

Integrated Dual Disorders Treatment (IDDT) Fidelity Scale (11/25/02)

	1	2	3	4	5
1a. Multidisciplinary Team: Case managers, psychiatrist, nurses, residential staff, and vocational specialists work collaboratively on mental health treatment team	< 20% of clients receive care from multidisciplinary team (i.e., most care follows a brokered CM or traditional outpatient approach)	21% - 40% of clients receive care from a multidisciplinary team	41% - 60% of clients receive care from a multidisciplinary team	61% -79% of clients receive care from a multidisciplinary team	≥80% of clients receive care from a fully multidisciplinary team with a strong emphasis on accessing a broad range of services and excellent communication between all disciplines
1b. Integrated Substance Abuse Specialist: Substance abuse specialist works collaboratively with the treatment team, modeling IDDT skills and training other staff in IDDT	No substance abuse specialist connected with agency	IDDT clients are referred to a separate substance abuse department within the agency (e.g., referred to drug and alcohol staff)	Substance abuse specialist serves as a consultant to treatment team; does not attend meetings; is not involved in treatment planning	Substance abuse specialist is assigned to the team, but is not fully integrated; attends some meetings; may be involved in treatment planning but not systematically	Substance abuse specialist is a fully integrated member of the treatment team; attends all team meetings; involved in treatment planning for IDDT clients; models IDDT skills and trains other staff in IDDT
2. Stage-Wise Interventions: Treatment consistent with each client's stage of recovery (engagement, motivation, action, relapse prevention)	≤20% of interventions are consistent with client's stage of recovery	21%- 40% of interventions are consistent	41%- 60% of interventions are consistent	61% - 79% of interventions are consistent	≥80% of interventions are consistent with client's stage of recovery
3. Access for IDDT Clients to Comprehensive DD Services <ul style="list-style-type: none"> • Residential services • Supported employment • Family psychoeducation • Illness management • ACT or ICM 	Less than 2 services are provided by the service provider that IDDT clients can access	2 services are provided by the service provider and IDDT clients have genuine access to these services	3 services are provided by the service provider and IDDT clients have genuine access to these services	4 services are provided by the service provider and IDDT clients have genuine access to these services	All 5 services are provided by the service provider and IDDT clients have genuine access to these services

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4. Time-Unlimited Services <ul style="list-style-type: none"> • Substance abuse counseling • Residential services • Supported employment • Family psychoeducation • Illness management • ACT or ICM 	≤20% of available services are provided on a time-unlimited basis (e.g., clients are closed out of most services after a defined period of time)	21%- 40% of available services are provided on a time-unlimited basis	41%- 60% of available services are provided on a time-unlimited basis	61%- 79% of available services are provided on a time-unlimited basis	≥80% of available services are provided on a time-unlimited basis with intensity modified according to each client's needs
5. Outreach: Program demonstrates consistently well-thought-out strategies and uses outreach whenever appropriate: <ul style="list-style-type: none"> • Housing assistance • Medical care • Crisis management • Legal aid 	Program is passive in recruitment and re-engagement; almost never uses outreach mechanisms.	Program makes initial attempts to engage but generally focuses efforts on most motivated clients.	Program attempts outreach mechanisms only as convenient.	Program usually has plan for engagement and uses most of the outreach mechanisms that are available.	Program demonstrates consistently well-thought-out strategies and uses outreach whenever appropriate.
6. Motivational Interventions: Clinicians who treat IDDT clients use strategies such as: <ul style="list-style-type: none"> • Express empathy • Develop discrepancy between goals and continued use • Avoid argumentation • Roll with resistance • Instill self-efficacy and hope 	Clinicians providing IDDT treatment do not understand motivational interventions and ≤20% of interactions with clients are based on motivational approaches	Some clinicians providing IDDT treatment understand motivational interventions and 21%- 40% of interactions with clients are based on motivational approaches	Most clinicians providing IDDT treatment understand motivational interventions and 41%- 60% of interactions with clients are based on motivational approaches	All clinicians providing IDDT treatment understand motivational interventions and 61%- 79% of interactions with clients are based on motivational approaches	All clinicians providing IDDT treatment understand motivational interventions and ≥80% of interactions with clients are based on motivational approaches

