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# Implementing the Integrated Dual Disorder Treatment Model in Occupational Therapy

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Implementing the Integrated Dual Disorder Treatment

Model in Occupational Therapy

by

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A Scholarly Project

Submitted to the Occupational Therapy Department

of the

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in partial fulfillment of the requirements

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This Scholarly Project Paper, submitted by Nicole Nelson and Amber Jessen in partial fulfillment of the requirement for the Degree of Master's of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

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Faculty Advisor

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Date

PERMISSION

**Title:** Implementing the Integrated Dual Disorder Treatment Model in Occupational Therapy

**Department:** Occupational Therapy

**Degree:** Master's of Occupational Therapy

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## ABSTRACT

The purpose of this project was to develop a resource manual for occupational therapists to guide treatment planning for persons with a co-occurring mental illness and substance use disorder, according to the stages and components of the Integrated Dual Disorder Treatment (IDDT) Model.

A comprehensive literature review of the issues facing persons with co-occurring disorders, the IDDT model, and the role of occupational therapy for persons with co-occurring disorders was conducted. The literature supported the effectiveness of the IDDT model, and indicated justification for occupational therapy's implementation of the IDDT model.

A resource manual was developed to support occupational therapists' the development of effective treatment planning for persons with co-occurring disorders through the implementation of the IDDT Model. The Person-Environment-Occupation Model was selected as the guiding occupational therapy model to utilize in conjunction with the IDDT Model.

The IDDT Model is widely recognized as an evidence-based approach to service delivery to persons with co-occurring mental illness and substance use disorder. Occupational therapists, as members of the interdisciplinary IDDT team, have the unique ability to improve persons' participation in meaningful occupations, as well as developing a sense of wellness and improved quality of life.

## **Chapter I**

### **Introduction**

Approximately 25-35% of persons with a severe mental disorder also have a co-occurring substance abuse disorder (Mueser, Bennett, & Kushner, 1995). Co-occurring disorders refer to a person diagnosed with a severe mental illness conjoined with a substance use disorder. Persons with co-occurring disorders are more likely to have complex problems, including a variety of challenges such as relapse, rehospitalization, disruptive behavior, violence, familial problems, homelessness, decreased functional status, possible HIV infection, and medication noncompliance (Drake & Wallach, 2000).

Literature describing occupational therapists' role in providing evidence-based treatment for persons diagnosed with co-occurring disorders is limited, at best. Occupational therapists do, however, have a strong history of working with individuals with mental disorders and individuals with substance abuse. With a focus on enabling occupational performance, occupational therapists have the unique skills to foster development of performance skills necessary to optimal performance of daily occupations. Occupational therapists view participation in occupations as vital to maintain health and well-being and improving quality of life.

The Integrated Dual Disorders Treatment (IDDT) Model is a four stage treatment approach that includes engagement, persuasion, active treatment, and relapse prevention. The IDDT Model stresses that with an understanding of these stages, service providers



are better able to help persons with co-occurring disorders to recover and maintain their self-confidence and independence (Mueser, 2003).

A manual is presented that follows the IDDT Model. The manual is for use by occupational therapists to implement in a variety of mental health settings including intensive outpatient, partial hospitalization program, or a day treatment program. The stages of change approach to treatment (Prochaska, Norcross, & DiClemente, 1995) provides a framework for assessing persons' motivation level, setting goals, and selecting interventions that are motivating. The four stage treatment approach of IDDT includes engagement, persuasion, active treatment, and relapse prevention. The IDDT Model stresses that with an understanding of these stages, service providers are better able to help persons with co-occurring disorders to recover and maintain their self-confidence and independence (Mueser, 2003).

The Person-Environment-Occupation (P-E-O) Model has been selected as the guiding OT model to utilize in conjunction with the IDDT model. According to Law, Cooper, Strong, Stewart, Rigby, & Letts (1996), occupational performance results from the dynamic relationship between people, their occupations and roles, and the environments in which they live, work and play. When change occurs in one area of the Model (occupation), the others are impacted (environment and person) and vice versa. (Strong & Gruhl, 2010). The P-E-O Model is an effective approach to implement in a mental health setting; it promotes the person's full participation in their everyday lives. The model supports evidence-based practice and offers a systematic approach of the analysis of occupational performance issues (Strong & Gruhl, 2010).

Chapter II consists of a literature review focusing on exploring different treatment methods for persons with co-occurring disorders, research in relation to the Integrated Dual Disorders Treatment (IDDT) Model, and occupational therapists' role with mental illness, substance use disorder and mental illness with substance use. Chapter III addresses the methodology utilized to develop the project. Chapter IV presents the manual to guide occupational therapists' role through the implementation of the IDDT Model supported by the P-E-O Model. Chapter V summarizes and provides recommendations. References used throughout the development of the project are included.

## Chapter II

### Literature Review

#### Introduction

Approximately 25-35% of persons with a severe mental disorder also have a co-occurring substance abuse disorder (Mueser, Bennett, & Kushner, 1995). There is a history of confusing terminology regarding the term co-occurring disorder. It is a term used to describe persons who have one or more substance-related disorders and one or more mental disorders. An example of this would be a person with schizophrenia who also has an alcohol abuse disorder or drug dependence (Center for Substance Abuse Treatment, [CSAT], 2006a). In the past, a variety of terms have been used, including dually diagnosed, dually disordered, mentally ill substance abuser, mentally ill chemically dependent, and comorbid disorders, but the current accepted term is persons with co-occurring disorders (CSAT, 2005a).

To be identified as a person with a co-occurring disorder, the diagnosis of each disorder (mental and substance abuse) occurs when all criteria are met for each condition as listed in *The Diagnostic and Statistic Manual of Mental Disorders, Fourth Edition, Text Revision* (DSM IV-TR; American Psychiatric Association [APA], 2000).

Although it is somewhat dated, one particular study is referenced often and throughout the literature on persons with co-occurring disorders. Entitled the Epidemiologic Catchment Area (ECA) study, it was a large-scale community and institutional study conducted in the United States that estimated the prevalence of

alcoholism or substance use and co-occurring mental disorders (Regier, et al., 1990). The risk for persons with a mental illness to develop a substance use disorder varies across mental disorders, with greatest increases being seen in antisocial personality disorder, bipolar I, and schizophrenia. The increased incidence of anxiety and unipolar depression among people who have a substance use disorder is less prominent (Regier, et al., 1990).

Persons with co-occurring disorders are more likely to have complex problems, including a variety of challenges such as relapse, rehospitalization, disruptive behavior, violence, familial problems, homelessness, decreased functional status, possible HIV infection, and medication noncompliance (Drake & Wallach, 2000). Substance abuse by persons with mental illness results in a wide range of other consequences, as well, including poorer prognosis, higher costs due to greater use of acute psychiatric services, low compliance with treatment regimens in general and overall decreased functioning in occupations (Sells, Stoffel, & Plach, 2011). The existence of co-occurring disorders without intervention negatively affects the performance of occupations in all occupational areas, including activities of daily living, instrumental activities of daily living, rest and sleep, education, work, play, leisure, and social participation (Moyers, 2011).

Approximately 50% of persons with severe mental illness and substance abuse problems (persons with co-occurring disorders) have had previous contact with the criminal justice system (Theriot & Segal, 2005). Also, approximately 40% of said persons who are charged with a criminal offense have reported that the judicial system tried to coerce them into mental health treatment, and in exchange, offered to reduce criminal charges or jail time (Monahan et al., 2005). Calsyn, Yonker, Lemming, Morse, and Klinkinberg (2005) found that prior criminal behavior was the best predictor of

subsequent criminal behavior in persons with co-occurring disorders, rather than demographics, which is similar to previous research (Benda, 1993; Clark, Ricketts, & McHugo, 1999; Solomon & Draine, 1999) conducted on this topic. However, additional research is still needed to evaluate the effects of combining judicial reforms with specific mental health interventions aimed at the criminal behavior of persons with co-occurring disorders (Calsyn, Yonker, Lemming, Morse, & Klinkinberg, 2005).

### **Treatment Methods**

Currently used treatment methods for persons with co-occurring disorders include parallel treatment, sequential treatment, cognitive behavioral therapy (CBT), assertive community treatment (ACT) and Integrated Dual Disorder Treatment (IDDT).

The standard treatment in the United States for persons who have a co-occurring disorder is parallel treatment, referring to a person receiving treatment either specializing in the person's mental illness or substance abuse (Calsyn et al., 2005). It is rare that treatment is consistent or coordinated, it is likely the person will have two separate treatment plans one addressing the mental illness and the other addressing the substance abuse disorder (Calsyn et al., 2005, Kavanagh & Connolly, 2009). Problems associated with parallel treatment include increased re-hospitalizations and persons continuation of substance misuse (Drake, Mueser, Clark & Walach, 1996).

According to Kavanagh and Connelly (2009), sequential treatment involves managing each disorder, but one at a time. This type of treatment may be useful when there is a primary problem area and a secondary problem area that follows. It is hypothesized that treating the primary problem will decrease the need to address the secondary problem. With this method, it can be difficult to determine whether the mental

illness or the substance abuse disorder should be addressed first. When substance abuse is the primary problem area for concern, a common method practiced in a community setting is cognitive behavioral therapy (Kavanagh & Connolly, 2009).

Cognitive behavioral therapy originated from the concepts of cognitive therapy. According to Emery (1985), through cognitive therapy persons are able to learn to recognize faulty thought processes and apply reasoning skills and observation to real life situations. Emery (1985), presents cognitive therapy as based on the cognitive model of emotional disorders, brief and time-limited, based on a collaborative therapeutic relationship, using the Socratic method, inductive, structured and directive, based on an educational model with homework as a central feature (Emery, 1985). Modern cognitive behavioral therapy has adopted the principles and incorporated basic elements of behaviorism.

Over the past 50 years, cognitive behavioral therapy (CBT) has been used to address mental illness by promoting positive coping strategies for psychiatric symptoms (Mueser, et al., 2002). Goals of CBT for a mental illness (such as schizophrenia) include: a) the establishment of a strong therapeutic alliance, which is characterized by acceptance, support, and collaboration; b) psycho-education about the nature of psychosis within a bio-psycho-social model with the goal of reducing stigma and normalizing these experiences; c) reducing the distress associated with the disorder; d) cognitive and behavioral interventions to reduce the occurrence and distress associated with delusions and hallucinations; e) targeting co-morbid affective states, such as anxiety and depression; and f) reducing relapse (Rector & Beck, 2001).

The key concepts of CBT for treatment of alcoholism are often packaged into twelve individual sessions that include the following: functional analyses of substance abuse, individualized training in recognizing and coping with cravings/symptoms, managing thoughts, problem solving, planning for emergencies, recognizing decisions, examination of cognitive processes, identification of past and future high-risk situations, encouragement and review of extra session implementation of skills and practice of the skills learned within sessions (Carroll, 1998).

Assertive Community Treatment is a multidisciplinary approach where members of the team meet to plan interventions and be responsible for a variety of services including: medication management, symptom monitoring, housing services, assistance with activities of daily living, vocational and substance abuse services (Moser, DeLuca, Bond, & Rollins, 2004). ACT combines aggressive outreach and direct delivery of services to individuals with co-occurring disorders (Drake, et al. 1998). A number of research studies have indicated support for ACT as an integrated approach in treatment of co-occurring disorders. Meisler, Blankertz, Santos, and McKay (1997) report high rates of retention with treatment, housing stability, and community residence with the homeless population. Bond, Drake, Mueser, and Latimer (2001) suggest persons with a co-occurring disorder receiving treatment through the ACT model are able to reduce the number of hospitalizations and further facilitate the effectiveness of stable housing.

### **Integrated Dual Disorder Treatment Model**

According to Minkoff (1989), integrated treatments simultaneously address two or more interwoven, chronic disorders. Interventions for persons with severe mental illness such as schizophrenia and interventions for persons with substance use disorders

share common ground: both treatments require a long-term approach in which stabilization, education, and self-management are central concepts. In integrated treatment for persons with co-occurring disorders, both treatments are brought together by the same team of professionals, in the same program, so that the person receives a consistent explanation of the illness and the treatment (Minkoff, 1989). Mead and Copeland (2000) state that the end goal of this type of treatment is recovery, which in this case means that the person with co-occurring disorders, learns to manage both illnesses so that they can pursue meaningful life goals. An integrated treatment model for persons with co-occurring substance abuse disorders and mental illness that integrates substance abuse and mental health services to address the needs of the whole person was developed by Kim T. Mueser, Douglas L. Noordsy, Robert E. Drake, and Lindy Fox in 2003. The model, titled the Integrated Dual Disorders Treatment (IDDT) Model, utilizes biopsychosocial and psychoeducational interventions to address the needs of consumers and their caregivers (Mueser, Drake, Noordsy, & Fox, 2003).

The core value of the IDDT Model is shared decision making among all stakeholders, as all members of the team, and the family of the patient if applicable, must be on the same page regarding treatment. The IDDT Model is built on a specific protocol of 8 core components including also integration, comprehensiveness, assertiveness, reduction of negative consequences, long-term commitment, motivation-based treatment (stages-of-treatment concept), and multiple psychotherapeutic modalities (Mueser, 2003). The integration of services is exemplified by simultaneously providing treatment for the mental illness at the same time as the substance use disorder. This is done to avoid gaps in service delivery and represents the organizational dimension of treatment.



Comprehensiveness is a major component of programming because treatment of both a mental illness and a substance abuse disorder usually requires a person to make changes to all areas of their life. Comprehensive assessment addresses the person's psychiatric history, use of emergency services, work history, family and other supports, social functioning, and leisure interests (Mueser, 2003).

Assertiveness addresses the location of service provision and how persons are engaged in treatment. This means that the client may not demonstrate motivation, but rather, the clinician must actively engage the person in the process of treatment. The philosophy of the model supports reduction of negative consequences related to the impact dual disorders have had on the person, and the goal of assertiveness is to reduce harmful effects. Long-term commitment, also referred to as time unlimited services, is necessary for integrated treatment because persons with co-occurring disorders each recover at their own pace, given sufficient time and support. Predetermined constraints on the duration of services can prematurely terminate interventions for persons who otherwise would have continued with treatment (Mueser, 2003). An assertive approach supports the long-term commitment to engaging the person in the treatment process.

Interventions must be motivation-based. The stages of change approach to treatment provides a framework for assessing persons' motivation level, setting goals, and selecting interventions that are motivating. The four stage treatment approach of IDDT includes engagement, persuasion, active treatment, and relapse prevention. The IDDT Model stresses that with an understanding of these stages, service providers are better able to help persons with co-occurring disorders to recover and maintain their self-confidence and independence (Mueser, 2003). The four stages correspond with the

stages of change of the transtheoretical model of change -- pre-contemplation, contemplation, action, and maintenance (Prochaska, Norcross, & DiClemente, 1995). The clinical focus of the first stage, engagement, is to build a relationship with the person, and set the stage for subsequent ongoing assessment. In the second stage of the IDDT model, persuasion, the clinician helps the engaged person develop motivation in order to reduce substance abuse, as well as participate in other recovery-oriented interventions. In the third stage, active treatment, the goal is to help the person acquire skills and supports for managing symptoms of both disorders. The final stage, relapse prevention, calls for the treatment team to help persons with co-occurring disorders develop and use strategies to maintain abstinence and recovery (Mueser, 2003). It should be noted that persons do not always move through stages in a linear fashion. A person may advance to the next stage, but then may return to a previous stage, or they might skip a stage, at times. However, the concept of these stages has proved useful to clinicians because persons at different stages have been found to respond to stage-specific interventions (Drake, et al., 2001).

The final component of IDDT discussed by Mueser, Drake, Noordsy, and Fox (2003) is the use of multiple and concurrent psychodynamic therapeutic modalities. Individual, family, and group approaches to treatment all have different and unique advantages. Individual work allows the focus to be on the individual without the distraction of others. Family interventions are familiar supports of the person that can help to create an environment that is supportive of decreased substance use. Group interventions offer the aspect of social participation for persons with co-occurring

disorders. Persons in a later stage of treatment may be role models to others in early stages as both participate in group interventions (Mueser, 2003).

