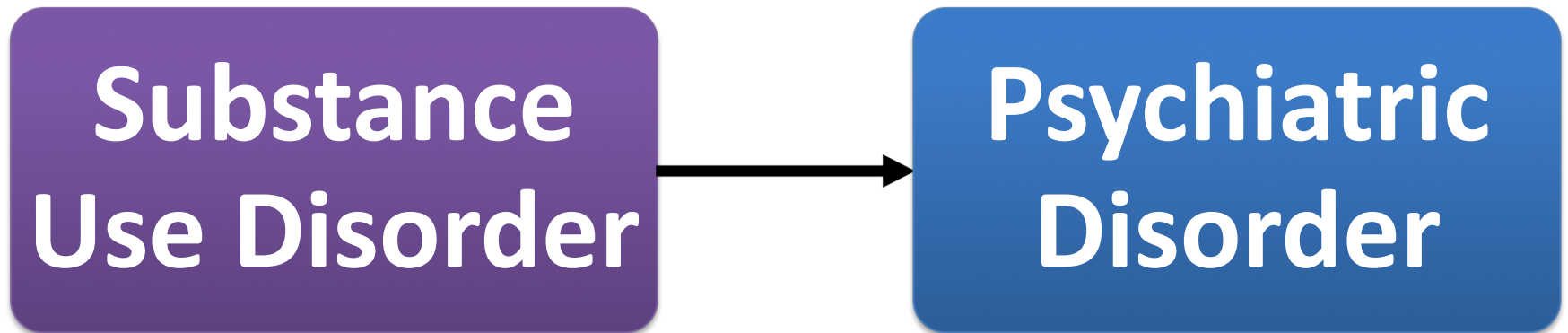
# Common Factor Model



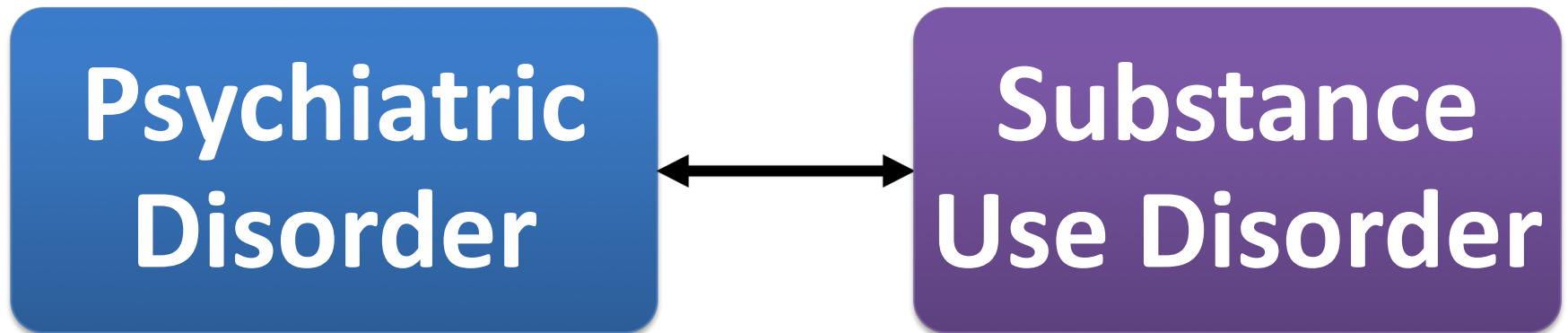
# Secondary Substance Abuse Model



# Secondary Psychopathology Model



# Bidirectional Model



# Comprehensive Longitudinal Assessment

Time / Date	Functional Status	Mental Health Symptoms/Treatment	Substance Use/Treatment	Interactions
Summary of the predominant pattern that emerges:				



