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TRAINING INFORMATION

THE BENEFIT OF CROSS TRAINING ON THE INTEGRATED APPROACH IN YOUR COMMUNITY

TARGET AUDIENCE: professionals who provide services to individuals with mental health disorders, substance use disorders or co-occurring disorders, including probation officers, private practice therapists, physicians, etc.

GOALS AND OBJECTIVES: Enhance capabilities of providing services to the dually diagnosed. Learn additional techniques, skills, and tools in working with this population. Implement these services in either your community or your facility.

METHODS: Make available a comprehensive training on components of the integrated system of care with specific focus on incorporating these techniques into the treatment setting.

When mental health and chemical dependency treatment providers train together, rather than separately, the collaborative efforts are further increased as they are able to mutually validate each other's strengths. They are then able to impact other providers in the community. Coming together moves the focus from "who should be providing services" or "the other field is not working with us very well" to "how can we all work together to improve our services to individuals with co-occurring disorders."

THE REALITY

Dual diagnosis is an expectation, not an exception (Minkoff, 2000). Individuals with dual diagnoses present in increasing numbers at various treatment settings, jails, emergency rooms, shelters and on the street. Research states 56% to 82% of those receiving services in both the mental health field and the substance disorders treatment fields are struggling with co-occurring mental health and substance use disorders. (Regier et al., 1990)

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THE SOLUTION

The integrated treatment approach has been well defined for the past decade as the preferred treatment model. Combining elements of both mental health and addiction treatment draws from the strengths and professional expertise of both disciplines, bridges the gaps between the systems by creating a unified and comprehensive treatment program and provides substantially improved outcomes for those coming to us for services.

INTEGRATED TREATMENT IS A “COMMON-SENSE” APPROACH

Professionals have continually stated that an integrated approach simply “makes sense.” Studies and experience indicate treatment must simultaneously address both primary disorders of psychiatric and addictive disorders for recovery to be possible. It also makes sense to adopt a therapeutic focus of addressing mental health recovery and the abuse of substances whether a true co-occurring disorder is diagnosed or not. After all, any use is abuse for a person trying to manage a psychiatric illness and addiction. Treatment always involves addressing thinking distortions, mood swings, anxiety and depression.

THE CHALLENGE

There has been great progress in understanding the prevalence of co-occurring disorders and the importance of implementing an integrated system of care in all levels of the treatment process. Now, more than ever before, we recognize we still have achievable goals left to accomplish. These come in two major categories.

1	GOALS FOR CONSUMERS/CLIENTS: The challenge is the reality that while more than 56% of individuals presenting for treatment are dually diagnosed; those actually receiving treatment for both disorders is usually far less.
2	GOALS FOR STAFF: The treatment of the dually diagnosed patient depends on mental health and addiction professionals sharing the task of creating a unified approach (O’Connell, 1998). The integrated treatment approach therefore involves clinicians cross trained in both mental health and addiction. (Ries, 1994)

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THE PROPOSAL

Dual diagnoses are here to stay.

Practitioners are trained either in the mental health field to work with patients suffering from psychiatric disorders or in the substance abuse field to work with alcoholics or addicts. Many clinicians understandably feel inefficient to diagnose or treat both disorders in these patients.

(Ortman, 1997)

We have entered a time where we each realize change is the rule, and no discipline can any longer afford to take rigid positions and use inflexible approaches to treatment. We are working in the best of times and the worst of times. While we have the opportunity to expand our clinical approach to include addictive and other psychiatric disorders in our treatment of the dual diagnosis patient, we must also face the inevitable task of change that accompanies such major initiatives. (Miller, 1994)

The integrated approach is also here to stay. It is truly an exciting time to be in the mental health and addiction treatment community. Each field stands poised to make the changes necessary to make a fully integrated system of care a reality.

Sponsoring or hosting a training for your community or treatment facility is a cost effective way to bring everyone to the table, initiate change, build on the strengths of each discipline, improve services and move forward...together.

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