**The Ohio experience.** IDDT has been adopted statewide by the Ohio Department of Mental Health (ODMH) for implementation throughout the state of Ohio. Boyle (2004), reports that there are 9 programs within the state who received funding from ODMH to develop a two-year demonstration program conforming to the IDDT guidelines. A coordinating center entitled the Ohio Substance Abuse and Mental Illness Coordinating Center of Excellence (SAMI CCOE) was created to ensure the maintenance of high fidelity to implementation of the IDDT model. High fidelity to the model has been shown to be extremely important to successful results for the client (Boyle, 2004).

Boyle (2004) lists the first goal of the SAMI CCOE as being able to provide clinical training and consultation to the staff from mental health and substance abuse systems involved in the delivery of services for persons with co-occurring disorders. The second goal of the SAMI CCOE is to provide administrative consultation on implementation issues to administrators from mental health and substance abuse systems involved in the delivery of services for persons with co-occurring disorders. The third goal of the SAMI CCOE is to circulate evidence-based research about integrated treatment and the IDDT model for persons with co-occurring disorders. The fourth goal is for the SAMI CCOE to conduct research on the assessment of the fidelity of the IDDT model, as well as client outcomes of programs that have implemented the IDDT model (Boyle, 2004).

According to Biegel, et al. (2003), SAMI CCOE disseminates the latest evidence-based research and practices that pertain to the treatment of those with co-occurring

disorders through its Web site and newsletters in order to serve as an educational resource. The Web site provides information on dual disorders, integrated treatment, the IDDT model, and the services of the SAMI CCOE. The semiannual newsletter translates the specialized knowledge of many professional and academic disciplines into a language that can be understood across disciplines, and by caregivers and consumers. The newsletter also reports the most recent information about the delivery of integrated services (Biegel, et al., 2003).

The SAMI CCOE also assists those facilities that are implementing the IDDT model in the process of research and evaluation. These efforts of the SAMI CCOE are directed at two primary areas: program fidelity and consumer, family, and system performance outcomes. Program fidelity measures are used to evaluate the degree that SAMI programs adhere to the IDDT model, as research has shown that the programs achieve the best results when they maintain faithfulness to the model. The CCOE visits each of the nine original programs two times per year to assess the fidelity. A group clinical interview, communication with administration, review of client records, and meetings with individual SAMI consumers and their family members are part of the assessment of fidelity process. Consumer, family, and system performance outcomes are assessed by a questionnaire given after each training event, as well as a standardized questionnaire intended for telephone interviews to gather information about the satisfaction of its customers. Participants responded very positively about their contact with the CCOE on the last survey, as well as provided information about future planning (Biegel, et al., 2003).

## **Role of Occupational Therapy**

Historically, occupational therapy was a strong, viable practice area in mental health. In 1917, the *National Society for the Promotion of Occupational Therapy* (later coined *American Journal of Occupational Therapy*) was founded. At this time, occupational therapy did not have specialized practice areas; the primary focus was psychosocial. Individuals well-known throughout the occupational therapy community such as William Rush Dunton Jr., Adolph Meyer, Eleanor Clark Slagle, and Herbert James Hall were instrumental in articulation of ideas and provided the foundation of psychosocial occupational therapy practice (Schwartz, 2005).

The typical populations seen by an occupational therapist prior to the 20<sup>th</sup> century were those persons labeled insane (today termed mentally ill). The insane asylums originated because of a new approach known as moral treatment. Moral treatment was a humanitarian and therapeutic movement designed around the beliefs that orderly routines and occupations would have a therapeutic effect on patients (Schwartz, 2005). In the late 1800's through the early 1900's, the primary focus of intervention was engagement in arts and craft activities (Schwartz, 2005). Arts and crafts further elaborated into the practitioner analyzing the activity, the mental processes, (i.e. interest, concentration, initiative) physical requirements, (i.e. ankle flexion, posture, coordination) and gradation of the activity (i.e. from simple to complex) (as cited in Schwartz, 2005).

Today, D'Amico, Jaffe, and Gibson (2010) report a concerning lack of research related to occupational therapy and mental health (psychosocial) practice. The two major research gaps identified in occupational therapy mental health practice are intervention and the efficacy and effectiveness of intervention methods. According to D'Amico, et al.

(2010) there were only seven articles about mental health published in *American Journal of Occupational Therapy* from 2008-2009. Of the seven articles, only two were research based, further illustrating the lack of research evidence supporting the practice of occupational therapy in mental health. The two studies identified, as well as related occupational therapy literature addressing contemporary intervention for mental illness, substance abuse and co-occurring disorders are discussed here.

Contemporary occupational therapy interventions for persons with a mental illness address occupations and performance skills. Chan, Tsang, and Li (2009) focused on the occupation of work. The authors conducted a single case study of a 41 year old female who had depression and came from a middle class, highly educated family. The authors implemented a program referred to as integrated supported employment. Common interventions administered included: role playing, a 10-session individual employment plan, work-related social skills training, an extended support group, continued training review and feedback (Chan, Tsang, & Li, 2009). Outcomes indicated post discharge participants had an increased length of employment by eight months and improved skills in social competence.

Gutman, Kerner, Zombek, Dulek, and Ramsey (2009) focused on the effectiveness of education provided to persons with a mental illness. The authors conducted a quasi-experimental design study of 38 participants to assess the effectiveness of the Bridge Program that supports adults with psychiatric disabilities who desire to pursue training in vocation or education. The outcomes supported that providing effective education as an intervention strategy demonstrated improved academic skills, enhancements in professional behaviors, improved social skills, and capability to return

to the school and work environment (Gutman, Kerner, Zombek, Dulek & Ramsey, 2009). Limited research in mental health presents a problem with occupational therapy treatment and effective mental health intervention. Further research was conducted of OT literature focusing on substance abuse interventions, this presenting even fewer potential resources for occupational therapy practitioners in mental health specialty areas such as substance abuse.

Stoffel and Moyers (2004) identified four evidence-based interventions for substance abuse treatment and proposed an occupational therapy perspective to facilitate engagement in activity and participation within the community. The evidence-based interventions with occupational therapy application include: brief interventions, cognitive-behavioral therapy, motivational strategies, and 12 step treatment programs as shown in Table 2.1 describes each evidence-based intervention from an occupational therapy perspective.

Table 2.1

*Evidence-Based Interventions from an Occupational Therapy Perspective*

| <b>Evidence-Based Intervention</b> | <b>Occupational Therapy Perspective</b>   |
|------------------------------------|---|
| <b>Brief Intervention</b>          | <ul style="list-style-type: none"> <li>• Routinely administer substance abuse questionnaires and screening questions as part of the evaluation process (Moyers &amp; Stoffel, 1999, 2001).</li> <li>• Assess the persons' readiness to change and incorporate motivational interviewing to the targeted area of change (Moyers &amp; Stoffel, 1999, 2001).</li> <li>• Assist patient in self-evaluating the problem and the impact on occupational performance (Moyers &amp; Stoffel, 1999, 2001).</li> </ul> |

|  |  |
|--|--|
|  | <ul style="list-style-type: none"> <li>• Incorporate health and wellness information through brochures or workbooks (Moyers &amp; Stoffel, 1999, 2001).</li> </ul>   |
| <p><b>Cognitive Behavioral Therapy</b></p> | <ul style="list-style-type: none"> <li>• Evaluate the person cognitive skills, assessment of cognitive, affective, and behavioral factors through occupational performance (Duncombe, 1998).</li> <li>• Engage person in daily activities in natural context to facilitate occupational therapists ability to evaluate cognitive, affective, and behavioral deficits associated with occupational performance (Duncombe, 1998).</li> <li>• Assist the person to change their distorted thinking, assist with developing self-efficacy, establish use of alternatives to substance abuse for coping with daily occupational performance (Stoffel, 1992).</li> <li>• Continue to develop a person’s self-efficacy by facilitating coping and relapse prevention through different performance skills (problem solving)( Stoffel, 1992; Duncombe, 1998).</li> <li>• Assist with providing person resources for the development of positive support systems (Moyers &amp; Stoffel, 2004).</li> <li>• Assist the person to recognize their own behavior and reinforce improved occupational behavior (Moyers &amp; Stoffel, 2004).</li> </ul> |
| <p><b>Motivational Interviewing</b></p>    | <ul style="list-style-type: none"> <li>• Evaluate the person readiness to change and select motivational strategy to match person stage of change (pre-contemplation, contemplation, preparation, action, maintenance, and relapse) (Moyers &amp; Stoffel, 2004).</li> <li>• Select and implement intervention to match readiness for change stage (Moyers &amp; Stoffel, 2004).</li> <li>• Time motivation interventions to prevent relapse (Moyers &amp; Stoffel, 2004).</li> </ul>  |



|                               |   |
|-------------------------------|---|
| <p><b>12-Step Program</b></p> | <ul style="list-style-type: none"> <li>• Evaluate the ability to incorporate the 12 steps of alcoholic anonymous (AA) in the person occupation and occupational performance context (Moyers &amp; Stoffel, 2004).</li> <li>• Plan an intervention and implement a strategy to identify and develop external supports that inherit the 12 steps of AA (Moyers &amp; Stoffel, 2004).</li> <li>• Develop a treatment plan that provides a context that facilitates the development of personal goals and habit patterns associated with recovery. (Moyers &amp; Stoffel, 2004).</li> <li>• Select occupations as part of the intervention plan to involve spirituality or assist with the person finding meaning that leads to an understanding of place in the world (Moyers &amp; Stoffel, 2004).</li> <li>• Groups to integrate occupational habits as a method to develop a support system for recovery (Moyers &amp; Stoffel, 2004).</li> </ul> |
|-------------------------------|---|

*Note.* Adapted from “An Evidence-Based and Occupational Perspective of Interventions for Persons with Substance –Use Disorders,” by V. C. Stoffel and P. A. Moyers, 2004, *American Journal of Occupational Therapy*, 58, p. 570-586. Copyright 2004 by the American Occupational Therapy Association.

There continues to be a lack of research that examines the effectiveness of occupational therapy evidence-based interventions for persons with substance abuse disorders. According to Stoffel and Moyers (2004), because persons with serious mental illness have a high rate of substance-use disorders, occupational therapists must be concerned with helping the person achieve abstinence as a part of the program to help improve occupational performance. When a search was conducted on co-occurring disorders in occupational therapy practice in mental health, even fewer resources were presented.

Extensive literature review of occupational therapy journals including British, American, New Zealand, Australian, and Canadian journals was completed on the topic of occupational therapy treatment for persons with co-occurring disorders. The databases used were CINHALL and PubMed. Key words used were dual diagnosis, dual diagnoses and co-occurring disorders. An advanced search included the previously listed three key terms with the following terms: mental illness AND substance abuse AND occupational therapy. The search yielded one journal article published in the *British Journal of Occupational Therapy* titled The Leisure Participation of Clients with a Dual Diagnosis (Hodgson, Lloyd, & Schmid, 2001).

Hodgson, Lloyd, and Schmid (2001) completed a qualitative study aimed to discover the subjective ideas on leisure participation of persons with co-occurring disorders. Outcomes suggested that leisure participation related strongly to the recovery process. It was determined that occupational therapy can assist and support persons in the early stages of recovery to maintain an abstinent lifestyle through meaningful participation in daily life. This can be achieved emphasizing the person use of time, developing new roles, interests and skills, and engagement in leisure activities. Research was identified as essential regarding the role of occupational therapy in treatment for persons with co-occurring disorders to promote and ensure services in this area of practice (Hodgson, Lloyd, & Schmid, 2001).

A recently published occupational therapy text, *Occupational Therapy in Mental Health: A Vision for Participation*, by Catana Brown and Virginia Stoffel (2011), briefly reviewed co-occurring and occupational therapy intervention in Chapter 16 authored by Penelope Moyers. According to Moyers, (2011) occupational therapy practitioners have

the education to improve existing programs and develop new prevention and intervention programs for persons with co-occurring disorders. Moyers (2011) suggests all health-care practitioners be trained to screen for symptoms of un-treated mental illness or substance use disorders. Training must also include instruction regarding evaluation and referral of persons with co-occurring disorders to determine the appropriate level of care for the person (inpatient, outpatient and community). Professionals must be trained to provide integrated services as shown in Table 2.2 using the six guiding principles, commonly referred to as Tip 42 developed by The Substance Abuse and Mental Health Services (SAMSHA, 2005a). Occupational therapy treatment is identified as able to facilitate the recovery process and positive interactions through daily life, as well as improve successful community participation (Moyers, 2011).

Stoffel and Moyers (2001, 2004) suggest the occupational therapy practitioner's role when providing treatment for persons with co-occurring disorders is to address the occupational performance limitations and participation restrictions through a combination of skill building or retraining, establishment of routine performance patterns supportive of recovery, occupational and environmental modifications, and client and family educational strategies. Engagement in meaningful occupations within relevant social roles as part of recovery is a major method of intervention (Moyers & Stoffel, 2001; Stoffel & Moyers, 2004). Moyers (2011) suggests occupational therapy practitioners have the education to integrate screening to ensure persons have access to integrative services.

Table 2.2

*Integrated Service: Tip 42*

| <b>Principle</b>  | <b>Brief Definition</b>  |
|---|--|
| Employing a recovery perspective                                      | <ul style="list-style-type: none"> <li>Recovery is a long term process of internal change, sometimes taking steps forward and then backward. Develop a treatment plan that can occur in different context and interventions that are specific to tasks and challenges for each stage of the recovery process.</li> </ul> |
| Adopt a multi-problem viewpoint                                       | <ul style="list-style-type: none"> <li>Services need to address all problems present in a person’s life (medical, substance abuse, family, housing and social problems). Engagement, stabilization, treatment, and continuing care enable the person to provide stage appropriate treatment protocols.</li> </ul>        |
| Address specific, real life problems early in treatment               | <ul style="list-style-type: none"> <li>Incorporates case management to assist persons with housing or to handle legal and family matters.</li> </ul>   |
| Plan for persons cognitive and functional impairment                  | <ul style="list-style-type: none"> <li>Focus on practical life problems, interventions compatible with cognitive and functional impairments.</li> </ul>  |
| Use of support systems to maintain and extend treatment effectiveness | <ul style="list-style-type: none"> <li>To reflect and have an understanding of the role the person has on their own recovery and recognizing the support from others in a similar situation along with community resources promotes and sustain change.</li> </ul>   |

*Note.* Adapted from “Center for Substance Abuse Treatment (CSAT). (2005a). *Substance Abuse Treatment for Persons With Co-occurring Disorders*. Treatment Improvement Protocol (TIP)Series No. 42, DHHS Publication No. (SMA) 05-3992. Rockville, MD: Substance Abuse and Mental Health Services Administration.

## **Summary**

There is ample literature supporting integrated treatment and its superiority to parallel and sequential treatment in treating those with co-occurring disorders. However, there is limited research describing occupational therapy's role in mental health and the treatment of substance abuse. After an extensive literature review of occupational therapy journals including British, American, New Zealand, Australian, and Canadian journals of occupational therapy, there was only one article published addressing effective treatment for persons with co-occurring disorders.

Using assessment and intervention materials developed in a standalone manual, this scholarly project seeks to assist occupational therapists implement the IDDT model using a Person-Environment-Occupational (PEO) approach in mental health practice settings as part of the treatment team's intervention with persons diagnosed with both mental disorders and substance abuse. The purpose of occupational therapy implementing this specialized model, which is tailored to these persons with complex problems, is to promote recovery and increase participation in daily occupations.

## **Chapter III**

### **Methodology**

A literature review was conducted prior to the development of the stand alone manual to identify the issues facing persons with co-occurring disorders, the Integrated Dual Disorder Treatment (IDDT) Model, and the role of occupational therapy for persons with co-occurring disorders. Several search engines were used and OT publications from the U.S., Canada, Great Britain, Australia, and New Zealand were searched. Articles were accessed from the Harley E. French Library print collection; a variety of textbooks were utilized as additional sources. When reviewing the literature, it was determined that there is a significant lack of OT research related to persons with co-occurring disorders. Research-based literature regarding OT's role in mental health is sparse, and OT's role with this specific population is non-existent. The IDDT Model was found to be an effective form of evidence-based treatment for other healthcare professionals. Justification for occupational therapy's implementation of the IDDT model to improve occupational functioning and promote recovery of persons with co-occurring disorders was indicated. The guiding OT Model selected is the Person-Environment-Occupation Model. This model supported evidence-based practice and offers a systematic approach of the analysis of occupational performance issues.