# Assessment

## Comprehensive Longitudinal

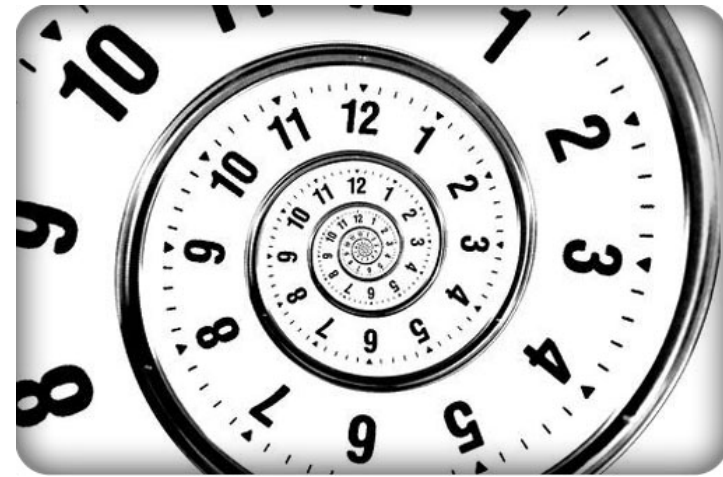
- Historical perspective
  - Time line
  - Increases, decreases, periods of abstinence
  - Use intervals that fit the consumer (see form)



# Assessment

## Comprehensive Longitudinal

- Focus on different periods of functioning
  - Capture any shifts in functioning
  - Symptoms during each period
  - Explore times when functioning well
    - Elicit explanation from interviewee



# Assessment

## Comprehensive Longitudinal

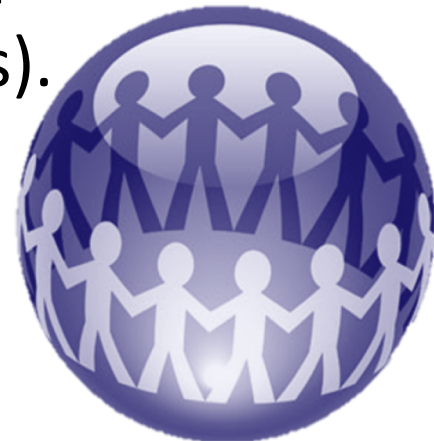
- Describes functioning related to use with...
  - Functional role status
  - Social roles and social network
  - Housing
  - Physical health
  - Employment
  - ADL's....etc



# Assessment

## Comprehensive Longitudinal

- Integrates mental health & substance use
  - Explore presence/absence of Sx for each disorder during interval, severity of Sx
- Describes interaction between disorders to guide treatment
  - Explore effect of one disorder on the other, effect of past treatment on disorders (noting if treatment was for one or both disorders).



## Marie's story

Marie is a 22-year-old single, unemployed woman with bipolar disorder and polysubstance use disorder. She had brief contacts with the mental health center after being hospitalized twice for mania, but her story begins with a subsequent emergency room visit.

