



Dual Diagnosis Recovery Program[©] **The Handbook for Recovery**

Outpatient mental health and substance abuse / addictive behaviors
services for adolescents, young adults, and adults

“Turning Your Insights Into Action”

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WELCOME

Thank you for choosing Insight Into Action Therapy (IIAT) for your outpatient dual diagnosis needs. Dual diagnosis refers to individuals dealing with co-occurring mental health and substance use/addictive behaviors, i.e. gambling, gaming, shoplifting, porn. We understand and respect that you are likely in crisis and experiencing one of the more difficult times in you and/or your family's lives. IIAT is here to help. We have compiled this handbook in an effort to answer the most commonly asked questions about our Dual Diagnosis Recovery Program[©] (DDRP) and to provide you with some suggestions for more effective treatment.

We believe in the innate strengths of people. Your therapist will create a treatment plan based upon your individualized needs and work to incorporate you and your family's strengths. Additionally, we will coordinate with existing professionals and/or refer you to the appropriate contacts such as psychiatrists, psychologists, academic supports, attorneys, nutritionists, community recreation, employment, etc.

We have designed the DDRP based on forty years combined experience. As clinicians, we specialize in mental health and drug/alcohol/process addiction treatment. The DDRP is based on Best Practices Models and includes phase specific interventions (Minkoff, 2001; Minister of Public Works and Government Services Canada, 1999; Substance Abuse & Mental Health Services Administration, 1997; Sciacca, 1996). Thus, any stage you are in of your crisis, we can help you turn your insights into action or connect you to the people who can. The DDRP is individualized to fit you and your family's needs and will be provided in the least restrictive environment allowing you to live at home, participate in activities, and stay in school/work.

Sincerely,

Cynthia Turner
Licensed Clinical Social Worker
Licensed Substance Abuse Treatment Practitioner
Master Addiction Counselor

Craig James
Licensed Clinical Social Worker
Master Addiction Counselor

DUAL DIAGNOSIS RECOVERY PROGRAM[©]

THE HANDBOOK FOR RECOVERY

The DDRP includes age-specific interventions and groups because of the unique nature of each population. Therefore, there is an adolescent, young adult, and adult program. While the interventions and goals are unique to the ages, the phases of treatment and expectations for successful completion of the program are generally the same. Best Practices Models have found that the most effective dual diagnosis treatment addresses five phases (Prochaska & DiClemente, 1984). It is important to note that individuals begin treatment in different stages and the treatment interventions should meet the client where he or she is. A client does not spend a specific amount of time in any one phase and often cycles through them over a lifetime. An IIAT clinician will complete a comprehensive mental health and drug/alcohol/process addictions evaluation to determine what phase you are in and then will identify what treatment program may be most effective to meet the challenges of that phase. Outlined below are the five phases and a description of what might occur during each stage:

EVALUATION: This generally will include a clinical interview with the identified client and should incorporate at least one member of the client's primary support system. Standardized measurement tools for screening mental health and process addictions disorders will often be administered. Releases of information will be signed and coordination with other existing professionals will be made for further information and recommendations. A Breathalyzer and/or an observed urine drug screen may be given. The face-to-face clinical interview generally takes two hours. It is followed by telephone calls to absent family members and authorized professionals. Measurement tools will be scored and staffing with other IIAT clinicians will occur. At the conclusion of the evaluation process, an initial treatment plan can be developed.

EDUCATION: Education is an important and ongoing part of the treatment process. IAT has two main education protocols: Drug, Alcohol, and Process Addictions Education and Mental Health Education. The Drug and Alcohol Education is individualized to the client and his or her primary support's specific needs. Information about the client's drug of choice, current treatments, and signs and symptoms may be presented. The stages of addiction will also be reviewed and used as an opportunity to self-diagnose. The session includes an open format and questions are encouraged throughout the process. The Drug, Alcohol, and Process Addictions Education may be utilized as a further assessment tool for clients and families who wonder if their behaviors are or are not a problem. It can also be used as an intervention for clients with first time drug/alcohol related concerns.

The Mental Health Education may be utilized when it is determined that a client is suffering from a mental health disorder as identified in the Diagnostic and Statistical Manual V. This education can address signs and symptoms, specific coping skills, support for the client and family, and community resources.

PRIMARY TREATMENT: This is often the longest and most intensive phase of treatment. Best Practices Models indicate that group treatment combined with individual, family, and/or couples therapy often yields the most favorable results.

For the Young Adult and Adult clientele, the DDRP consists of a one-hour group per week. The Adolescent DDRP includes a weekly two-hour long group; the first hour a therapy group followed by an hour-long life skills group. During the life skills portion of the group there will be a separate group for the family member(s) of the client. In the initial meeting of any of the DDRP programs clients will give their introduction that includes identifying something they are proud of and hear group rules and expectations, as well as how others utilize the sessions.

The DDRP groups are intended to provide an atmosphere of safety, honesty, and trust. Confidentiality is of the utmost importance in order for clients to share their personal experiences and other issues. No topics

are off limits as long as it benefits the group as a whole. Therapists will facilitate discussions and provide topics, education, and guidance during the group process.