The development of the manual guiding provision of OT services in the IDDT Model was based on the occupational therapy process which includes assessment,

treatment planning, intervention, and discharge planning. The process began by selecting a battery of assessments that would be most appropriate for this population. Screening tools selected included the Mini Mental State Examination (MMSE) or Allen's Cognitive Level Screen-5 (ACLS-5). Criteria for selection included using screening tools that are quick to administer and provide measurements of the person's cognitive deficits present. Assessments selected could assist with the development of the occupational profile, such as the Volitional Questionnaire, the Assessment of Communication and Interaction Skill (ACIS), and Canadian Occupational Performance Measure (COPM). The Collaborative Adaptive Planning Assessment (CAPA) was also selected as one of these assessments to be included, but was missing two important areas. After it was determined that the assessment would fit well if it was adapted, written permission was requested and received from the author to do so.

Following the selection of assessments, sample goals were developed for each of the four stages of the IDDT Model. The goals were created based on what a person in each stage of IDDT would typically focus on. Corresponding sample interventions were also developed, based on what was appropriate for persons to work on during each stage of the model, along with corresponding worksheets or handouts for the therapist using the manual to copy for use. Outcome measures were determined and were included in the discharge planning portion of the manual. Assessments to be included in the re-evaluation process include the COMP, the ACLS-5 or MMSE. A case illustration of a typical client was created and included in order to give the therapist using the manual an example of how the model would be implemented from start to finish. Chapter IV

presents the standalone manual entitled, The Occupational Therapy Manual for Integrated Dual Disorder Treatment.

## **Chapter IV**

### **Product**



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# OCCUPATIONAL THERAPY MANUAL FOR INTEGRATED DUAL DISORDERS TREATMENT

Amber Jessen & Nicole Nelson

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University of North Dakota

Department of Occupational Therapy

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## **Introduction**

Approximately 25-35% of persons with a severe mental disorder also have a co-occurring substance abuse disorder (Mueser, Bennett, & Kushner, 1995). Persons with co-occurring disorders are more likely to have complex problems, including a variety of challenges such as relapse, rehospitalization, disruptive behavior, violence, familial problems, homelessness, decreased functional status, possible HIV infection, and medication noncompliance (Drake & Wallach, 2000).

This manual serves as a resource for occupational therapists to utilize in the development of effective treatment planning for persons with co-occurring disorders through the implementation of the IDDT model. The Person-Environment-Occupation (P-E-O) Model is selected as the guiding OT model to utilize in conjunction with the IDDT model. This manual can be implemented in a variety of mental health settings, these including: an intensive outpatient setting, a partial hospitalization program, or a day treatment program.

The manual objectives are to review and provide rationale for the application of the P-E-O Model intertwined with the Integrated Dual Disorders Treatment (IDDT) model. To serve as a guide for occupational therapists through the treatment plan and serve to as a resource for occupational therapists to refer who are treating in a mental health setting. This will be provided through examples and rationales starting with the referral process, progressing through the initial evaluation process, assessment, goal-setting, examples of interventions, discharge planning, and concluding with a case illustration.

## **Person-Environment-Occupation Model**

The Person-Environment-Occupation (P-E-O) Model was selected as the OT Model of choice considering its compatibility with the IDDT Model. According to Law et al. (1996), occupational performance results from the dynamic relationship between people, their occupations and roles, and the environments in which they live, work and play. According to Strong and Gruhl (2010), the Person-Environment-Occupation Model is the overlap of the person, environment and occupational that facilitates successful occupational performance. The relationships are interwoven and interdependent, with the product of these relationships producing an improvement in the person's quality of life and facilitate the person's ability to perform effectively in meaningful occupations. When change occurs in one area of the Model (occupation), the others are impacted (environment and person) and vice versa. (Strong & Gruhl, 2010). Table 4.1 provides further description of the person, environment, occupation and occupational performance concepts.

The P-E-O Model considers the dimension of time and space. The dimensions of time reflect how the person grows and changes over the course of their life (Strong & Gruhl, 2010). Time is also referred to as an experienced dimension, this taking into consideration the person's past experiences that shape and form their present and future ideas. This makes it important for the therapist to obtain information about changes and perceived changes in self, occupations, and environments. The dimension of space is referred to as the occupations person's are engaged in which are made up of the physical and emotional space that is required to successfully participate in occupations.

Considering that the person, environment and occupation are equally important to successfully participate in meaningful occupations, makes this an appropriate Model to implement in a mental health setting (Strong & Gruhl, 2010).

According to Strong and Gruhl (2010) the P-E-O Model is an effective approach to implement in a mental health setting; it promotes the person's full participation in their everyday lives. The model supports evidence-based practice and offers a systematic approach of the analysis of occupational performance issues. The P-E-O Model enables an occupational therapist to implement client-centered interventions into a framework that defines the scope of occupation-based practice. Therapists determine appropriate interventions that meet the person's performance capacity. Outcome measures are recorded during the assessment process in order to determine the targeted areas for intervention. The P-E-O Model is easily understood by other healthcare professionals and clearly articulates the theory and practical application that therefore systematically evaluates occupational therapy practice (Strong & Gruhl, 2010).

Strong and Gruhl (2010), suggest the application of the constructs of the P-E-O Model begins with the initial evaluation and is carried out through the intervention process. Through the interview and assessment the therapist and person together explore the strengths and challenges of the person, environment, and occupation related to the selected priority occupational performance area. To assist in the understanding of the intervention plan, the therapist may draw circle diagram to explain P-E-O fit or lack of P-E-O fit and the intentions of interventions relating to P-E-O relationships (Strong & Gruhl, 2010). The P-E-O Model is applicable and used to communicate occupational therapy practice principles, as well as the role and scope of the profession within and

outside the profession, and therefore advocate for occupational performance issues from the person’s perspective. (Strong & Gruhl, 2010).

Table 4.1

*Major Concepts of the Person-Environment-Occupation Model*

|                               |  |
|-------------------------------|--|
| <p><b>The Person</b></p>      | <ul style="list-style-type: none"> <li>• Unique person who assumes a variety of roles simultaneously</li> <li>• Roles vary across a life span</li> <li>• Person seen holistically as a composite of mind, body and spirit</li> <li>• Life experiences impact performance capacity</li> <li>• Cultural backgrounds</li> </ul>                                 |
| <p><b>The Environment</b></p> | <ul style="list-style-type: none"> <li>• Consider cultural, socio-economic, institutional, physical and social characteristics of the environment</li> <li>• Includes: neighborhood, community, household characteristics</li> <li>• Is seen as the context where occupational performance takes place</li> <li>• Environment influences behavior</li> </ul> |
| <p><b>The Occupation</b></p>  | <ul style="list-style-type: none"> <li>• Self-directed, functional tasks and activities a person engages in throughout a lifetime.</li> <li>• Carried out within the context of the person’s roles and environment.</li> </ul>   |

|                                 |  |
|---------------------------------|--|
| <b>Occupational Performance</b> | <ul style="list-style-type: none"><li>• Both spatial and temporal characteristics must be considered</li><li>• Is shaped by the transaction that occurs among the person, environment and occupation</li><li>• The balance of person-environment and contributes to successful occupational performance.</li></ul> |
|---------------------------------|--|

*Note.* Adapted from “The Person-Environment-Occupation Model: A Transactive Approach to Occupational Performance,” by M. Law, B. Cooper, S. Strong, D. Stewart, P. Rigby., & L. Letts, 1996, *The Canadian Journal of Occupational Therapy*, 63(1), p. 9-23. Copyright 1996 by the Canadian Occupational Therapy Association.



## **Integrated Dual Disorder Treatment Overview**

The Integrated Dual Disorder Treatment (IDDT) Model is built on a specific protocol of 8 core components including also integration, comprehensiveness, assertiveness, reduction of negative consequences, long-term commitment, motivation-based treatment (stages-of-treatment concept), and multiple psychotherapeutic modalities (Mueser, 2003). The integration of services is exemplified by simultaneously providing treatment for the mental illness at the same time as the substance use disorder. This is done to avoid gaps in service delivery and represents the organizational dimension of treatment. Comprehensiveness is a major component of programming because treatment of both a mental illness and a substance abuse disorder usually requires a person to make changes to all areas of their life. Comprehensive assessment addresses the person's psychiatric history, use of emergency services, work history, family and other supports, social functioning, and leisure interests (Mueser, 2003).

Assertiveness addresses the location of service provision and how persons are engaged in treatment. This means that the client may not demonstrate motivation, but rather, the clinician must actively engage the person in the process of treatment. The philosophy of the model supports reduction of negative consequences related to the impact dual disorders have had on the person, and the goal of assertiveness is to reduce harmful effects. Long-term commitment, also referred to as time unlimited services, is necessary for integrated treatment because persons with co-occurring disorders each recover at their own pace, given sufficient time and support. Predetermined constraints on the duration of services can prematurely terminate interventions for persons who

otherwise would have continued with treatment (Mueser, 2003). An assertive approach supports the long-term commitment to engaging the person in the treatment process.

Interventions must be motivation-based. The stages of change approach to treatment provides a framework for assessing persons' motivation level, setting goals, and selecting interventions that are motivating. The four stage treatment approach of IDDT includes engagement, persuasion, active treatment, and relapse prevention. The IDDT Model stresses that with an understanding of these stages, service providers are better able to help persons with co-occurring disorders to recover and maintain their self-confidence and independence (Mueser, 2003). The four stages correspond with the stages of change of the transtheoretical model of change -- pre-contemplation, contemplation, action, and maintenance (Prochaska, Norcross, & DiClemente, 1995). It should be noted that persons do not always move through stages in a linear fashion. A person may advance to the next stage, but then may return to a previous stage, or they might skip a stage, at times. However, the concept of these stages has proved useful to clinicians because persons at different stages have been found to respond to stage-specific interventions (Drake, et al., 2001). A further description of the transtheoretical model of change and explanation of IDDT is provided in table 4.2.

Table 4.2

*Transtheoretical Model of Change and IDDT*

| <b>Transtheoretical Model of Change Stage</b> | <b>IDDT Stage</b>  | <b>Focus of Stage</b>  |
|---|--------------------|--|
| Pre-Contemplation                             | Engagement         | <ul style="list-style-type: none"> <li>• Build a relationship with the person</li> <li>• Set the stage for ongoing assessment</li> </ul>                                   |
| Contemplation                                 | Persuasion         | <ul style="list-style-type: none"> <li>• Help the engaged person develop motivation to reduce substance use or abuse</li> <li>• Recovery-oriented interventions</li> </ul> |
| Action  | Active Treatment   | <ul style="list-style-type: none"> <li>• Help the person acquire skills for managing symptoms</li> </ul>   |
| Maintenance                                   | Relapse Prevention | <ul style="list-style-type: none"> <li>• Help person develop and use strategies to maintain abstinence and recovery</li> </ul>   |

Table created from information in Miller, W. R., & Rollnick, S. (1991). *Motivational Interviewing: Preparing people to change addictive behavior*. New York: Guilford Press.

The final component of IDDT discussed by Mueser, Drake, Noordsy, and Fox (2003) is the use of multiple and concurrent psychodynamic therapeutic modalities. Individual, family, and group approaches to treatment all have different and unique advantages. Individual work allows the focus to be on the individual without the distraction of others. Family interventions are familiar supports of the person that can help to create an environment that is supportive of decreased substance use. Group interventions offer the aspect of social participation for persons with co-occurring disorders. Persons in a later stage of treatment may be role models to others in early stages as both participate in group interventions (Mueser, 2003).

Motivational interviewing evolved within the field of treating alcoholism at the same time that the IDDT Model evolved within the mental health system. This is a component used within IDDT. Both dual disorder treatment and motivational interviewing begin at each client's stage of readiness or motivation, they do not use intense interventions when resistance of persons with co-occurring disorders is encountered, they both advocate for trust, acceptance, empathy, and respect for the person's beliefs and opinions, they do not interpret relapse as a failure, and they convey a hopeful vision for the person. Overall, mental health providers are finding these new, non-confrontational approaches to be comfortable with their therapeutic style, and fit well with IDDT itself (Sciacca, 1997).

The original authors of motivational interviewing (Miller & Rollnick, 1991) have based motivational interviewing around client readiness and the stages of change theory (Prochaska and DiClemente, 1984). The first motivational interviewing technique is to express empathy. This includes warmth and expressive listening with intention to

understand the client's feelings without judging or blaming. This correlates with dual diagnosis because the therapist is understanding and providing information about the real properties of each disorder. The second motivational interviewing technique is to develop discrepancy. A discrepancy between the person's present behavior and important goals will motivate change. The dual disorder correlate here is assisting persons with co-occurring disorders to recognize adverse effects and consequences of each disorder and the interaction between the two. The third technique is to avoid argumentation, as arguments are counterproductive using this approach. The therapist and person may hold different beliefs, but with this non-confrontational approach, the person explores effects of their symptoms of their disorders and does not have to accept labels. The fourth technique is to roll with resistance. Here, the person is a valuable resource for finding solutions to problems. The fifth and final technique for motivational interviewing is to support self-efficacy. Belief in the possibility of change is a large motivator, especially when the client is responsible for carrying out said change for themselves. Here, the person's symptoms may impair their vision for change, and it is important for the therapist to envision the change for the client, and then assist the client in participating in the course of action for change (Sciacca, 1997). Table 4.3 describes different techniques a therapist could integrate when implementing motivational interviewing into IDDT.

Table 4.3

*Motivational Interviewing Strategies*

| <b>Motivational Interviewing Strategies</b> | <b>Description of Strategy</b>  |
|---|---|
| 1. Express Empathy                          | <ul style="list-style-type: none"> <li>• Express warmth to the person</li> <li>• Practice expressive listening</li> <li>• Trying to understand person's feelings</li> </ul> |
| 2. Develop Discrepancy                      | <ul style="list-style-type: none"> <li>• Show the person there is a discrepancy between present behavior and goals</li> <li>• This will motivate for change</li> </ul>      |
| 3. Avoid Argumentation                      | <ul style="list-style-type: none"> <li>• Arguments are seen as confrontational</li> <li>• Arguments should be avoided</li> </ul>  |
| 4. Roll With Resistance                     | <ul style="list-style-type: none"> <li>• Person is a valuable resource for solutions to their problems</li> </ul>   |
| 5. Self-Efficacy                            | <ul style="list-style-type: none"> <li>• Therapist envisions change for person</li> <li>• Therapist assists person with this changing</li> </ul>                            |

Table created from information in Mueser, K. T., Noordsy, D. L., Drake, R. E., & Fox, (2003). *Integrated dual disorder treatment: A guide to effective practice*. New York, NY: Gilford Press.

## **Referrals**

Integrated Dual Disorder Treatment (IDDT) is an evidence-based practice for people with co-occurring severe mental illness and substance use disorders. This treatment is multidisciplinary and combines pharmacological (medication) interventions with psychological, educational, and social interventions. It is recommended that physicians or nurses who prescribe medications should be involved in the program training and as well as regular team meetings in order to effectively provide integrated treatment to persons with co-occurring disorders. The service team for IDDT includes a variety of service providers because the model views all activities of life as part of the recovery process. The team can consist of a team leader, case manager, substance abuse specialist, counselor, psychiatrist or physician, nurse, employment specialist, housing specialist, and a criminal justice specialist. This team meets regularly with the person and the person's family or friends to discuss the person's progress toward goals (Kubek, Kruszynski, & Boyle, 2003).

The psychiatrist or medical physician are most likely the highest credentialed members of the team and are accountable for medical decisions such as writing prescriptions, hospital admissions, and recommending legal guardianship. This psychiatrist or medical physician, who is often termed the clinical leader, provides supervision to the other IDDT team members. They provide direct clinical supervision to other healthcare professionals such as nurses or physician assistants, and indirect clinical supervision to other team members, which is often termed consultation (Delos Reyes, Kubek, Kruszynski, & Boyle, 2008).