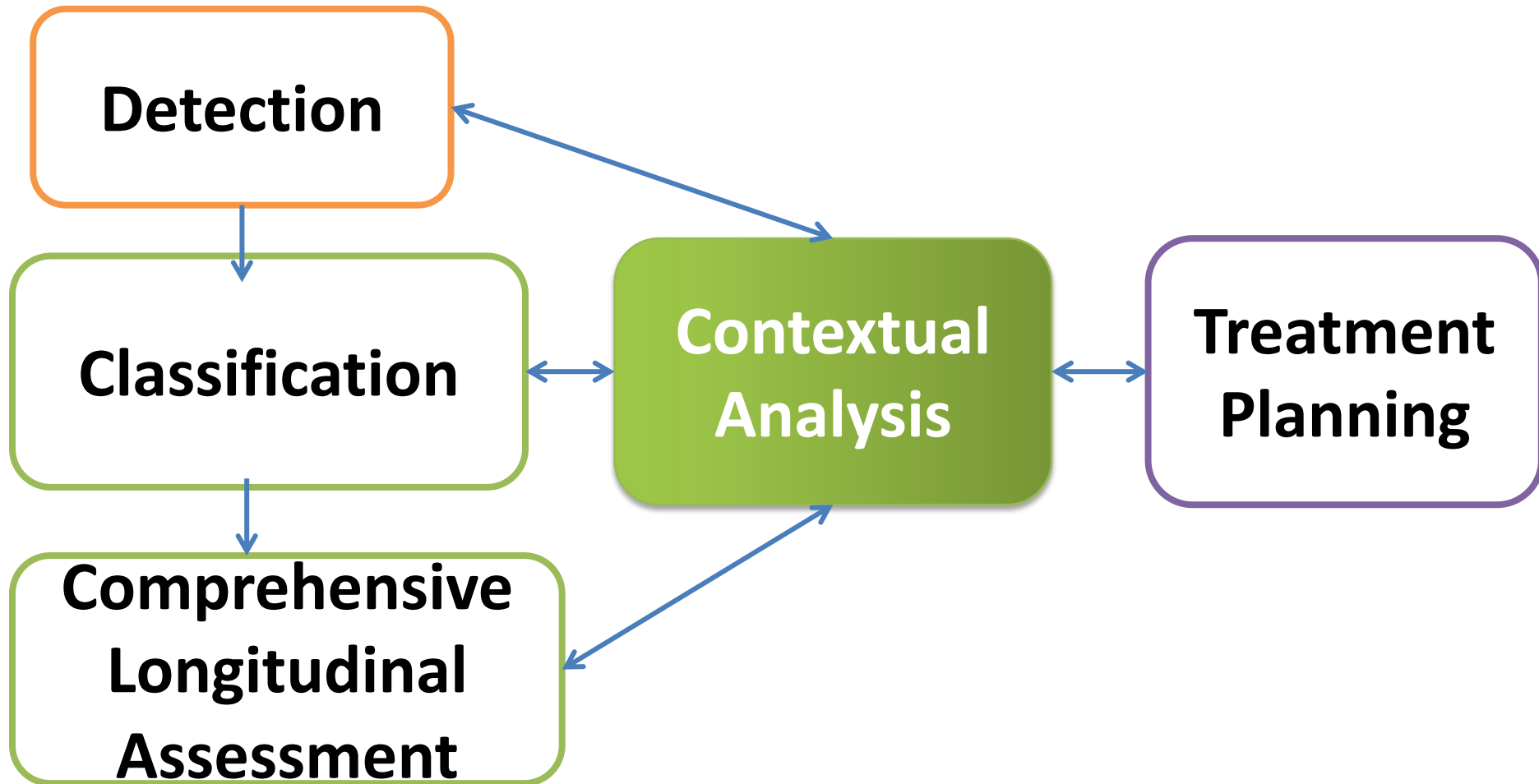
**Module 3 page 7**

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## Comprehensive Longitudinal Assessment for Marie

Date	1991–93	Nov–Dec 1993	Jan–March 1994	April–May 1994	May–June 1994
Functional status	Working Abstinent boyfriend	No work Drug-using boyfriend	Homeless Drug-using boyfriend	Living in state hospital	Living in state hospital
Mental illness symptoms and treatment	Moderate depression Not taking meds or attending other treatment	Severe depression Hospitalized twice Not taking meds	No sleep, paranoid, hyperactive Not taking meds	Symptoms improving Not taking meds	Depression, sleep, and hyperactivity improve Taking medication
Substance abuse symptoms and treatment	Weekly cannabis No alcohol or other drugs Attending AA	Daily cannabis and alcohol No treatment	Daily cannabis and cocaine No treatment	No substance use	No substance use Attending persuasion groups
Interactions	Depression-cued cannabis use	Depression-cued greater use Substance use with boyfriend	Severe symptoms and substance use	Structure and sobriety reduce sleep problem and paranoia	Structure, sobriety, and meds reduce symptoms further

# Assessment Contextual Analysis



# Contextual Analysis

- **Goal:** To gather information about the client's adjustment across different domains of functioning and his/her pattern of substance use behavior
- **Forms:**
  - *Comprehensive Longitudinal Assessment*
  - *Contextual Assessment Interview*





# Contextual Assessment

- Identify internal & external cues/triggers
- Explore what feelings, thoughts, situations and environments preceded craving or substance use
- Focus on positive aspects of use



## What You Need to Know to Do Contextual Assessment

- **Expectations of use**—for example, relaxation, better social interactions, sleeping better, etc.
- **Immediate reinforcers**—for example, escaping or feeling relaxed or high
- **Positive aspects of use**—for example, make friends, be "cool," feel good, etc.
- **Negative aspects of use**—for example, expense, hangover, interpersonal problems, etc.
- **Internal triggers for use**—for example, emotions, thoughts, withdrawal, craving, etc.
- **External triggers for use**—for example, people, places, seeing needles, music, etc.