RELAPSE PREVENTION: Relapse prevention is more of an educational than strictly therapeutic process. It is important to note that the concept of relapse applies not only to alcohol, drugs, and process addictions, but to mental health disorders as well. The groups are approximately 10 weeks in length. Myths about relapse are clarified and basic education on what defines relapse is provided. Specific skills on how to predict and prevent relapse are taught. Clients learn what their individualized warning signs of relapse are and develop a personalized relapse prevention plan. This information is shared with the client's primary support system when appropriate. Random drug and alcohol screening will usually continue to assist with accountability. Clients who continue treatment in this phase have significantly higher success rates than those who do not.

MAINTENANCE: Sustained recovery and abstinence are the goals of this phase. The expectation is that after completing the first four phases of treatment that long-term sobriety and wellness will occur. However, the reality is that with addictive behaviors and mental health issues, there are very high relapse rates. The goal is to minimize the frequency, duration, and impact of the relapses. The interventions for maintenance may include periodic individual and family therapy sessions, random drug and alcohol screening, and the use of community supports, such as 12-step meetings, faith-based programs, clubs, sports, etc.

EXPECTATIONS OF TREATMENT

During the first month of services an individualized treatment plan will be developed between the client, his/or her family, and the primary therapist. Once a month a meeting will occur with the client, his or her family, and any involved professionals to monitor progress on the treatment plan. In order for a client to successfully complete the primary treatment phase of the DDRP, he or she must demonstrate stability in four life domains. These include:

I. RECOVERY:

- Demonstrate abstinence from all mood-altering substances or behaviors for a minimum of 4 months
- Submit to random drug and alcohol screening
- Reduce risky situations/behaviors
- Identify triggers and new coping skills
- Develop non-using peers and refusal skills

II. PHYSICAL AND MENTAL HEALTH:

- Develop and maintain balance (exercise, nutrition, sleep, stress management, etc.)
- Identify and reduce mental health symptoms
- Follow psychiatric recommendations
- Participate in social/recreational activity

III. EDUCATION/EMPLOYMENT:

- Attend all classes/work on time
- Identify and implement long term goals
- Produce a work product that is commensurate with ability

IV. PRIMARY SUPPORT SYSTEM:

- Demonstrate appropriate family interactions/relationships
- Increase trust and honesty
- Participate in household responsibilities

ADDITIONAL TREATMENT INFORMATION

Random Drug and Alcohol Screening: As part of the treatment process we randomly screen clients for a variety of mood-altering substances. IIAT utilizes an off-site laboratory for urine drug screening. A negative result will usually be delivered within 24 hours; a positive result takes approximately 72 hours because it goes through GCMS confirmation (Gas Chromatography Mass Spectrometry) to verify the amount of the substance detected. The screens test for the most common drugs of abuse, but special requests can be made to test for almost any substance. The urine screens also have several tools to detect tampering including measuring creatinine, nitrates, and pH levels.

A benefit of screening is that it helps clients with accountability while validating their report of abstinence from mood-altering substances, including alcohol. Urine screens are random and may be administered during the days of individual and group sessions or given in the home environment. Families are given the appropriate supplies and trained on how to obtain samples. Breathalyzers are administered in each of the groups and randomly in individual/family sessions. IIAT also offers the 80-hour alcohol test. It detects a substance in the urine that confirms alcohol use up to three to four days after drinking.

Participation and Attendance: In the therapeutic relationship, consistency is important in the recovery process and promotes work towards attainment of therapeutic goals. It is therefore expected that clients consistently attend their respective group and individual sessions. In the event that a client needs to miss a session or group, an appointment will be coordinated to maintain the clinical growth and recovery.

Cancellation: As discussed in the Clinical Contract, IIAT has a 24-hour cancellation policy. Appointments cancelled with less than 24 hours notice are billed at the normal rate. The bill will reflect a late cancellation and not a clinical session.

Community-Based Relations: As a group of committed therapists, IIAT works collaboratively with other professionals to provide the most comprehensive treatment. This is done through telephone contact, face to face meetings, and written correspondence to involved professionals with the client's consent and authorization. IIAT strongly believes in community outreach and can provide educational seminars to schools, businesses, religious organizations, and other community-based programs.

Communication: In order to give you and your family the most effective treatment, communication is crucial. We ask family members to give their therapist an update by voicemail on concerns and/or progress prior to group and individual sessions. Confidentiality will be maintained. Family members are included in the treatment plan as well as the monthly progress review meetings. Best Practices Models indicate that the most successful outcomes occur when the family is involved in treatment.

BASIC KEYS FOR SUCCESSFUL INTERVENTION:

THE BAND-AID EFFECT

SUGGESTIONS FOR PRIMARY SUPPORT PROVIDERS

Recovery is a Process

- Monitor Electronic Devices
- Cut Contact with Negative Peers
- Hold Amnesty Night
- Conduct Room Searches
- Restrict Access to Alcohol and Prescription Drugs
- Avoid Overnights / Sleepovers
- Prohibit Concerts
- Monitor Money & Ask for Receipts
- Develop and Maintain Contact with Friends and Neighbors
- Encourage Supervised Social / Recreational Activities
- Be Consistent, Predictable, & Fair
- Eat Meals as a Family
- Utilize Community Supports – AA, NA, Al-Anon, Spiritual, SMART
- Use IIAT for Support