

# IDDT STAGE-WISE MEDICATION MANAGEMENT

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| Stages of Change              | Stages of IDDT Treatment  | Definition  | Treatment goals   | Psychosocial interventions   | Pharmacological interventions   | Treatment-team collaboration   |
|-------------------------------|---------------------------|---|---|--|---|--|
| 1<br><b>Pre-Contemplation</b> | <b>Engagement</b>         | The consumer...   |   |  | Use medication to . . .   | Medical provider (prescriber) and other team members . . .   |
|                               |                           | Has no contact or irregular contact with service providers<br>No working alliance with providers<br><b>Frequency of Use</b><br>Uses alcohol and/or other drugs regularly<br><b>Dx</b><br>Meets criteria for substance abuse or dependence   | Establish a working alliance with consumers   | Assertive outreach<br>Provide practical assistance for daily living (e.g., food, clothing, shelter, medicine)<br>Gain permission from consumer to share in his/her process of change<br>Assess continuously  | Reduce acute symptoms of mental disorders<br>Minimize impairment of insight and judgment<br>Improve cognitive functioning<br>Facilitate therapeutic alliance<br><b>Rx</b><br>(see below)  | Educate consumer and family about benefits and side effects of current and proposed medication<br>Monitor timeliness of prescriptions and refills to support adherence to treatment  |
|                               |                           | Has regular contact with service providers<br>Has working alliance with service providers but is unmotivated to address substance use<br>Does not acknowledge negative consequences of substance use<br><b>Frequency of Use</b><br>Continues with the same amount or reduces amount for less than one month (i.e., fewer substances, smaller quantities, or both)<br><b>Dx</b><br>Meets criteria for substance abuse or dependence  | Maintain and enhance therapeutic alliance<br>Help consumer develop goals, awareness of symptoms of mental illness, and negative effects of substance use upon symptoms and quality of life<br>Help consumer learn about substance use behavior<br>Help consumer develop hope that his or her life can improve | Use motivational interviewing/ interventions<br>Assure consumers that ambivalence to change is normal<br>Use a pay-off matrix to help consumers tip decisions away from ambivalence and toward positive action<br>Educate consumers about alcohol, drugs, mental illness, and activities that promote health and wellness<br>Offer skills-training opportunities<br>Offer group interventions; encourage peer support<br>Provide support to family members | Stabilize and decrease psychiatric symptoms to improve cognitive functioning and enhance insight about negative effects of substance use<br><b>Rx</b><br>Treat psychiatric illness, which may have secondary effect on cravings/ addiction (e.g., selective serotonin reuptake inhibitors, atypical antipsychotics, buspirone)<br>Avoid (or judiciously prescribe) meds that may be addictive (e.g., benzodiazepines, amphetamines, antiparkinson agents) | Monitor medication adherence<br>Encourage consumer to report medication usage honestly and to describe adverse effects<br>Discourage consumer from altering prescription regimens and encourage him/her to make requests for medication changes to medical provider<br>Perform a behavioral analysis if consumer does not take prescribed medication<br>Help consumer use behavioral tailoring to incorporate medication into daily routines (e.g., simplifying med regimen; taking meds during daily activities, such as meals; use prompts like Post-It notes)<br>Use motivational interviewing to encourage consumer to adhere to prescriptions |
|                               |                           | Has regular contact and working alliance with service providers<br>Is motivated to reduce substance use<br>May relapse or slip-back to substance use<br><b>Frequency of Use</b><br>Shows evidence of reduction in use for the past 4 to 6 weeks (i.e., fewer substances, smaller quantities, or both)<br><b>Dx</b><br>May meet criteria for substance abuse or dependence (early active treatment)<br>Does not meet criteria for abuse or dependence for one to five months (late active treatment) | Help consumer reduce substance use or attain abstinence<br>Help consumer acquire skills and support for managing symptoms of both disorders and for pursuing personal goals   | Teach illness management skills for both disorders<br>Encourage positive peer support (e.g., self-help & 12-step groups)<br>Encourage lifestyle changes and employment<br>Utilize cognitive behavioral interventions<br>Offer family groups and therapy  | Stabilize and manage psychiatric symptoms<br>Create opportunities for participation in counseling and enhanced social relationships<br>Provide detox treatment<br><b>Rx</b><br>Support abstinence (e.g., disulfiram, naltrexone, suboxone)<br>Reduce craving (e.g., naltrexone)<br>Avoid meds that may be addictive (see persuasion stage <i>Rx</i> above)  | Continue to use behavioral-tailoring and motivational-interviewing techniques<br>Continue to monitor consumer's medication use (several times per day or several times per week, if necessary)   |
| 4<br><b>Maintenance</b>       | <b>Relapse Prevention</b> | Has regular contact and working alliance with service providers<br><b>Frequency of Use</b><br>Experiences no negative consequences of substance use for 6 months (or is abstinent)<br><b>Dx</b><br>Does not meet criteria for substance abuse or dependence for the past 6 to 12 months   | Help consumer maintain awareness that relapse can occur<br>Help consumer extend recovery to other areas of life (e.g., social relationships, work)<br>Shift focus to healthy lifestyle<br>Help consumer in stable remission develop and use strategies for maintaining recovery                               | Develop a relapse-prevention plan with consumer<br>Help consumer develop strategies to monitor feelings, thoughts, and behavior<br>Support consumer as he/she maintains healthy lifestyle changes learned in active treatment<br>Offer group treatments and social skills training   | Reduce risk of relapse of symptoms of both disorders<br>Help consumer stay focused on his/her personal recovery goals<br><b>Rx</b><br>Support abstinence (e.g., disulfiram, naltrexone, suboxone)<br>Avoid meds that may be addictive (see persuasion stage <i>Rx</i> above)  | Help consumer take more responsibility for coordinating his/her medications<br>Teach consumer skills to monitor, log, and report symptoms and to negotiate with medical provider for changes to prescriptions<br>Develop relapse-prevention plan with consumer, which may include using doses of medication as needed<br>Support self-sufficiency of consumer, who requests refills directly from medical provider, picks up meds from pharmacy, fills pill-minders (planners), and monitors side effects<br>Gradually reduce monitoring activities  |

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