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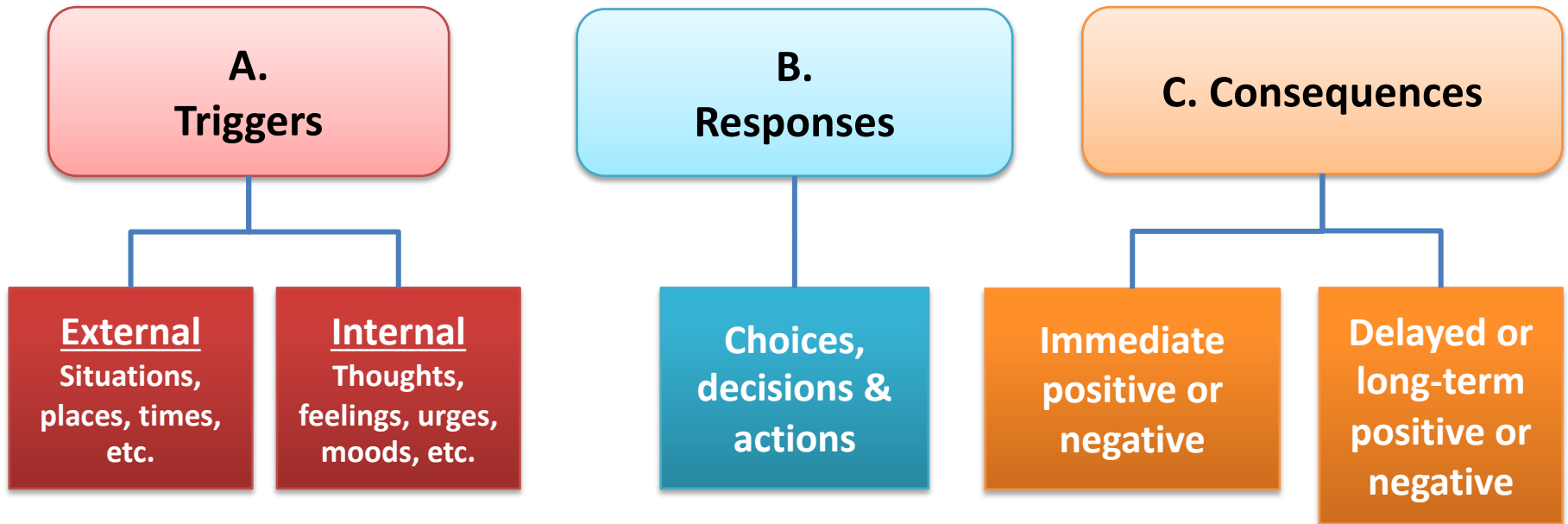
## Examples of Questions Included in a Contextual Assessment

- When do you usually use alcohol?
- With whom do you usually drink? Where?
- How do you feel before you have a drink?
- What makes you think about wanting to have a drink?
- What is it like when you drink?  
How do you feel? What do you do?
- What do you enjoy about drinking?
- What are the down sides to drinking for you?
- What do other people think of your drinking?
- How do you feel after you have a drink?
- Have you ever tried to stop drinking?
- What are your current goals?