## **Assessment & Evaluation**

It is recommended when implementing the IDDT model that screening and assessment occur routinely to provide an in depth assessment of both the mental illness and substance abuse disorder. It is pertinent to determine cognitively if the person is appropriate for intense integrated treatment. It is recommended when gathering information to ask about time periods where the person was functioning well, this possibly during a time of sobriety. Determining periods of good functioning will assist with understanding the person's psychiatric symptoms when substance abuse is stable. The Mini Mental State Examination (MMSE) or Allen's Cognitive Level Screen-5 could be appropriate screening tools that are quick to administer and provide measurements of the person's cognitive deficits present. The following assessments could assist with the development of the occupational profile: the Volitional Questionnaire, Assessment of Communication and Interaction Skill (ACIS), Canadian Occupational Performance Measure (COPM), and Community Adaptive Planning Assessment (CAPA). Permission was requested and received to adapt the CAPA assessment to include additional areas of occupation (See Appendix A for documentation of permission). The screening tools and assessments address the components of the IDDT Model and the P-E-O model. Table 4.3 offers a visual of the application of the P-E-O Model in relation to the assessments that are recommended for the utilization of this manual.



## **Mini-Mental State Examination (MMSE)**

**Author(s):** M. F. Folstein

The mini-mental screening assessment offers a quick and simple way to quantify cognitive function and screen for cognitive loss. It assesses the individual's orientation, attention, calculation, recall, language and motor skills. A score below twenty usually indicates a cognitive impairment. Each test area has a point value, with a possible maximal score of 30/30. Before administration it will be beneficial to gain rapport with the patient to improve the likelihood of full active participation.

### **How to obtain:**

Psychological Assessment Resources (PAR)  
Mini-Mental State Examination (MMSE)  
16204 N. Florida Ave.  
Lutz, FL 33549  
1-800-331-8378

## **Allen's Cognitive Screen-5 (ACLS-5)**

**Author(s):** C.K. Allen, S. L. Austin, S. K. David, C. A. Earhart, D. B. McCraith, L. Riska-Williams

The ACLS-5 is a task-based screening tool that assesses the person's new learning ability and problem solving skills. The assessment consists of learning three visual motor tasks with increasing complexity of activity demands. Completion of the three tasks requires the person to attend to, understand, and use sensory and motor cues from the leather, lace and needles and also follow the administrator's verbal and demonstrated instructions and cued.

### **How to obtain:**

Crisis Prevention Inc.  
10850 W. Park Place  
Suite 600  
Milwaukee, WI 53224  
Phone Number: 888-426-2184  
Fax Number: 414-979-7098

## **Volitional Questionnaire (VQ)**

**Author(s):** C.G. del las Heras, R. Geist, G. Kielhofner, & Y. Li

The purpose of the volitional questionnaire is to gain insight into the person's inner motives and provide information on how a person reacts within their environment. Volition is assessed through observation in the person's occupational context. The volitional questionnaire assists therapists to understand the meaning or volitional aspects of occupational performance from the person's perspective. The volitional environmental form is an additional assessment that may be of assistance when addressing the person's occupational performance issues.

### **How to obtain:**

Model of Human Occupational Clearinghouse  
University of Illinois at Chicago  
Department of Occupational Therapy (MC 118)  
College of Applied Health Sciences  
1919 West Taylor Street  
Chicago, IL. 60612-7269  
Tel:312-413-7469  
Fax: 312-413-0256  
Website: [www.moho.uic.edu](http://www.moho.uic.edu)

## **Assessment of Communication and Interaction Skills (ACIS)**

**Author(s):** K. Forsyth, M. Salamy, S. Simon, & G. Kielhofner

The ACIS is an observational assessment that gathers information on the person's communication skills. Primary area of focus includes identifying the person's areas of strength and habits with effective communication. Performance skills that are assessed include: interactions skills such as gesturing, focusing, and respecting. The ACIS gathers the data during the person's performance in an occupation that takes place in a social context.

### **How to obtain:**

Model of Human Occupational Clearinghouse  
University of Illinois at Chicago  
Department of Occupational Therapy (MC 118)  
College of Applied Health Sciences  
1919 West Taylor Street  
Chicago, IL. 60612-7269  
Tel:312-413-7469  
Fax: 312-413-0256  
Website: [www.moho.uic.edu](http://www.moho.uic.edu)

## **Canadian Occupational Performance Measure (COPM)**

**Author(s):** M. Law, S. Baptiste, A. Carswell, M. A. McColl, H. Polatajko, & N. Pollock

The COPM is a standardized assessment that is designed to measure change in a person's self-perception of their occupational performance over time. The COPM is designed to be used as an outcome measure, with a semi-structured interview format and a structured scoring method. With the COPM, the person identifies the occupations as part of their productivity, leisure or self-care and prioritizes them in order of importance and personal satisfaction with performance (Hockings, 2001). The assessment takes an estimate of 20-40 minutes to complete and is simple to administer. According to Chesworth, Duffy, Hodnett and Knight (2002), the COPM is an appropriate instrument for detecting significant changes with the mental health population. The COPM offers evidence of the effectiveness of interventions by gathering outcome measures and providing data for occupational therapists to utilize the efficacy of the manual in a mental health setting.

### **How to obtain:**

Canadian Association of Occupational Therapy  
CTTC Bldg  
3400-1125 Colonel by Dr  
Ottawa, ON K1S 5R1  
Canada  
Tel: 800-893-5777  
Fax: 612-523-2552  
Email: lawm@mcmaster.ca

## **Community Adaptive Planning Assessment (CAPA)**

**Author(s):** Developed by the CAPA Project Group, School of Occupational Therapy, Texas Women's University

The CAPA was developed to facilitate future planning following major life changes, whether such changes result from illness, injury, social disorganization, or other events requiring major adaptive transitions. The CAPA is used to examine major occupations within each broad area to identify expected losses and possible gains and to document goals for the future. The interview process is designed to gather information about occupation, person, context and value. The information is recorded on separate cards and arranged in various ways for data comparison and intervention planning. A separate card is used for each occupation area. Each card has three columns: previous stage, expected changes, and outcomes. Permission was received from H. Davidson to adapt assessment by adding the areas of occupation of social participation and education. Refer to Appendix B.

### **How to obtain:**

Davidson, H., Reed, K., L. (2007). Assessments in occupational therapy mental health. In B. J. Hempphill-Pearson (Ed.), *Community adaptive planning assessment* (pp.127-143). Thorofare, NJ: SLACK Incorporated.

Table 4.3

| <b>Assessment</b>               | <b>Person</b> | <b>Environment</b> | <b>Occupation</b> | <b>Occupational Performance</b> |
|---------------------------------|---------------|--------------------|-------------------|---------------------------------|
| <b>Mini Mental</b>              | <b>X</b>      |                    |                   | <b>X</b>                        |
| <b>ACLS-5</b>                   | <b>X</b>      |                    |                   | <b>X</b>                        |
| <b>Volitional Questionnaire</b> | <b>X</b>      | <b>X</b>           |                   | <b>X</b>                        |
| <b>ACIS</b>                     | <b>X</b>      | <b>X</b>           | <b>X</b>          | <b>X</b>                        |
| <b>COPM</b>                     | <b>X</b>      | <b>X</b>           | <b>X</b>          | <b>X</b>                        |
| <b>CAPA</b>                     | <b>X</b>      | <b>X</b>           | <b>X</b>          | <b>X</b>                        |

*Application of the P-E-O Model to Assessments*

## **Goal Setting**

Goal setting typically takes place during the persuasion, or second stage of treatment. The integrated treatment specialist, who in this case is the occupational therapist, helps the person in treatment to clarify personal goals, while at the same time using the motivational interviewing technique of developing discrepancy between their present behaviors and their goals. It is important to note that the OT should help the person to develop personal goals that are not his or hers, not his or her family's, the therapist's, or anyone else's. Goals should focus on occupational performance issues of concern. An action plan is developed for each goal, focusing on short term goals enabling completion of the long term goal. The therapist seeks to look at the interaction between the person, occupation, and environment, and the impacts on occupational performance.

It is important to address and deal with the topic of substance use to determine how the person's substance use is interfering with meeting their goals. The person with co-occurring disorders and the OT explore the pros and cons to using substances. The OT supports the change process by encouraging personal identification of reasons to address substance use. Table 4.4 provides examples of appropriate occupation-based goals for each stage of IDDT.



Table 4.4

*Intervention and Goal Samples*

| <b>Stage of IDDT</b> | <b>Sample Goals</b>  | <b>Intervention</b>   |
|----------------------|--|---|
| <b>1. Engagement</b> | <ol style="list-style-type: none"> <li>1. Independently demonstrate completion of morning ADLs.</li> <li>2. Complete one personalized weekly schedule.</li> <li>3. Identify three appropriate housing options.</li> <li>4. Identify a list of positive occupations to replace negative occupations.</li> </ol>   | <ol style="list-style-type: none"> <li>1. Grooming &amp; Hygiene</li> <li>2. Schedule</li> <li>3. Housing</li> <li>4. Do This, Not That</li> </ol>                              |
| <b>2. Persuasion</b> | <ol style="list-style-type: none"> <li>1. Demonstrate understanding of both disorders by verbalizing their symptoms.</li> <li>2. Family or other supports will demonstrate understanding of both disorders of loved one by verbalizing the symptoms.</li> <li>3. Complete one medication log in order to facilitate medication compliance.</li> <li>4. Verbalize personal triggers, pros, and cons of using. List of cons will be 75% longer than list of pros.</li> </ol> | <ol style="list-style-type: none"> <li>1. Understanding Symptoms</li> <li>2. Family Education</li> <li>3. Medication Management</li> <li>4. Pros &amp; Cons of Using</li> </ol> |

|                                     |   |  |
|-------------------------------------|---|--|
| <p><b>3. Active Treatment</b></p>   | <p>1. Replace one negative thought with one positive thought per day.</p> <p>2. Demonstrate ability to successfully say “no” in one role play scenario.</p> <p>3. Demonstrate use of two relaxation techniques in preparation for sleep.</p> <p>4. Select and participate in one healthy leisure activity by the end of the week.</p>   | <p>1. What is Negative Thinking?</p> <p>2. Skills for Assertiveness</p> <p>3. Relaxation &amp; Sleep</p> <p>4. Healthy Leisure Exploration</p> |
| <p><b>4. Relapse Prevention</b></p> | <p>1. Complete relapse prevention plan and identify one support person to assist with relapse prevention.</p> <p>2. Initiate one conversation with one peer in order to facilitate positive social skills.</p> <p>3. Complete three job applications in order to facilitate the job exploration process.</p> <p>4. Demonstrate 75% of interview strategies learned by the end of session.</p> | <p>1. Relapse Prevention Plan</p> <p>2. Communication Skills</p> <p>3. Job Exploration</p> <p>4. Interviewing for Your Job</p>                 |

## **Treatment Planning & Interventions**

Treatment planning for IDDT is a collaborative process between the integrated specialist, who in this case is the OT, the person with co-occurring disorders, and caregivers. Information gathered from the assessments is reviewed, goals are established and treatment plans developed. The treatment planning must include the mental illness as well as the substance abuse recovery process. Treatment planning starts with identification of occupational performance issues, followed by corresponding long and short term goals. Appropriate interventions are selected, implemented and followed by measurement of treatment outcomes at the time of discharge. Table 4.5 provides an overview of the assessment, goal, setting and intervention process of treatment planning.

In the IDDT model, interventions are organized in a stage-wise manner with specific interventions identified as appropriate for each of the treatment stages. In the first stage of engagement, interventions that the OT (as the integrated specialist) can utilize include practical assistance with activities of daily living or finding housing, for example. It is more important to focus on interventions in this stage that meet basic goals, rather than having the person try to abstain from alcohol or drugs immediately, as they are most likely not ready to do so, yet. In the second stage of persuasion, interventions for the person and the OT to focus on might include education groups, as education is a major piece of this stage. Education groups might involve just the person, a group of people, or the person's family, and discuss topics like DSM diagnoses, building awareness of problems, and medication management. In the active treatment stage, common interventions might include looking at cognitive behavioral techniques including types of negative thinking, relaxation techniques, stress management, assertiveness skills, and

healthy leisure exploration. In the fourth stage of relapse prevention, the OT develops a relapse prevention plan with the person, as well as helps them explore job opportunities and locate resources for self-help groups relevant to the person.

Table 4.5

*OT Treatment & IDDT – A Quick Look*

| <b>Stage of Treatment</b>    | <b>Assessment</b>   | <b>Goals</b>   | <b>Interventions</b>   |
|------------------------------|---|--|--|
| <b>1. Engagement</b>         | <ul style="list-style-type: none"> <li>• COPM</li> <li>• CAPA</li> <li>• MMSE</li> <li>• ACL</li> </ul> | Service goal is to establish relationship and engage the person          | <ul style="list-style-type: none"> <li>• Assistance with ADLs</li> <li>• Assistance with housing</li> <li>• Motivational Interviewing</li> </ul>   |
| <b>2. Persuasion</b>         | <ul style="list-style-type: none"> <li>• Volitional Questionnaire</li> <li>• CAPA</li> </ul>            | Client goal setting is accomplished during this stage                    | <ul style="list-style-type: none"> <li>• Education of diagnoses</li> <li>• Family education</li> <li>• Medication management</li> <li>• Motivational Interviewing</li> </ul>             |
| <b>3. Active Treatment</b>   | <ul style="list-style-type: none"> <li>• Continual Observation</li> </ul>                               | Service provider and client work together to meet goals                  | <ul style="list-style-type: none"> <li>• Cognitive &amp; behavioral techniques</li> <li>• Skills training</li> <li>• Leisure Exploration</li> <li>• Motivational Interviewing</li> </ul> |
| <b>4. Relapse Prevention</b> | <ul style="list-style-type: none"> <li>• COPM</li> <li>• MMSE</li> <li>• ACL</li> </ul>                 | Service provider and client determine whether or not goals have been met | <ul style="list-style-type: none"> <li>• Relapse Prevention</li> <li>• Social Skills</li> <li>• Job Exploration</li> <li>• Motivational Interviewing</li> </ul>                          |

The following section of this manual includes sample interventions that can be utilized by the OT according to the stages of IDDT treatment. Refer to table 4.4 for descriptions of interventions. It is important to note that although many of the interventions may be described as an individual activity, they can be adapted for a group as well, as it is important to have a variety of individual and group interventions in IDDT.

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# STAGE 1: ENGAGEMENT

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# ACTIVITY 1: GROOMING & HYGIENE

**Purpose:** The purpose of this activity is to establish and restore grooming and hygiene skills that are appropriate and that are recommended to be completed daily/weekly. This is an occupational-based activity that focuses on the occupation of Activities of daily living (ADLs).

**Goals:**

- Develop a list of morning ADL tasks that they believe should be completed daily (For example: shower, brush teeth, etc)
- Participate in different stations of choice and attend to grooming and hygiene tasks that are meaningful to that individual
- Identify one reason for completion of each ADL task at each station

**Population:** This activity is appropriate for Stage 1 (Engagement) of IDDT.

**Materials Needed:** Combs, nail clipper, nail file, make-up, shampoo, conditioner, face wash

**Methods:** Person or groups of persons will attend a morning grooming and hygiene session in which they will perform ADL tasks.

**Content:** First, facilitate discussion and develop a list of morning ADL tasks that the individual completes daily, refer to the Occupational Therapy Practice Framework for any other additional questions. If the individual is missing any important areas address them and facilitate reasoning of why those areas are important.

- Write the ADL activities on some type of board.
- Discuss the reasoning why each activity is of importance and whether or not the task is to be completed daily or weekly.
- Have stations set up depending on the resources available to your facility: Allow 10 minutes at each station allowing the person to choose what stations are meaningful to the individual.
  - Sink (shampoo and conditioner)
  - Nail polish and clippers
  - Face wash/ Make-up
  - Hair clippers and razors
- Regroup and ask the individual or individuals how they felt the group went and if their goal for the group session was addressed.
  - Reminder: it is of importance to routinely check in to determine if steps are being completed towards their individualized goals.

**Role of OT:** Acknowledge the individualized goal of each session for each individual, at end of session review whether or not the goal was obtained. The leader will serve as a role model and assist with the individual successfully completing activity.

---

# ACTIVITY 1: GROOMING & HYGIENE WORKSHEET

**Name:** \_\_\_\_\_

**Directions:** Develop a list of morning tasks that you complete from the moment you wake up. After you list all of the tasks you can think of for one week, follow the word with the number of times you complete the activity per week. After you are finished be ready to discuss and share your list with the group/therapist.