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<p>7. Substance Abuse Counseling: Clients who are in the <i>action</i> stage or <i>relapse prevention</i> stage receive substance abuse counseling that include:</p> <ul style="list-style-type: none"> • Teaching how to manage cues to use and consequences to use • Teaching relapse prevention strategies • Drug and alcohol refusal skills training • Problem-solving skills training to avoid high-risk situations • Challenging clients' beliefs about substance abuse • Coping skills and social skills training 	Clinicians providing IDDT treatment do not understand basic substance abuse counseling principles and ≤20% of clients in active treatment stage or relapse prevention stage receive substance abuse counseling	Some clinicians providing IDDT treatment understand basic substance abuse counseling principles and 21%-40% of clients in active treatment stage or relapse prevention stage receive substance abuse counseling	Most clinicians providing IDDT treatment understand basic substance abuse counseling principles and 41%-60% of clients in active treatment stage or relapse prevention stage receive substance abuse counseling	All clinicians providing IDDT treatment understand basic substance abuse counseling principles and 61% - 79% of clients in active treatment stage or relapse prevention stage receive substance abuse counseling	All clinicians providing IDDT treatment understand basic substance abuse counseling principles and ≥80% of clients in active treatment stage or relapse prevention stage receive substance abuse counseling
<p>8. Group DD Treatment: DD clients are offered group treatment specifically designed to address both mental health and substance abuse problems</p>	<20% of DD clients regularly attend a DD group	20% - 34% of DD clients regularly attend a DD group	35% - 49% of DD clients regularly attend a DD group	50% - 65% of DD clients regularly attend a DD group	>65% of DD clients regularly attend a DD group
<p>9. Family Psychoeducation on DD: Clinicians provide family members (or significant others):</p> <ul style="list-style-type: none"> • Education about DD • Coping skills training • Collaboration with the treatment team • Support 	<20% of families (or significant others) receive family psychoeducation on DD	20% - 34% of families (or significant others) receive family psychoeducation on DD	35% - 49% of families (or significant others) receive family psychoeducation on DD	50% - 65% of families (or significant others) receive family psychoeducation on DD	>65% of families (or significant others) receive family psychoeducation on DD
<p>10. Participation in Alcohol & Drug Self-Help Groups: Clients in the <i>action</i> stage or <i>relapse prevention</i> stage attend self-help programs in the community</p>	<20% of clients in the active treatment stage or relapse prevention stage attend self-help programs in the community	20% - 34% of clients in the active treatment stage or relapse prevention stage attend self-help programs in the community	35% - 49% of clients in the active treatment stage or relapse prevention stage attend self-help programs in the community	50% - 65% of clients in the active treatment stage or relapse prevention stage attend self-help programs in the community	>65% of clients in the active treatment stage or relapse prevention stage attend self-help programs in the community

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11. Pharmacological Treatment: Prescribers for IDDT clients: <ol style="list-style-type: none"> 1. Prescribe psychiatric medications despite active substance use 2. Work closely with team/client 3. Focus on increasing adherence 4. Avoid benzodiazepines and other addictive substances 5. Use clozapine, naltrexone, disulfiram 	Prescribers have virtually no contact with treatment team and make no apparent efforts to increase adherence OR prescribers require abstinence prior to prescribing psychiatric medications	Approximately 2 of 5 strategies used, e.g., prescribers have minimal contact with treatment team; no apparent efforts to increase adherence or to decrease substance use via pharmacological management	Approximately 3 of 5 strategies used, e.g., there is little evidence that prescribers function with team/client input, but there is evidence that prescribers make efforts to increase adherence and reduce substance use	4 of 5 strategies used, e.g., prescribers typically receive some minimal input from IDDT team to maximize adherence; there is evidence that prescribers make efforts to decrease addictive meds and increase use of meds that help reduce addictive behavior	Evidence that all 5 strategies used; prescribers receive pertinent input from the treatment team regarding medication decisions and strategies to maximize adherence. No prohibitions on antipsychotic use due to substance use; offers medications known to be effective for decreasing substance use
12. Interventions to Promote Health: Examples include: <ul style="list-style-type: none"> • Teaching how to avoid infectious diseases • Helping clients avoid high-risk situations and victimization • Securing safe housing • Encouraging clients to pursue work, health, diet, & exercise 	Staff offer no form of services to promote health	No structured program, staff may have some knowledge of reducing negative consequences but use concepts rarely	Less than half of all DD clients receive services to promote health; clinicians providing IDDT treatment use concepts unsystematically	50%- 79% of clients receive services to promote health; all clinicians providing IDDT treatment are well-versed in techniques to reduce negative consequences	≥80% of clients receive services to promote health; all clinicians providing IDDT treatment are well-versed in techniques to reduce negative consequences
13. Secondary Interventions for Substance Abuse Treatment Non-Responders: Program has a protocol for identifying substance abuse treatment non-responders and offers individualized secondary interventions, such as: <ul style="list-style-type: none"> • Clozapine/naltrexone/disulfiram • Long-term residential care • Trauma treatment • Intensive family intervention • Intensive monitoring 	≤20% of non-responders are evaluated and referred for secondary interventions OR No recognition of a need for secondary interventions for nonresponders	21%- 40% of non-responders are evaluated and referred for secondary interventions OR Secondary interventions, if available, are not systematically offered to nonresponders	Program has protocol and 41%- 60% of non-responders are evaluated and referred for secondary interventions OR No formal method for identifying nonresponders	Program has protocol for identifying nonresponders and 61%- 79% of non-responders are evaluated and referred for secondary interventions	Program has protocol for identifying nonresponders and >80% of non-responders are evaluated and referred for secondary interventions