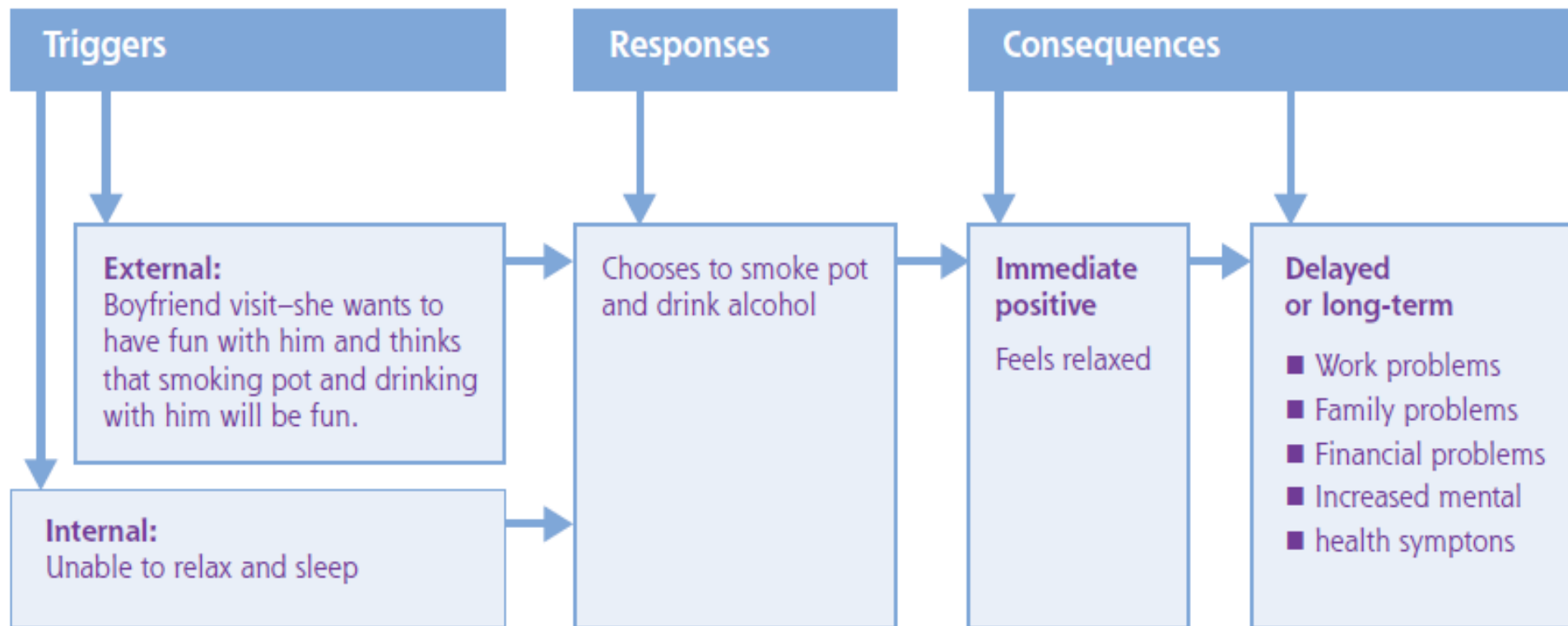
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# Contextual Analysis



## Contextual Analysis Model for Marie



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# Readiness Ruler

- One thing they would like to try to do new or different
  - **Turn to a neighbor and do a readiness ruler that includes:**
    - What is the change?
    - How important it is to you?
      - Why isn't it a \_\_ (1 or 2 numbers lower)
    - How confident are you that you'll be able to do this?
    - What might hold you back?
    - What's your plan for doing this?