## Morning Task(s)

|                                  |      |               |
|----------------------------------|------|---------------|
| Example: Brushing of teeth _____ | X 14 | (twice daily) |
| _____                            | X    | _____         |
| _____                            | X    | _____         |
| _____                            | X    | _____         |
| _____                            | X    | _____         |
| _____                            | X    | _____         |
| _____                            | X    | _____         |
| _____                            | X    | _____         |
| _____                            | X    | _____         |
| _____                            | X    | _____         |
| _____                            | X    | _____         |
| _____                            | X    | _____         |
| _____                            | X    | _____         |
| _____                            | X    | _____         |
| _____                            | X    | _____         |
| _____                            | X    | _____         |
| _____                            | X    | _____         |
| _____                            | X    | _____         |
| _____                            | X    | _____         |
| _____                            | X    | _____         |
| _____                            | X    | _____         |

**Question:** If there are some activities you know should be done throughout the day but don't get done? Why?



---

## ACTIVITY 2: SCHEDULE

**Purpose:** The purpose is to facilitate the person to develop a healthy schedule to replace his or her not so healthy routines and activities in their daily lives. This is a preparatory activity that will assist with the development of health occupations.

**Goals:**

- Recognize the difference between not so healthy daily activities and healthy ones
- Develop a schedule that incorporates a balance of occupation areas
- Be able to follow the routine
- Increase in understanding that the choices that are made impact the person's occupational performance
- Recognize the impact of contextual features on occupational performance
- Compare and contrast healthy occupations that occur in their daily lives and the unhealthy occupations

**Population:** This activity is appropriate for Stage 1 (Engagement) of IDDT.

**Materials Needed:** Blank schedule worksheets, pencils or pens

**Methods:** Person or groups of persons will participate in activity in which they will fill out two separate weekly schedules.

**Content:**

The therapist will provide an outline of the session and the goals.

- Therapist will facilitate discussion on the different occupations that may be part of their daily schedule (e.g. work, ADLs, IADLs, education, etc).
- The therapist will hand out the blank schedule to each person involved.
- The therapist will direct the person to fill out the schedule of what an average day looked like before their previous hospitalization.
- Next the therapist will instruct the person to fill out the schedule worksheet of what a full day would look like with positive occupations rather than not healthy choices (drugs alcohol etc.)
- Afterwards a list will be developed on a board of the not healthy choices and reasoning of why each should be replaced with a positive choice (their new schedule).
- Therapist will encourage the person to follow the schedule daily to improve occupational performance.

**Role of OT:** Acknowledge and review whether or not the goals of the session were obtained. Review and discuss if steps have been taken to the person's individualized goal

(IDDT). The leader will serve as a role model and assist with the individual successfully completing the activity and assisting when necessary.

---

## ACTIVITY 2: SCHEDULE WORKSHEET

Name: \_\_\_\_\_

**Directions:** Fill in the tables below. One table is called “An average day 6 months ago” and “A healthy Average Day.” Fill out both tables to the best of your ability. Be honest; let’s explore what a day full of healthy activities will look like.

**An Average Day 6 Months Ago**

**A Healthy Day for My Future**

| Hour       | Activity/Event | Hour       | Activity/Event |
|------------|----------------|------------|----------------|
| 8:00 a.m.  |                | 8:00 a.m.  |                |
| 10:00      |                | 10:00      |                |
| 12:00 p.m. |                | 12:00 p.m. |                |
| 2:00       |                | 2:00       |                |
| 4:00       |                | 4:00       |                |
| 6:00       |                | 6:00       |                |
| 8:00       |                | 8:00       |                |
| 10:00      |                | 10:00      |                |
| 12:00 a.m. |                | 12:00 a.m. |                |
| 2:00       |                | 2:00       |                |

---

## ACTIVITY 3: HOUSING

**Purpose:** To provide individuals with opportunities to explore various housing opportunities and recognize the different tasks to successfully care for current place of housing and to assess and develop the skills necessary to determine if able to live independently within the community. This is a purposeful activity that focuses on the area of instrumental activities of daily living (IADLS) referred to as home establishment and management.

**Goals:**

- Identify current housing situation
- Develop a list of expenses responsible for monthly
- Use tools available whether this is the internet, newspapers, adds to research current housing listings and develop the skills to recognize different housing opportunities that may be located in a supportive community
- Determine whether or not current housing situation is a safe area that the person is able to fully tend to and afford

**Population:** This activity is appropriate for Stage 1 (Engagement) of IDDT.

**Materials Needed:** Newspapers, Internet access (if available), housing ads, community resources for housing options (shelters, group homes, etc)

**Methods:** Person or groups of persons will participate in an activity session in which they will develop a budget and determine appropriate housing options.

**Content:**

First, facilitate the individual these basic questions about their current housing situation.

- What is your current housing situation?
- What is your primary source of income?
- What is the maximum amount you are able to budget for housing expenses per month?
- What are the current tasks that need to be attended to at your current housing situation (e.g. cleaning, yard, appliances, laundry, etc)?
- Have them calculate an appropriate budget and assist with developing a schedule of when monthly housing payment is due. It may be helpful to review the role of the case manager and advise the individual after the session to contact their case manager for additional housing questions.
- Then, have the client access the Internet if it is available. If the internet is not available provide them with newspaper advertisements and realtor information and assist them when necessary.

**Role of OT:** Acknowledge the individualized goal of each session for each person, at end of session review whether or not the goal was obtained. The leader will serve as a role model and assist with the person successfully completing activities.

---

## ACTIVITY 3: HOUSING WORKSHEET

**Name:** \_\_\_\_\_

**Directions:** Answer the following questions to the best of your ability about your current living situation. Be ready to discuss.

1. What is your current living situation? Circle all that apply.

|                   |           |       |       |         |
|-------------------|-----------|-------|-------|---------|
| Shelter Apartment | Townhouse | Hotel | House | Streets |
| Family            | Friends   | Own   | Rent  |         |

2. What is your primary source of income?

3. Develop your budget by writing in each blank the amount that you spend per month on that category.

Housing: \_\_\_\_\_

Food: \_\_\_\_\_

Bills: \_\_\_\_\_

Transportation: \_\_\_\_\_

Other: \_\_\_\_\_

Total: \_\_\_\_\_

4. What is the maximum amount you are able to budget for housing per month?

5. After you formed your budget search available resources of housing advertisements and make a list on the back of this worksheet of possible opportunities for future living arrangements.

---

## ACTIVITY 4: DO THIS, NOT THAT!

**Purpose:** To engage the person and provide individuals with the skills to recognize not so healthy occupations and replace them with healthy choices. This is a preparatory activity in which its main focus is to develop the skills required to engage in healthy occupations rather than negative occupations.

**Goals:**

- Identify healthy occupations
- Improve understanding of why “do this” (activity) and “not that” (For example: smoking with friends)
- Identify healthy community events to actively participate with
- Identify the feelings present with the “not that” activities
- Identify the purpose of the session and if the goals were accomplished

**Population:** This activity is appropriate for Stage 1 (Engagement) of IDDT.

**Materials Needed:** Various pages pre-cut from magazines, white board, tape

**Methods:** Person or group of persons will participate in an activity in which they will select magazine pictures and determine whether or not they are healthy or unhealthy occupations.

**Content:**

- The therapist will use a white board and separate the board into two separate categories labeled “do this!” and “not that.”
- The therapist will have a total of 20 magazine pictures or easy scenarios that the person will independently tape what he/she believes to be a “do this” scenario or “not that ” scenario.
- The person will choose each picture one at a time and tape it to the board.
- After each picture is taped to the board, discuss why the individual believes that a specific scenario is a healthy “do this” or “not that” occupation.
- After each picture/scenario is reviewed facilitate the person to think of three occupations in their life that are not so healthy, and develop 3 new activities to participate in instead. Involve community opportunities if available.

**Role of OT:** Acknowledge the individualized goal of each session for each individual, at end of session review whether or not the goal was obtained. The therapist will facilitate discussion and reasoning why each picture is or is not a healthy occupation. The therapist will bring ideas and resources of community events and activities that are healthy choices to facilitate and develop ideas.

---

# ACTIVITY 4: DO THIS, NOT THAT!

## WORKSHEET

Name: \_\_\_\_\_

**Directions:** In the circles below think of the not so healthy activities or events you did in the past. Put those activities in the “Not That” circle. After your list is completed, think of a healthier option you could replace each activity with. Put those ideas in the “Do This” circle. Be ready to discuss what you came up with.

The form consists of two large, empty circles side-by-side. Each circle has a small rectangular box at the top center. The left box contains the text "Do This!" and the right box contains the text "Not That!".

1. What types of emotions did you have when filling out this worksheet? (For example: angry, sad, etc)
2. What types of healthy activities are present in your community and where are they located? (For example: movies, gym, park, etc.)

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## STAGE 2: PERSUASION

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# ACTIVITY 1: UNDERSTANDING YOUR SYMPTOMS

**Purpose:** Educating the client on the symptoms of both their mental illness as well as their substance abuse disorder is important, as some people are not aware of these symptoms. This is a preparatory that introduces information about occupation, health, and participation.

**Goals:**

- Identify different types of mental disorders and their corresponding common symptoms, as well as be able to define what a substance use disorder is.

**Population:** This activity is appropriate for those in Stage 2 (Persuasion) of IDDT.

**Materials Needed:** DSM IV-TR or other professional source with symptomology listed

**Methods:** Person or groups of persons will attend a lecture on the common DSM diagnoses, based on the following categories.

**Content:**

- Axis I: Clinical Disorders
  - Mood Disorders, Anxiety Disorders, Schizophrenia, Eating Disorders, Substance Use Disorders (Use, Abuse, & Dependence)
- Axis II: Personality Disorders
  - Paranoid, Schizoid, Schizotypal, Antisocial, Borderline, Histrionic, Narcissistic, Avoidant, Dependent, Obsessive Compulsive
- Axis III: Medical Conditions
  - Diabetes, Cancer, High Blood Pressure
- Axis IV: Stressors
  - Job Loss, Loss of Family Member, Legal Problems
- Axis V: Level of Functioning
  - General Assessment of Functioning (GAF) Score is given from a scale of 0-100

**Role of OT:** To lead a lecture and facilitate a discussion on the topic of common DSM diagnoses and symptoms.

**Sources:** American Psychiatric Association (APA). (2000). *Diagnostic and Statistic Manual of Mental Disorders* (4<sup>th</sup> ed., text revision). Washington DC: Author.



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# ACTIVITY 1: UNDERSTANDING YOUR SYMPTOMS WORKSHEET

## Overview of the DSM-IV TR

### Axis I: Clinical Disorders

-Mood Disorders, Anxiety Disorders, Schizophrenia, Eating Disorders, Substance Use Disorders (Use, Abuse, & Dependence)

### Axis II: Personality Disorders

-Paranoid, Schizoid, Schizotypal, Antisocial, Borderline, Histrionic, Narcissistic, Avoidant, Dependent, Obsessive Compulsive

### Axis III: Medical Conditions

-Diabetes, Cancer, High Blood Pressure

### Axis IV: Stressors

-Job Loss, Loss of Family Member, Legal Problems

### Axis V: Level of Functioning

-General Assessment of Functioning (GAF) Score is given from a scale of 0-100

---

## ACTIVITY 2: FAMILY EDUCATION

**Purpose:** Educating the family on the symptoms of both their mental illness as well as their substance abuse disorder is important, as some people are not aware of these symptoms. It will most likely be difficult for a family member to deal with a loved one who has been diagnosed with a mental illness and substance abuse disorder. This is a preparatory activity that introduces information about occupation, health, and participation.

**Goals:**

- To help the family members or other support members of the person with co-occurring disorders to better understand their loved one's disorders
- To help the family members or other support members of the person better understand the corresponding common symptoms of the disorders

**Population:** This activity is appropriate for those in Stage 2 (Persuasion) of IDDT.

**Materials Needed:** DSM IV-TR or other professional source with symptomology listed.

**Methods:** Family members (or other support system) of person with co-occurring disorders will attend a lecture and question and answer session with the OT regarding their family member or loved one's mental illness and substance use disorder.

**Content:**

- Axis I: Clinical Disorders
  - Mood Disorders, Anxiety Disorders, Schizophrenia, Eating Disorders, Substance Use Disorders (Use, Abuse, & Dependence)
- Axis II: Personality Disorders
  - Paranoid, Schizoid, Schizotypal, Antisocial, Borderline, Histrionic, Narcissistic, Avoidant, Dependent, Obsessive Compulsive
- Axis III: Medical Conditions
  - Diabetes, Cancer, High Blood Pressure
- Axis IV: Stressors
  - Job Loss, Loss of Family Member, Legal Problems
- Axis V: Level of Functioning
  - General Assessment of Functioning (GAF) Score is given from a scale of 0-100

**Role of OT:** To lead a lecture on and provide answers to questions that family members may have regarding their loved one's diagnoses and symptoms.

**Sources:** American Psychiatric Association (APA). (2000). *Diagnostic and Statistic Manual of Mental Disorders* (4<sup>th</sup> ed., text revision). Washington DC: Author.

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# ACTIVITY 2: FAMILY EDUCATION WORKSHEET

## Overview of the DSM-IV TR

### Axis I: Clinical Disorders

-Mood Disorders, Anxiety Disorders, Schizophrenia, Eating Disorders, Substance Use Disorders (Use, Abuse, & Dependence)

### Axis II: Personality Disorders

-Paranoid, Schizoid, Schizotypal, Antisocial, Borderline, Histrionic, Narcissistic, Avoidant, Dependent, Obsessive Compulsive

### Axis III: Medical Conditions

-Diabetes, Cancer, High Blood Pressure

### Axis IV: Stressors

-Job Loss, Loss of Family Member, Legal Problems

### Axis V: Level of Functioning

-General Assessment of Functioning (GAF) Score is given from a scale of 0-100

---

## ACTIVITY 3: MEDICATION MANAGEMENT

**Purpose:** In order to properly manage symptoms of mental illness, medications are often necessary. Although the team leader or psychiatrist prescribes medications, the person with the co-occurring disorders must learn to take them on time and in the correct dosage. This activity is occupation-based, and addresses the area of occupation of IADLs.

**Goals:**

- Bring a list of current medications to session
- Successfully fill out one medication schedule after reviewing an example
- Demonstrate understanding as to why medication management is important

**Population:** This activity is appropriate for Stage 2 (Persuasion) of IDDT.

**Materials Needed:** Blank medication schedule template, example of completed medication schedule, pencils or pens

**Methods:** Therapist and person or group of persons will participate in an activity involving completion of a worksheet and followed by a discussion.

**Content:**

- Give the person the completed practice medication schedule, along with a blank copy. Sit with them as they fill it out to answer any questions.
- Copies of this schedule can be obtained online at a number of sources. An example of one such source is given below in the “sources” section.
- After the schedule is completed, ask them: “Why do you think that it is important to take your medications on time and in the proper dosage?”

**Role of OT:** To assist the person in filling out their personalized medication schedule and to follow-up with processing questions to facilitate a discussion.

---

# ACTIVITY 3: MEDICATION MANAGEMENT

## WORKSHEET

Name: \_\_\_\_\_

**Directions:** Fill out this medication schedule with medication name, dosage, times per day you are directed to take the medication, time of day that you take this medication, and what you do to remind yourself to take it if necessary.

| Medication Name | Dosage | Times Per Day | Time of Day |    | Reminder |
|-----------------|--------|---------------|-------------|----|----------|
|                 |        |               | AM          | PM |          |
| 1.              |        |               |             |    |          |
| 2.              |        |               |             |    |          |
| 3.              |        |               |             |    |          |
| 4.              |        |               |             |    |          |
| 5.              |        |               |             |    |          |
| 6.              |        |               |             |    |          |
| 7.              |        |               |             |    |          |
| 8.              |        |               |             |    |          |

---

## ACTIVITY 4: PROS & CONS OF USING

**Purpose:** The purpose of this activity is to increase the client's understanding of triggers to use, as well as the pros and cons. This is a preparatory activity which will prepare the individual to handle triggers effectively.

