

PREFERRED PRACTICES: CO-OCCURRING DISORDERS

“The difference between what we know and what we do costs lives . . . “

Charles G. Curie, Administrator, Substance Abuse and Mental Health Administration (SAMHSA)

Clinicians have traditionally been unsuccessful in treating persons who suffer from co-occurring mental illness and substance use disorders. They have had difficulty engaging and retaining these persons in treatment; also, outcomes have been poor. This “double trouble” affects half of all persons served by DMHAS Local Mental Health Authorities and their affiliates.

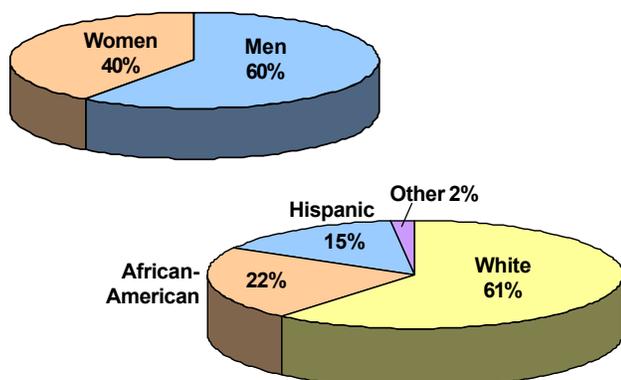
DMHAS’ strategic goals include the provision of **quality care with successful outcomes** and the provision of **effective services** for persons whose needs are particularly challenging. A number of DMHAS initiatives such as specialized staff training and pilot treatment projects for persons with co-occurring disorders have been put in place to address these goals. To further strengthen its efforts in this area, DMHAS is **increasing its emphasis** on dissemi-

nation of research findings and preferred practices with demonstrated outcomes for persons with co-occurring disorders. Part of this emphasis includes ensuring that the service being provided is consistent with the scientifically researched model design, thus helping to ensure treatment effectiveness.

DMHAS is currently implementing statewide the research-based preferred practice called the **“New Hampshire Model” of integrated treatment** for people who have co-occurring mental illness and substance use disorders. Developed by the New Hampshire-Dartmouth Psychiatric Research Center under the leadership of Dr. Robert Drake, this model is a nationally recognized preferred practice for persons with severe and prolonged mental illness coupled with a substance use disorder. Research indicates that critical program components must be replicated to achieve good outcomes, however, modifications for cultural and other local circumstances are important as well. The core elements include:

- **Integration** of all substance abuse and mental illness treatment and support services
- Interventions that are appropriate for the persons at different **stages in their treatment**
- **Assertive outreach** to engage people and their natural supports (family, friends, etc.)
- Motivational interventions to **get people actively involved** in their treatment
- **Counseling to develop skills and supports** to control symptoms and to pursue an abstinent lifestyle.
- **Social support** including social network and family interventions
- Long-term **rehabilitation activities** to prevent relapse and enhance gains
- **Cultural competence**, without which people cannot be effectively engaged in treatment

***Race and Gender of Persons With Co-occurring Disorder Served by DMHAS during FY2001**



*Based on data review of 10,773 persons treated by DMHAS in FY2001 who were identified as having co-occurring disorder.

DMHAS TAKES ACTION

The Connecticut **“Integrated Dual Diagnosis Treatment Project”** is providing the DMHAS Local Mental Health Authorities with expert consultation, training and supervision from the New Hampshire-Dartmouth Psychiatric Research Center to ensure fidelity to the **New Hampshire Model** of treatment for persons with co-occurring disorders. In addition, DMHAS is receiving federally funded technical assistance to survey current attitudes, practices and needs with regard to treatment of co-occurring disorders within the public substance abuse system.