# Payoff Matrix

**USING**  
Status Quo

**NOT  
USING**  
Change

Pros	Cons



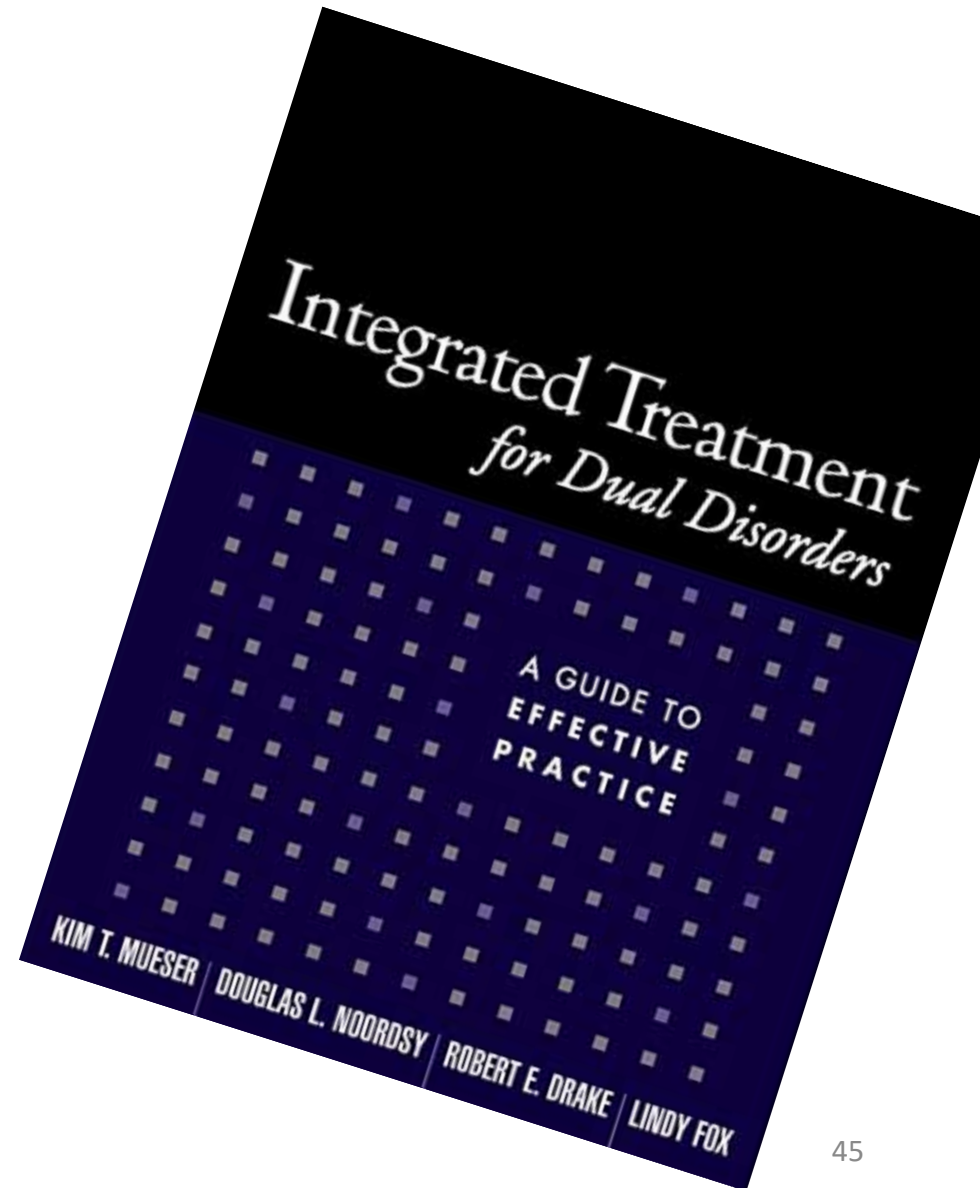
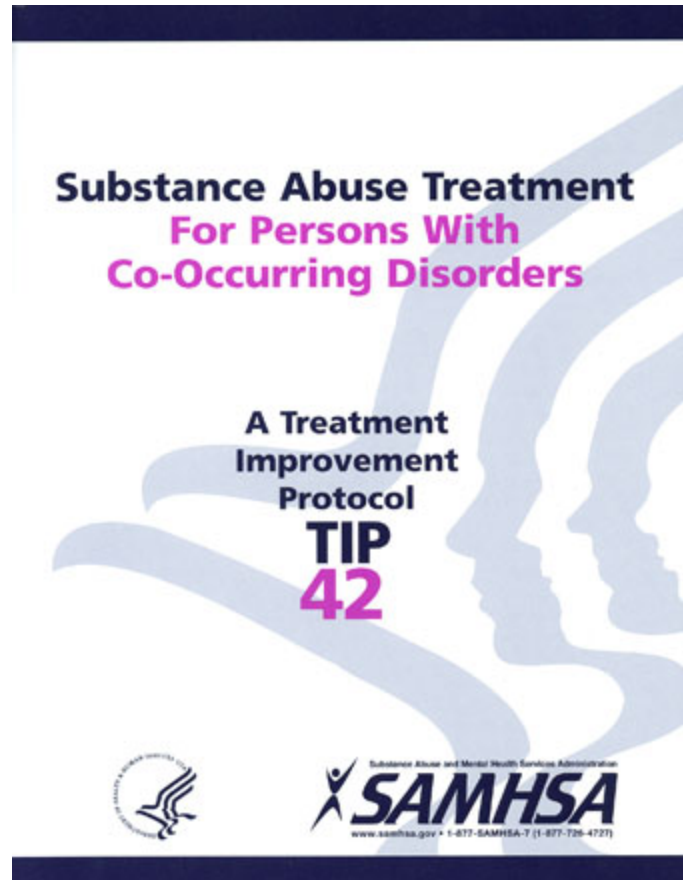
# Benchmark Measures