**Goals:**

- Identify triggers to use, their response, and consequences of using
- Identify the pros and cons to using substances, in the hope that they will see that their list of cons is greater than the list of pros

**Population:** This activity is appropriate for those in Stage 2 (Persuasion) of IDDT.

**Materials Needed:** Pros and cons worksheet, pencils or pens

**Methods:** Person or group of persons will participate in a discussion with OT regarding triggers and consequences of using. This is followed by a paper and pencil activity followed by another discussion of the person's pros and cons to using list.

**Content:**

- **What are your triggers to use?**
  - Examples: Stress, inability to sleep, peer pressure, etc.
- **Your response might be to either**
  - Use
  - Not use
- **Consequences**
  - Immediately might be positive: Relaxation
  - Long-term: Occupational problems (Example: work, family, friendships)

Next, provide the person with the following worksheet. Ask them to follow the directions by listing what their pros and cons are. Examples are provided if the person is having difficulty beginning the activity.

**Role of OT:** The OT will assist the person with identifying triggers, reactions, and consequences, as well as pros and cons of using substances. The OT will also use motivational interviewing to reiterate the person's perceptions of the cons of using back to them with the hope of the person realizing that the cons outweigh the pros.

**Sources:** Substance Abuse and Mental Health Services Administration. *Integrated Treatment for Co-Occurring Disorders: Training Frontline Staff*. DHHS Pub. No. SMA-08-4366, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2009.

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## ACTIVITY 4: PROS & CONS OF USING

Name: \_\_\_\_\_

**Directions:** List pros and cons that you can think of involving using substances. If you are having trouble starting, examples have been provided.

| Pros to Using  | Cons to Using  |
|--|--|
| <ul style="list-style-type: none"><li>• I feel included.</li><li>• It's fun.</li><li>• _____</li><li>• _____</li><li>• _____</li><li>• _____</li><li>• _____</li><li>• _____</li><li>• _____</li><li>• _____</li><li>• _____</li><li>• _____</li></ul> | <ul style="list-style-type: none"><li>• I could get in trouble with the law.</li><li>• It's expensive.</li><li>• _____</li><li>• _____</li><li>• _____</li><li>• _____</li><li>• _____</li><li>• _____</li><li>• _____</li><li>• _____</li><li>• _____</li><li>• _____</li></ul> |

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## STAGE 3: ACTIVE TREATMENT



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# ACTIVITY 1: WHAT IS NEGATIVE THINKING?

**Purpose:** This activity addresses and educates the person or persons on what negative thinking is, as well as the different types of cognitive distortions a person might experience. This is a preparatory intervention that introduces information that will prepare the person to deal with negative thoughts.

**Goals:**

- Identify, categorize, stop, and replace negative thoughts

**Population:** This activity is appropriate for those in Stage 3 (Active Treatment) of IDDT.

**Materials Needed:** None

**Methods:** Person or groups of persons will attend a lecture on negative thinking, complete the following worksheet on negative thinking, and then discuss possible ways to reduce negative thinking.

**Content:**

- **Types of Negative Thinking**
  - Perfectionism
  - Overgeneralization
  - Expecting the Worst
  - Putting Him/Herself Down
  - Black or White Thinking
- **Ways to Reduce Negative Thinking**
  - Remember the good things in your life; the things you do well, the things that you have
  - Challenge your negative thoughts
  - Turn your thoughts into positive ones
  - Blame what happened, not yourself personally
  - Give yourself credit for the things you do right
  - Write down examples of times when you've had negative thoughts and decide which category they fit into in order to recognize them

**Role of OT:** To lead a lecture and facilitate a discussion on the topic of negative thinking.

**Sources:** Substance Abuse and Mental Health Services Administration. *Integrated Treatment for Co-Occurring Disorders: Training Frontline Staff*. DHHS Pub. No. SMA-08-4366, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2009.

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# ACTIVITY 1: WHAT IS NEGATIVE THINKING?

## WORKSHEET

Name: \_\_\_\_\_

**Directions:** Think of a time when you may have experienced each type of negative thinking and write about it in each space below.

1. Perfectionism: "I have to do everything exactly right."

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2. Overgeneralization: "This happened once, so it will happen every time from now on."

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3. Expecting the Worst: "I am doomed," or "I know I will fail at this."

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4. Putting Him/Herself Down: "I can't do anything right."

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5. Black or White Thinking: "If that person didn't say hi back to me, they must hate me."

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## ACTIVITY 2: JUST SAY NO: SKILLS FOR ASSERTIVENESS

**Purpose:** Providing the person with skills for assertiveness will make them better likely able to avoid peer pressure when dealing with the temptation to use alcohol or other substances. This is a purposeful activity that involves the person or group of persons practicing assertiveness skills that they can carry over to their environment and real life situations.

**Goals:**

- To successfully participate in a role play activity with the therapist or another individual in order to practice saying “no,” in a variety of scenarios.

**Population:** This activity is appropriate for those in Stage 3 (Active Treatment) of IDDT.

**Materials Needed:** None

**Methods:** Person or groups of persons will role play with the therapist or a group member if applicable using the scenarios on the corresponding worksheet. A processing discussion of the events of the session will follow the role play activity as well as completion of the worksheet.

**Content:** Begin by giving the person a scenario in which they must practice saying “no.” The therapist or another group member will play the role of someone pressuring the person to do something that would involve them possible using. See scenarios on corresponding worksheet.

Ask the person or the group the following questions to assist them with processing:

- How do you feel that you did?
- How would this be different in real life? Would it have been harder to say no?
- Have you ever found yourself in similar situations?
- Is it better to give reasons why you are saying no, or to just say no and walk away? Why?

**Role of OT:** To facilitate the person’s learning process of assertiveness skills.

**Sources:** Substance Abuse and Mental Health Services Administration. *Integrated Treatment for Co-Occurring Disorders: Training Frontline Staff*. DHHS Pub. No. SMA-08-4366, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2009.

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# ACTIVITY 2: JUST SAY NO: SKILLS FOR ASSERTIVENESS WORKSHEET

Name: \_\_\_\_\_

**Scenario 1: Someone is trying to convince the person to come to a party with them. He or she makes it known that there will be both drugs and alcohol readily available at this party.**

1. If you were the participant in this scenario, how did this activity made you feel? If you were an observer of this scenario, how did it make you feel to watch?

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**Scenario 2: Someone is trying to convince the person to use drugs with them. He or she promises the person that it will be “fun” and will “relax them.”**

2. If you were the participant in this scenario, how did this activity made you feel? If you were an observer of this scenario, how did it make you feel to watch?

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**Scenario 3: Someone is trying to convince the person to help them sell drugs. He or she tells them that they could potentially make a great deal of money if they help.**

3. If you were the participant in this scenario, how did this activity made you feel? If you were an observer of this scenario, how did it make you feel to watch?

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## ACTIVITY 3: RELAXATION & SLEEP

**Purpose:** Often in the event of a mental illness and substance abuse disorder, sleep is affected. This activity is designed to help the person learn techniques for relaxation when they are stressed or to utilize before bed to improve sleep patterns. This activity is preparatory as it prepares the person for sleep.

**Goals:**

- Successfully utilize the relaxation technique of guided imagery while practicing as well as at home.
- Successfully utilize the relaxation technique of breathing and counting while practicing as well as at home.

**Population:** This activity is appropriate for Stage 3 (Active Treatment) of IDDT.

**Materials Needed:** None

**Methods:** Therapist and person or group of persons will participate in an activity in which perform relaxation techniques learned in the session.

**Content:**

- Strategy 1: Guided Imagery
  - Inform the person that you will be dimming the lights in the room, and have them close their eyes and sit in a relaxed position. Inform them that the purpose of guided imagery is to imagine a place that makes you relaxed in order to prepare you for sleep or reduce stress. Lead the person through the process by saying the following:
    - Imagine a place that relaxes you. This might be a beach, a nature trail, or maybe just a favorite spot that you enjoy.
    - What are the sights, sounds, and smells? What is the temperature?
    - Let your mind imagine yourself there as your body relaxes.
    - Have the person practice this for 5-7 minutes.
- Strategy 2: Breathing and Counting
  - Inform the person that counting while breathing is a relaxation method and could possibly improve their sleep. Lead them through the process by say:
    - Sit in a comfortable position and close your eyes.
    - As you inhale or breathe in, slowly count to ten.
    - As you exhale or breathe out, slowly count to ten again.
    - Repeat this process 3-5 times or as long as desired.

**Role of OT:** To instruct the person on two relaxation strategies in order to improve their sleep patterns and decrease their stress.

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# ACTIVITY 3: RELAXATION & SLEEP

## WORKSHEET

Name: \_\_\_\_\_

### **Guided Imagery**

The purpose of guided imagery is imagining a place that makes you feel relaxed, and in turn, may reduce stress or better prepare you for sleep.

### **Do the following:**

- Find a place free of distractions
- Dim the lights
- Close your eyes and sit in a comfortable, relaxed position
- Think the following thoughts to yourself:
  - Imagine a place that relaxes you. This might be a beach, a nature trail, or maybe just a favorite spot that you enjoy.
  - What are the sights, sounds, and smells? What is the temperature?
  - Let your mind imagine yourself there as your body relaxes.
  - Have the person practice this for 5-7 minutes

### **Breathing & Counting**

Counting while breathing is a relaxation method that could possibly improve your sleep.

### **Do the following:**

- Find a place free of distractions
- Dim the lights
- Sit in a comfortable position and close your eyes.
- As you inhale or breathe in, slowly count to ten.
- As you exhale or breathe out, slowly count to ten again.
- Repeat this process 3-5 times or as long as desired.

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## ACTIVITY 4: HEALTHY LEISURE

### EXPLORATION

**Purpose:** Often times a person with a mental illness and a substance use disorder views using substances as a leisure activity. This activity is purposeful as it is designed to help the person or group of persons explore possible new healthy leisure interests instead of turning to substances.

**Goals:**

- Successfully identify three possible (realistic) healthy leisure activities.
- Utilize one healthy leisure activity within one week.

**Population:** This activity is appropriate for Stage 3 (Active Treatment) of IDDT.

**Materials Needed:** List of leisure activities

**Methods:** Therapist and person or group of persons will participate in a discussion activity for the introduction regarding how substances can sometimes take over a person's life. They will then review health leisure activities together and have the client select one to complete within one week while completing the corresponding worksheet.

**Content:** Begin by asking the person:

- What kinds of activities did you used to enjoy doing?
- If they are having trouble remembering, ask them, what did you like to do as a child?
- Provide the person with the corresponding worksheet to complete. Reiterate that not all leisure must be expensive, and help them explore cheaper options if money is an issue. Also, see if they can come up with other activities of their own.
- Set a goal for them to complete one activity within one week.
- Discuss what makes these activities healthier than using substances, and what some of the pros to these types of activities might be.

**Role of OT:** To assist the person in finding healthy leisure activities that might work for them in place of using substances.

**Sources:** Substance Abuse and Mental Health Services Administration. *Integrated Treatment for Co-Occurring Disorders: Training Frontline Staff*. DHHS Pub. No. SMA-08-4366, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2009.

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# ACTIVITY 4: HEALTHY LEISURE

## EXPLORATION WORKSHEET

Name: \_\_\_\_\_

### Healthy Leisure Exploration

1. Circle all of the leisure activities from the following list that might be of interest to you.

- |                                  |                           |
|----------------------------------|---------------------------|
| Collecting stamps or other items | Build something           |
| Scrapbooking                     | Do housework              |
| Doing a puzzle                   | Clean your room           |
| Listening to music               | Volunteer with a friend   |
| Going to a movie                 | Read a magazine           |
| Renting a movie                  | Fly a kite                |
| Go for a walk                    | Exercise                  |
| Take an adult education class    | Garden                    |
| Play catch with a friend         | Watch the sun rise        |
| Call an old friend               | Do a brainteaser activity |
| Read the newspaper               | Have pizza with a friend  |
| Write a letter to an old friend  | Go to a museum            |
| Go out for an ice cream cone     | Bake a cake               |
| Go for a bike ride               | Hike a nature trail       |
| Join a book club                 | Try a new sport           |

2. Brainstorm other possible leisure activities that may be of interest to you that may have not been on the list.

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3. Select one leisure activity that seems reasonable for you to complete within the next week.

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## STAGE 4: RELAPSE PREVENTION

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# ACTIVITY 1: MY RELAPSE PREVENTION PLAN

**Purpose:** The purpose is to develop a relapse prevention plan to assist with the recovery process specific to that individual. This is a preparatory activity that will assist with development of skills to appropriately handle difficult situations and have a plan to prevent relapse occurrence.

**Goals:**

- Identify symptoms associated with their mental illness
- Identify preferences of medications and treatment
- Identify positive things they can do for themselves
- Identify positive things others can do for you to help prevent relapse
- Make a commitment to self to take the steps of the relapse prevention plan and to take a step in a positive direction

**Population:** This activity is appropriate for Stage 4 (Relapse Prevention) of IDDT.

**Materials Needed:** White board, dry erase markers, pens or pencils, relapse prevention worksheet

**Method:** Person or groups of persons will participate in activity in which they develop a relapse prevention plan with the OT.

**Content:**

- Therapist will hand out corresponding relapse prevention plan worksheet.
- Therapist will facilitate discussion on symptoms associated with their mental illness and substance use disorder, types of situations that may lead to a relapse to occur, and coping mechanisms used or not used.
- The last five minutes the therapist will review the purpose of the session and recommend that the person the individual chose has a copy of their relapse prevention plan and the participant should have a copy that is easy to access.
- Also, provide a list of self-help numbers should be on the relapse prevention plan (For example: mental health agencies, AA sponsor, case manager, etc).

**Role of OT:** The therapist will facilitate discussion and assist with building their relapse prevention plan. The therapist will motivate the individual to use the relapse prevention plan when recognizable symptoms occur and use the support systems each individual has developed.

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# ACTIVITY 1: MY RELAPSE PREVENTION PLAN WORKSHEET

Name: \_\_\_\_\_

## Crisis Plan

- When I am feeling well, I am (describe yourself when you are feeling well):
  
- The following signs indicate that I am no longer able to make decisions for myself, that I am no longer able to be responsible for myself or to make appropriate decisions.
  
- When I clearly have some of the above signs, I want the following people to make decisions for me, see that I get appropriate treatment and to give me care and support:
  
- I do not want the following people involved in any way in my care or treatment. List names and (optionally) why you do not want them involved:
  
- Preferred medications and why:

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- Acceptable medications and why:
  
- Unacceptable medications and why:
  
- Acceptable treatments and why:
  
- Unacceptable treatments and why:
  
- Home/Community Care/Respite Options:
  
- Preferred treatment facilities and why:
  
- Unacceptable treatment facilities and why:
  
- What I want from my supporters when I am feeling this badly:
  
- What I don't want from my supporters when I am feeling this badly:

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- What I want my supporters to do if I'm a danger to myself or others:
  
- Things I need others to do for me and who I want to do it:
  
- How I want disagreements between my supporters settled:
  
- Things I can do for myself:
  
- Indicators that supporters no longer need to use this plan:
  
- I developed this document myself with the help and support of:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Attorney: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

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## ACTIVITY 2: COMMUNICATION SKILLS

**Purpose:** To develop effective communication skills while participating in an activity in the community. Develop the skills to appropriately communicate wants and needs and to use these skills to increase appropriate communication skills to build new sober friends. This is an occupation-based activity in which its main focus is to develop the communication skills to make new sober friends.

**Goals:**

- Increase ability to initiate conversations
- Increase ability to recognize appropriate gestures when conversing
- Take turns conversing appropriately when in a conversation with another person
- Appropriately looking and acknowledging the other person's point of view
- Acknowledge the benefits of making new friends that are sober and the impact this can make on their future

**Population:** This activity is appropriate for Stage 4 (Relapse Prevention) of IDDT.

**Materials Needed:** Vehicle (if necessary), funding (for cost of selected activity)

**Method:** Person or group of persons will go out into the community and interact with peers in various social contexts.

**Content:** Therapist will inform the person that they will meet at a public place for the OT session (e.g. movie theater or grocery store) depending on availability in community. Upon arrival therapist will take 10 minutes to role play with the person to prepare the individual for the social interaction with the employee at the location of choice.