- IDDT Fidelity Scale assesses fidelity to a specific evidence-based practice
- Dual Diagnosis Capability in Mental Health Treatment (DDCMHT) provides fidelity standards for addressing SUDs in mental health treatment programs
- Dual Diagnosis Capability in Addiction Treatment (DDCAT) does the same for chemical health treatment programs

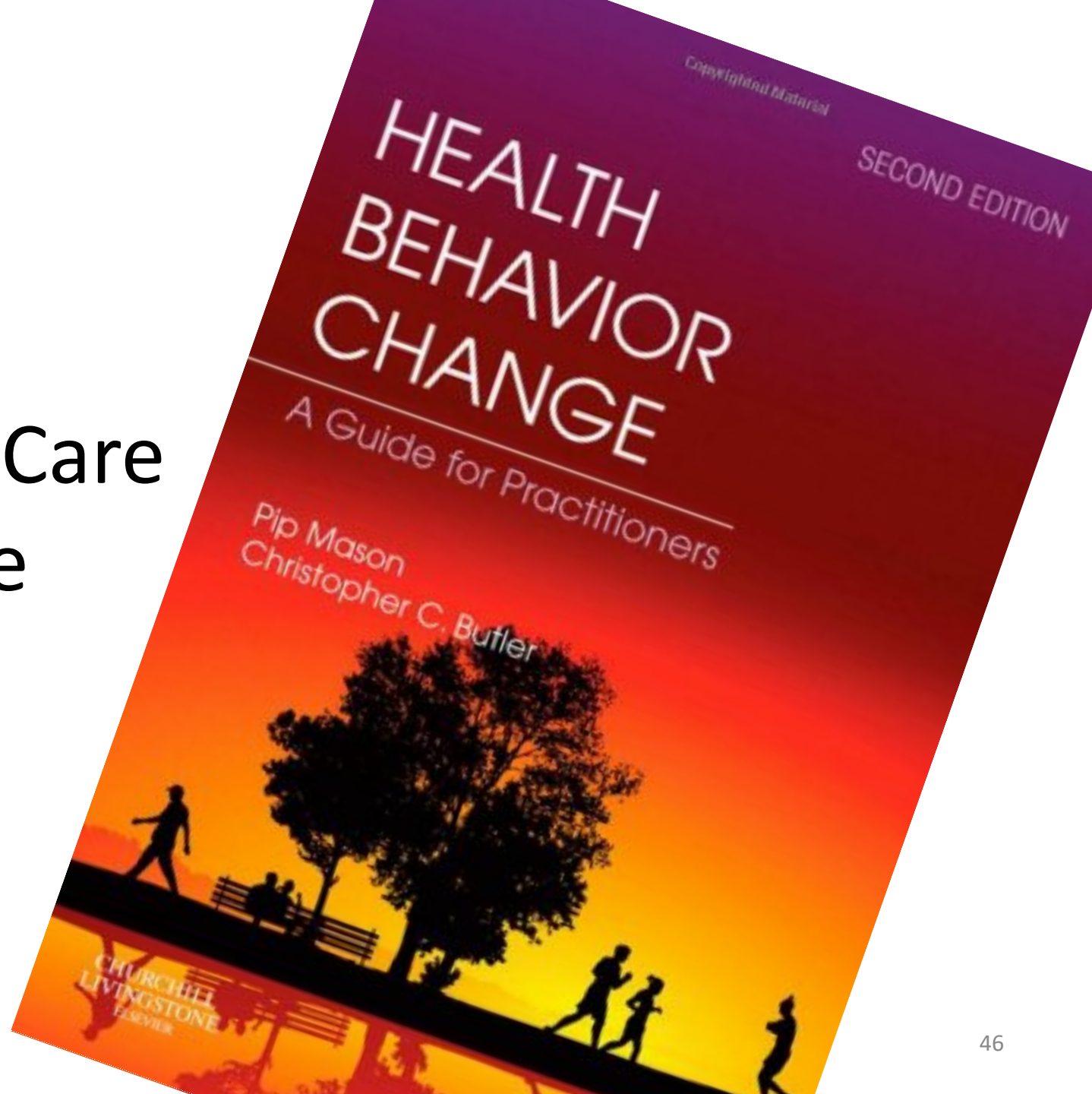




# Resources



# Primary Care Resource





# THE END?



# Stay Tuned Next Time...