- Therapist will instruct the person to initiate a conversation with the teller. For example, buying popcorn at the movies or buying milk at a grocery store.
- Appropriate interactions will be made with redirection from therapist if required.
- Therapist will be next to the person to assist if necessary.
- Person will display appropriate eye contact and communication skills during interaction.
- Afterwards, therapist and person will sit in the context and discuss the purpose and benefits of using the skills learned to build new healthy relationships.
- Therapist will intertwine different scenarios to facilitate discussion on the importance of having healthy social supports and the impact this could potentially have on their relapse prevention plan.

**Role of OT:** Acknowledge the individualized goal of each session for each individual, at the end of session review whether or not the goal was obtained. The therapist will facilitate discussion and the positives building healthy relationships can have on their everyday life. The therapist will bring ideas and resources of additional community events and activities that are healthy choices to facilitate and develop resources for the individual to access.

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# ACTIVITY 2: COMMUNICATION SKILLS WORKSHEET

Name: \_\_\_\_\_

**Directions:** For each of the questions below answer “yes” or “no.”

| <b>Physical Characteristics</b>       | <b>Yes</b> | <b>No</b> |
|---------------------------------------|------------|-----------|
| Did your palms become sweaty?         |            |           |
| Did your heart rate increase?         |            |           |
| Did you feel that you were shaking?   |            |           |
| Did the pitch of your voice increase? |            |           |
| Did the pitch of your voice decrease? |            |           |
| Did you speak faster than normal?     |            |           |

| <b>Communication Skills</b>                        | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|
| Did you look at the person when speaking?          |            |           |
| Did you keep eye contact?                          |            |           |
| Did you initiate the conversation?                 |            |           |
| Did you take turns with the person while speaking? |            |           |
| Did you make appropriate gestures?                 |            |           |
| Was there enough space between you and the person? |            |           |

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## ACTIVITY 3: JOB EXPLORATION

**Purpose:** To initiate and engage in job exploration by taking the steps necessary to locate and ask for job applications for employment preferences. This is an occupation-based activity that engages the person within the community and facilitates the person skills in approaching jobs and gathering applications.

**Goals:**

- Create a list of jobs at the beginning of the session
- Narrow down list to a total of three realistic job choices
- Develop the skills to enter job locations and ask for a job application
- Develop the skills fill out a job application with minimal assistance and cuing
- Identify the benefits of today's session regarding participation within the community and seeking out job opportunities

**Population:** This activity is appropriate Stage 4 (Relapse Prevention) of IDDT.

**Materials Needed:** Vehicle (if available), paper, pens or pencils

**Method:** Person or group of persons will go out into community in order to seek out job applications. They will also fill out job applications that were collected.

**Content:**

- Person will arrive to OT session with a list of job interests.
- Person will narrow down list to three realistic choices.
- Therapist will accompany person to locations and assist with motivating individual to appropriately ask for job applications
- Upon return therapist will provide assistance when required to fill out applications
- Afterwards therapist will review the overall process of work exploration and make recommendations.

**Role of OT:** Acknowledge the individualized goal of each session for each individual, at the end of session review whether or not the goal was obtained. The therapist will facilitate discussion and the go out into the community and go to the job locations and appropriately ask for the applications. The therapist will assist the person with completing the applications when assistance is required. One session is over review the process of exploring new jobs and the overall purpose of the session.



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## ACTIVITY 3: JOB EXPLORATION WORKSHEET

Name: \_\_\_\_\_

**Directions:** Use information from the Labor Bureau of Statistics website to identify possible job options. Choose three to five jobs that will meet the skill level that you feel you currently have. Fill out the table below, and then answer the questions.

| Job Options | Skills You Need |
|-------------|-----------------|
| 1.          |                 |
| 2.          |                 |
| 3.          |                 |
| 4.          |                 |
| 5.          |                 |

1. Select of one the jobs above. Is this an option for you in your community?

2. What will be the next step you will take?

---

## ACTIVITY 4: INTERVIEWING FOR YOUR JOB

**Purpose:** To develop the communication skills to effectively interview for a job through role playing with the therapist or peers. This is a purposeful activity that engages the person with learning the skills required to effectively prepare for an interview.

**Goals:**

- Identify the proper tasks/skills that should be done to prepare for the interview (grooming and hygiene, proper clothing attire, etc)
- Increase confidence with effective interviewing skills
- Develop the proper non-verbal skills through role playing activity (eye contact, posture, etc)
- Be able to answer each question with an appropriate response
- Identify what skills were learned in the activity and the purpose for assuring each are completed before an interview

**Population:** This activity is appropriate for Stage 4 (Relapse Prevention) of IDDT.

**Materials Needed:** Paper, pens or pencils, list of interview questions

**Method:** Person or group of persons will participate in an activity in which they practice interview strategies by using mock interview questions.

**Content:** Therapist will facilitate discussion about proper preparatory tasks that should be completed prior to an interview.

- The therapist will have prepared a list of 10-15 common interview questions to engage the person in the role playing activity.
- After the first run through of the role playing activity the therapist will and person will review how this went. The therapist will ask questions such as—how did you feel? What types of emotions were you feeling, anxious, scared, etc.
- Then ask the person if there are relaxation techniques from previous sessions that could decrease the persons' anxiety level before and during the interview.
- The role playing activity will be completed a second time to intertwine the skills that were previously reviewed into the second role-playing activity.
- The person will be able to identify the steps and process of preparing and appropriately participating in an interview for future job opportunities.

**Role of OT:** Acknowledge the individualized goal of each session for each individual, at the end of session review whether or not the goal was obtained. The therapist will facilitate discussion and to prepare the individual to successfully engage in a job interview. Through the role-playing activity the therapist will review proper etiquette for preparing for a job and techniques and tips for answering questions appropriately for future job opportunities.

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# ACTIVITY 4: INTERVIEWING FOR YOUR JOB

## WORKSHEET

Name: \_\_\_\_\_

**Directions:** The following questions are examples of common interview questions. Fill out each question (on a separate sheet of paper) according to how you would answer the questions in an interview setting. Be prepared to either discuss the questions or participate in a role play activity.

1. Tell me about yourself?
2. What are your strengths?
3. What are some areas of growth?
4. How do you handle conflict?
5. Why should we choose you for this position over others?
6. Describe yourself in three words?
7. Why do you want to work for this company?
8. What skills do you have that qualifies you for this position?
9. What is your previous work experience?
10. What do you learn from your management staff?
11. Tell me about a time you went above and beyond what was required?
12. What type of co-workers do you not get along with?
13. Where do you see yourself in three years?
14. What would your co-workers say about you?
15. Are you a team player?

## **Discharge Planning**

Since IDDT is a multidisciplinary approach, it is recommended that the entire team be actively involved in treatment and discharge planning. The medical physician (or psychiatrist) continues to oversee use of medication and management of dosages. The OT's role in discharge planning is primarily involved with the process of re-evaluation to determine changes and readiness for discharge.

Assessments to be included in the re-evaluation process include the COMP, the ACLS-5 or MMSE. Used in combination, the assessments will indicate both performance changes and individual perception of change. Family members and/or other supportive individuals are included in the discharge planning, especially as related to education. Family support groups, as well as self-help groups in the community may be indicated and information provided regarding availability and location of group meetings.

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# CASE ILLUSTRATION: CAMILLE

### *Camille*

Camille is a 27-year-old, single, white female diagnosed with bipolar I disorder approximately two years ago. She reports using cocaine multiple times per week for the past year. She has been able to “get clean” in the past, but only for a period of approximately one week before “using” once again. She reports that all of her friends are using, and in order to keep her friends, she gives into peer pressure.

Camille has been unable to hold a job for longer than a month or two at a time. She has held three jobs in the last two years, but after a couple weeks of starting the new job, she is unable to consistently appear time or even at all due to her symptoms and substance use. Camille lives in an apartment by herself. She has no children and has never been married. She completed high school, but has not attended college. Camille’s goals include being able to find steady employment that is within her ability level as well as to learn how to find and make sober friends and engage in healthy leisure activities.

Camille was admitted to an inpatient mental health setting due to an accidental cocaine overdose. She has been referred and agreed to participate in a partial hospitalization program at the same facility in which she will attend occupational therapist sessions with an IDDT focus as a part of her daily, multidisciplinary treatment. How would the occupational therapist at this facility use the IDDT manual developed for occupational therapists to guide Camille throughout the various stages of treatment?

### *Stages of Treatment*

During the **engagement stage**, the occupational therapist began to build a relationship with Camille, as well as set the stage for ongoing assessment and

intervention. To begin the assessment process, the therapist completed the Allen's Cognitive Level Screen-V (ACLS-V) to obtain a base cognitive level, in which she obtained a score of a 5.2. The therapist administered the Canadian Occupational Performance Measure (COPM) where Camille prioritized a list of areas of occupation that she found meaningful. During the COPM, it was discovered that Camille had difficulty completing her Activities of Daily Living (ADLs) many mornings. Since Camille lacked motivation at this point in the process, the therapist engaged her in a simple activity of creating a daily schedule. Once Camille saw the schedule, she stated that she felt motivated to complete the items on her schedule because it was laid out for her. The therapist utilized the motivational interviewing technique of expressing empathy throughout this stage by showing warmth and understanding towards Camille in order to build rapport and to engage her in the therapy process.

During the **persuasion stage**, the occupational therapist administered the Volitional Questionnaire to gather additional information regarding occupations that Camille finds meaningful. After completion of the Volitional Questionnaire in this stage and the COPM during the engagement stage, Camille and the therapist collaborated to develop three long term goals. These goals were to:

1. Select and participate in one healthy leisure activity by the end of each week while in the program
2. Initiate one conversation with one peer daily in order to facilitate social skills, and
3. Successfully complete and submit three job applications by the end of the program.

These goals were addressed in the active treatment and relapse prevention stages. Camille first needed to work on increasing her understanding of her symptoms and make a decision for herself to attempt to stop using cocaine. Interventions chosen for this stage were for Camille to attend an education group regarding the symptoms of her disorders. She also created a pros and cons list to using cocaine, in which she determined that the cons outweighed the pros. The therapist utilized the motivational interviewing technique of developing discrepancy throughout this stage by helping Camille to analyze her present behavior and create her own motivation for change.

During the **active treatment stage**, the occupational therapist continued to assess Camille through observation and together they worked toward meeting her long term goals. Her healthy leisure exploration goal was addressed in this stage. She completed activities in which she identified possible leisure interests and narrowed down the list to an activity that was reasonable for her to participate in by the next session. She selected gardening for her first activity. Activities in the following weeks that were completed successfully included baking a cake, going on walks, and going to a movie. The motivational interviewing technique utilized throughout this stage was to avoid argumentation. Since Camille now recognizes that she has a problem, arguments are seen as confrontational and can deter the progress made.

During the **relapse prevention stage**, the therapist addressed Camille's goals of social participation and job exploration. Camille lacked social support therefore, finding positive social networks would decrease the likelihood of relapse. For the social participation goal, the therapist facilitated a role play activity with Camille where she practiced social skills, followed by initiating a conversation with a person in the



community. For her job exploration goal, she identified three jobs that were realistic and of interest to her. She completed and submitted the corresponding applications with assistance of the therapist. Role playing was involved with this goal, as well, by Camille participating in mock interviews. Motivational interviewing techniques utilized throughout this stage included rolling with resistance and self-efficacy. At this point in Camille's treatment plan, she was ready for discharge at the end of the week. It was necessary for her to begin to take responsibility for finding solutions to her problems and develop self-efficacy. On her last day in the program, the occupational therapist re-administered the COPM to gather outcome measures for the program. The therapist also answered Camille's final questions before she was discharged.

---

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## APPENDIX A

***Collaborative  
Adaptive  
Planning  
Assessment***

The Collaborative Adaptive Planning Assessment (CAPA) is designed to organize a collaborative process between client and therapist to develop plans for the future following major life changes

Developed by the CAPA Project Group  
School of Occupational Therapy  
Texas Women's University

|   |                                      |  |                                   |
|---|--------------------------------------|--|-----------------------------------|
| <b>Personal Information</b>   |                                      | <b>ID#:</b>                              | <b>Name:</b>                      |
| <b>Initial Assessment Date:</b>   |                                      | <b>Planning Reassessment Date:</b>       | <b>Reassessment Date:</b>         |
| <b>Address:</b>   |                                      |  |                                   |
| <b>Age:</b>   | <b>Gender:</b>                       | <b>Marital Status:</b>                   | <b>Ethnicity:</b>                 |
| <b>Living Arrangement:</b>  | Choose one:<br>__Apartment<br>__Home | Choose one:<br>__Own<br>__Rent           | Choose one:<br>__Rural<br>__Urban |
| <b>Members of Household:</b>  |                                      | <b>Key Family Members:</b>               |                                   |
| *Relationships & approximate ages   |                                      | *Relationships & locations               |                                   |
| <b>Other Major Sources of Support:</b>  |                                      | <b>Disability and Date of Onset:</b>     |                                   |
| <b>Adaptive Equipment:</b>  |                                      | <b>Other Health Problems:</b>            |                                   |
| <b>Source of Income:</b>  |                                      | <b>Support for Health Care Expenses:</b> |                                   |
| <b>Perceived Adequacy of Income:</b>  |                                      |  |                                   |
| __Comfortable                      __Adequate for meeting needs                      __Inadequate for meeting needs |                                      |  |                                   |
| <b>Self-reported coping style:</b>  |                                      |  |                                   |

|   |   |
|---|---|
| *What have you done in the past when you ran into difficulties in life? |   |
| <b>Occupational</b>   | <b>Client Rating Summary</b><br>(Information from the Occupation Cards of the client) |



| Areas                                   |                           | Occupation<br>Time Spent                                    |       | Persons<br>Participation |       | Environment<br>Negotiability                      |       | Value<br>Importance |       |
|---|---------------------------|---|-------|--------------------------|-------|---|-------|---------------------|-------|
| Indicate occupations to be<br>examined: |                           | 1 = Initial Assessment (month 1)                            |       |                          |       | 2 = Reassessment (month 2)                        |       |                     |       |
|   |                           | 1   | 2     | 1                        | 2     | 1   | 2     | 1                   | 2     |
| <b>Work</b>                             | Full-time paid employment | _____   | _____ | _____                    | _____ | _____   | _____ | _____               | _____ |
|   | Part-time paid employment | _____   | _____ | _____                    | _____ | _____   | _____ | _____               | _____ |
|   | Volunteer work            | _____   | _____ | _____                    | _____ | _____   | _____ | _____               | _____ |
|   | School/university         | _____   | _____ | _____                    | _____ | _____   | _____ | _____               | _____ |
| <b>Leisure</b>                          | Identify activity:        |   |       |                          |       |   |       |                     |       |
|   | 1. _____                  | _____   | _____ | _____                    | _____ | _____   | _____ | _____               | _____ |
|   | 2. _____                  | _____   | _____ | _____                    | _____ | _____   | _____ | _____               | _____ |
|   | 3. _____                  | _____   | _____ | _____                    | _____ | _____   | _____ | _____               | _____ |
|   | 4. _____                  | _____   | _____ | _____                    | _____ | _____   | _____ | _____               | _____ |
| <b>Household Management</b>             | General shopping          | _____   | _____ | _____                    | _____ | _____   | _____ | _____               | _____ |
|   | Grocery shopping          | _____   | _____ | _____                    | _____ | _____   | _____ | _____               | _____ |
|   | Health care               | _____   | _____ | _____                    | _____ | _____   | _____ | _____               | _____ |
|   | Meal preparation          | _____   | _____ | _____                    | _____ | _____   | _____ | _____               | _____ |
|   | Housecleaning             | _____   | _____ | _____                    | _____ | _____   | _____ | _____               | _____ |
|   | Outside maintenance       | _____   | _____ | _____                    | _____ | _____   | _____ | _____               | _____ |
|   | Laundry                   | _____   | _____ | _____                    | _____ | _____   | _____ | _____               | _____ |
|   | Financial management      | _____   | _____ | _____                    | _____ | _____   | _____ | _____               | _____ |
|   | Using telephone           | _____   | _____ | _____                    | _____ | _____   | _____ | _____               | _____ |
|   | Using computer            | _____   | _____ | _____                    | _____ | _____   | _____ | _____               | _____ |
|   | Care giving               | _____   | _____ | _____                    | _____ | _____   | _____ | _____               | _____ |
| <b>Self care</b>                        | Eating                    | _____   | _____ | _____                    | _____ | _____   | _____ | _____               | _____ |
|   | Dressing                  | _____   | _____ | _____                    | _____ | _____   | _____ | _____               | _____ |
|   | Bathing                   | _____   | _____ | _____                    | _____ | _____   | _____ | _____               | _____ |
|   | Grooming                  | _____   | _____ | _____                    | _____ | _____   | _____ | _____               | _____ |
|   | Toileting                 | _____   | _____ | _____                    | _____ | _____   | _____ | _____               | _____ |
| Taking medications                      | _____                     | _____   | _____ | _____                    | _____ | _____   | _____ | _____               |       |
| <b>Rest</b>                             | Sleep at night            | _____   | _____ | _____                    | _____ | _____   | _____ | _____               | _____ |
|   | Daytime rest              | _____   | _____ | _____                    | _____ | _____   | _____ | _____               | _____ |
| <b>Education</b>                        | Formal education          | _____   | _____ | _____                    | _____ | _____   | _____ | _____               | _____ |
|   | Informal education        | _____   | _____ | _____                    | _____ | _____   | _____ | _____               | _____ |
| <b>Social Participation</b>             | Community                 | _____   | _____ | _____                    | _____ | _____   | _____ | _____               | _____ |
|   | Family                    | _____   | _____ | _____                    | _____ | _____   | _____ | _____               | _____ |
|   | Friends                   | _____   | _____ | _____                    | _____ | _____   | _____ | _____               | _____ |
| <b>Rating Index:</b>                    |                           | <b>1 = Very unsatisfied with time spent</b>                 |       |                          |       | <b>10 = Very satisfied with time spent</b>        |       |                     |       |
| <b>Occupation</b>                       |                           | <b>1 = Very unsatisfied with own participation</b>          |       |                          |       | <b>10 = Very satisfied with own participation</b> |       |                     |       |
| <b>Persons</b>                          |                           | <b>1 = Environment unfamiliar or difficult to negotiate</b> |       |                          |       | <b>10 = Environment familiar or easy</b>          |       |                     |       |
| <b>Environment</b>                      |                           | <b>1 = Not important to continue</b>                        |       |                          |       | <b>10 = Important to continue or substitute</b>   |       |                     |       |
| <b>Value</b>                            |                           |   |       |                          |       |   |       |                     |       |

| Occupational Areas                                   |   | Client Rating Summary<br>(Information from the Occupation Cards of the client) |       |                       |   |                            |       |                  |       |
|--|---|--|-------|-----------------------|---|----------------------------|-------|------------------|-------|
|  |   | Occupation Time Spent  |       | Persons Participation |   | Environment Negotiability  |       | Value Importance |       |
| Indicate occupations to be examined:                 |   | 3 = Reassessment (month 3)   |       |                       |   | 4 = Reassessment (month 6) |       |                  |       |
|  |   | 3  | 4     | 3                     | 4   | 3                          | 4     | 3                | 4     |
| <b>Work</b>  | Full-time paid employment                                   | _____  | _____ | _____                 | _____   | _____                      | _____ | _____            | _____ |
|  | Part-time paid employment                                   | _____  | _____ | _____                 | _____   | _____                      | _____ | _____            | _____ |
|  | Volunteer work  | _____  | _____ | _____                 | _____   | _____                      | _____ | _____            | _____ |
|  | School/university   | _____  | _____ | _____                 | _____   | _____                      | _____ | _____            | _____ |
| <b>Leisure</b>                                       | Identify activity:  |  |       |                       |   |                            |       |                  |       |
|  | 1. _____  | _____  | _____ | _____                 | _____   | _____                      | _____ | _____            | _____ |
|  | 2. _____  | _____  | _____ | _____                 | _____   | _____                      | _____ | _____            | _____ |
|  | 3. _____  | _____  | _____ | _____                 | _____   | _____                      | _____ | _____            | _____ |
|  | 4. _____  | _____  | _____ | _____                 | _____   | _____                      | _____ | _____            | _____ |
| <b>Household Management</b>                          | General shopping  | _____  | _____ | _____                 | _____   | _____                      | _____ | _____            | _____ |
|  | Grocery shopping  | _____  | _____ | _____                 | _____   | _____                      | _____ | _____            | _____ |
|  | Health care   | _____  | _____ | _____                 | _____   | _____                      | _____ | _____            | _____ |
|  | Meal preparation  | _____  | _____ | _____                 | _____   | _____                      | _____ | _____            | _____ |
|  | Housecleaning   | _____  | _____ | _____                 | _____   | _____                      | _____ | _____            | _____ |
|  | Outside maintenance   | _____  | _____ | _____                 | _____   | _____                      | _____ | _____            | _____ |
|  | Laundry   | _____  | _____ | _____                 | _____   | _____                      | _____ | _____            | _____ |
|  | Financial management  | _____  | _____ | _____                 | _____   | _____                      | _____ | _____            | _____ |
|  | Using telephone   | _____  | _____ | _____                 | _____   | _____                      | _____ | _____            | _____ |
|  | Using computer  | _____  | _____ | _____                 | _____   | _____                      | _____ | _____            | _____ |
|  | Care giving   | _____  | _____ | _____                 | _____   | _____                      | _____ | _____            | _____ |
| <b>Self care</b>                                     | Eating  | _____  | _____ | _____                 | _____   | _____                      | _____ | _____            | _____ |
|  | Dressing  | _____  | _____ | _____                 | _____   | _____                      | _____ | _____            | _____ |
|  | Bathing   | _____  | _____ | _____                 | _____   | _____                      | _____ | _____            | _____ |
|  | Grooming  | _____  | _____ | _____                 | _____   | _____                      | _____ | _____            | _____ |
|  | Toileting   | _____  | _____ | _____                 | _____   | _____                      | _____ | _____            | _____ |
|  | Taking medications  | _____  | _____ | _____                 | _____   | _____                      | _____ | _____            | _____ |
| <b>Rest</b>  | Sleep at night  | _____  | _____ | _____                 | _____   | _____                      | _____ | _____            | _____ |
|  | Daytime rest  | _____  | _____ | _____                 | _____   | _____                      | _____ | _____            | _____ |
| <b>Education</b>                                     | Formal education  | _____  | _____ | _____                 | _____   | _____                      | _____ | _____            | _____ |
|  | Informal education  | _____  | _____ | _____                 | _____   | _____                      | _____ | _____            | _____ |
| <b>Social Participation</b>                          | Community   | _____  | _____ | _____                 | _____   | _____                      | _____ | _____            | _____ |
|  | Family  | _____  | _____ | _____                 | _____   | _____                      | _____ | _____            | _____ |
|  | Friends   | _____  | _____ | _____                 | _____   | _____                      | _____ | _____            | _____ |
| <b>Rating Index: Rate each on a scale of 1 to 10</b> |   |  |       |                       |   |                            |       |                  |       |
| <b>Occupation</b>                                    | <b>1 = Very unsatisfied with time spent</b>                 |  |       |                       | <b>10 = Very satisfied with time spent</b>        |                            |       |                  |       |
| <b>Persons</b>                                       | <b>1 = Very unsatisfied with own participation</b>          |  |       |                       | <b>10 = Very satisfied with own participation</b> |                            |       |                  |       |
| <b>Environment</b>                                   | <b>1 = Environment unfamiliar or difficult to negotiate</b> |  |       |                       | <b>10 = Environment familiar or easy</b>          |                            |       |                  |       |
| <b>Value</b>   | <b>1 = Not important to continue</b>                        |  |       |                       | <b>10 = Important to continue or substitute</b>   |                            |       |                  |       |

|   |   |          |   |                                    |          |                                    |  |                                      |          |          |          |          |          |                                |          |          |          |          |          |
|---|---|----------|---|------------------------------------|----------|------------------------------------|--|--------------------------------------|----------|----------|----------|----------|----------|--------------------------------|----------|----------|----------|----------|----------|
| <p><b>Planning Report</b></p>   | <ul style="list-style-type: none"> <li>• Major occupations expected to change following onset of disability</li> <li>• Integrated pictures of client's adaptation</li> <li>• Collaborative process</li> <li>• Major goals and needed forms of support</li> </ul> <p style="text-align: right;">*narrative summary of occupation cards</p> |          |   |                                    |          |                                    |  |                                      |          |          |          |          |          |                                |          |          |          |          |          |
| <p><b>Initial Assessment (Month 1):</b></p>   | <p><b>Reassessment (Month 2):</b></p>   |          |   |                                    |          |                                    |  |                                      |          |          |          |          |          |                                |          |          |          |          |          |
| <p><b>Estimation of future ability to follow through with implementation of plans:</b></p> <table border="0" style="width: 100%;"> <tr> <td></td> <td colspan="3" style="text-align: center;"><b>Expected to need extensive support</b></td> <td colspan="2" style="text-align: center;"><b>Able to manage without help</b></td> </tr> <tr> <td><b>Initial Assessment (month 1):</b></td> <td style="text-align: center;"><b>1</b></td> <td style="text-align: center;"><b>2</b></td> <td style="text-align: center;"><b>3</b></td> <td style="text-align: center;"><b>4</b></td> <td style="text-align: center;"><b>5</b></td> </tr> <tr> <td><b>Reassessment (month 2):</b></td> <td style="text-align: center;"><b>1</b></td> <td style="text-align: center;"><b>2</b></td> <td style="text-align: center;"><b>3</b></td> <td style="text-align: center;"><b>4</b></td> <td style="text-align: center;"><b>5</b></td> </tr> </table> |   |          | <b>Expected to need extensive support</b> |                                    |          | <b>Able to manage without help</b> |  | <b>Initial Assessment (month 1):</b> | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> | <b>Reassessment (month 2):</b> | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
|   | <b>Expected to need extensive support</b>   |          |   | <b>Able to manage without help</b> |          |                                    |  |                                      |          |          |          |          |          |                                |          |          |          |          |          |
| <b>Initial Assessment (month 1):</b>  | <b>1</b>  | <b>2</b> | <b>3</b>                                  | <b>4</b>                           | <b>5</b> |                                    |  |                                      |          |          |          |          |          |                                |          |          |          |          |          |
| <b>Reassessment (month 2):</b>  | <b>1</b>  | <b>2</b> | <b>3</b>                                  | <b>4</b>                           | <b>5</b> |                                    |  |                                      |          |          |          |          |          |                                |          |          |          |          |          |

|   |   |   |                                    |                             |   |                             |  |                                      |   |   |   |   |   |                                |   |   |   |   |   |
|---|---|---|------------------------------------|-----------------------------|---|-----------------------------|--|--------------------------------------|---|---|---|---|---|--------------------------------|---|---|---|---|---|
| <b>Planning Report</b>  | <ul style="list-style-type: none"> <li>• Major occupations expected to change following onset of disability</li> <li>• Integrated pictures of client's adaptation</li> <li>• Collaborative process</li> <li>• Major goals and needed forms of support *narrative summary of occupation cards</li> </ul>   |   |                                    |                             |   |                             |  |                                      |   |   |   |   |   |                                |   |   |   |   |   |
| <b>Initial Assessment (Month 3):</b>  | <b>Reassessment (Month 6):</b>  |   |                                    |                             |   |                             |  |                                      |   |   |   |   |   |                                |   |   |   |   |   |
| <b>Estimation of future ability to follow through with implementation of plans:</b> |   |   |                                    |                             |   |                             |  |                                      |   |   |   |   |   |                                |   |   |   |   |   |
|   | <table border="0"> <tr> <td></td> <td colspan="3" style="text-align: center;">Expected to need extensive support</td> <td colspan="2" style="text-align: center;">Able to manage without help</td> </tr> <tr> <td><b>Initial Assessment (month 3):</b></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td><b>Reassessment (month 6):</b></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> </table> |   | Expected to need extensive support |                             |   | Able to manage without help |  | <b>Initial Assessment (month 3):</b> | 1 | 2 | 3 | 4 | 5 | <b>Reassessment (month 6):</b> | 1 | 2 | 3 | 4 | 5 |
|   | Expected to need extensive support  |   |                                    | Able to manage without help |   |                             |  |                                      |   |   |   |   |   |                                |   |   |   |   |   |
| <b>Initial Assessment (month 3):</b>  | 1   | 2 | 3                                  | 4                           | 5 |                             |  |                                      |   |   |   |   |   |                                |   |   |   |   |   |
| <b>Reassessment (month 6):</b>  | 1   | 2 | 3                                  | 4                           | 5 |                             |  |                                      |   |   |   |   |   |                                |   |   |   |   |   |

---

## APPENDIX B

Hello, Nicole,

I was pleased to hear from you, and of your interest in referencing the CAPA in your scholarly course work. You have selected a population that requires innovative and community-based approaches. I believe the CAPA would be able to offer a useful approach to that population.

You have inquired about the possibility of modification of the tool. We are always interested in ways to improve the CAPA, and welcome your examination of the modified tool, on the condition that you acknowledge the adapted features and spell those changes out in your paper.

We had thought of "school/university" as representing "education," though in a limited way, and I believe many of the occupations listed represent opportunities for social participation. However, being able to operationalize and examine social participation could add an important dimension to the CAPA.

We would appreciate your sharing your findings with us.

Best wishes in your work,

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## **Chapter V**

### **Summary**

The combination of symptomology of both a severe mental illness and a substance abuse disorder decreases a person's ability to function in daily occupations. Occupational therapists view participation in occupations as vital to maintaining health and well-being and improving quality of life. The Integrated Dual Disorder Treatment (IDDT) model has shown positive outcomes in dual disordered persons by promoting recovery in a stage-wise fashion. The inclusion of occupational therapists in the interdisciplinary implementation of this model will facilitate improvement of occupational functioning in daily life for persons with dual disorders.

A comprehensive literature review of the issues facing persons with co-occurring disorders, current treatment approaches, the IDDT model, and the role of occupational therapy for persons with co-occurring disorders was conducted. The literature supported the effectiveness of the IDDT model, and provided the basis for including occupational therapy as part of the IDDT model team in order to promote recovery and improve occupational functioning.

Occupational Therapy Manual for Integrated Dual Disorder Treatment is a manual designed to be used by occupational therapists to serve as a resource for occupational therapists to utilize in the development of effective treatment planning for persons with co-occurring disorders through the implementation of the IDDT Model. The manual is guided by the Person-Environment-Occupation Model. The manual is considered

appropriate for use in a variety of intervention settings including: an intensive outpatient setting, a partial hospitalization program, a day treatment program or an ambulatory health care facility. Assessment and intervention materials are provided to enable the occupational therapist's practice as part of the IDDT model treatment team.

### **Limitations**

The manual is designed for adults with co-occurring mental health and substance abuse disorders. While parts of the manual may appear to be effective with other populations, as well, use is not recommended without appropriate attention to adaptation to the specific needs of the target population.

Evidence supporting the effectiveness of integrated treatment, and the IDDT Model in particular, is quite strong. However, the manual created for this scholarly project is, as yet, untested. Efforts have been made to utilize sound occupational therapy knowledge and skills in development of the manual; further work needs to take place to research the effectiveness of the manual and occupational therapy's approach to working with persons with co-occurring disorders.

### **Recommendations**

Prior to using the manual with other populations, it is recommended the user research current evidence literature for interventions appropriate to the target population. For example, in working with an acute mental health population, less complex and briefer assessments would need to be utilized, and the interventions likely need to be simplified to match the cognitive processing skills of individuals in the acute stage of illness.

Outcomes measurement data needs to be collected to determine the effectiveness of the occupational therapist's use of the manual. Data may also suggest revisions for



improvement. As there are few resources available for this population, the occupational therapist needs to maintain competence by seeking out evidence-based research literature related to interventions appropriate to persons with co-occurring disorders.

### **Conclusions**

The Occupational Therapy Manual for Integrated Dual Disorder Treatment is designed to guide occupational therapists through the assessment and intervention process while treating this unique population. The manual offers a battery of assessments and sample interventions, including worksheets that OTs can utilize easily when using this manual. This manual gives OTs the ability to more completely define the role of occupational therapy in mental health settings and gain recognition for services provided in support of persons' participation in valued occupations.

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