Evidence Based Practices for Dual Diagnosis
Project Manual

Background

Project Development and Implementation

Evidence-Based Practice Training Series:

1. Trauma Focused Cognitive Behavioral Therapy
2. Adapted Trauma Focused Cognitive Behavior Therapy
3. Dialectical Behavior Therapy
4. Dialectical Behavior Therapy for Special Populations
5. Triple P - Positive Parenting Program Stepping Stones
6. Triple P - Positive Parenting Program Stepping Stones Extension
7. Seeking Safety
8. Individual Cognitive Behavioral Therapy
9. Mindful Practice: Tools to Reduce Stress and Burnout, and Promote Effective Communication

Outcomes

Lessons Learned

References

BACKGROUND

Individuals with dual diagnoses of developmental disability and psychiatric disorder (hereinafter, “dual diagnosis”) often have difficulty coping with distress, regulating their emotions, and effectively self-soothing when upset. They also have a much higher likelihood of being the victims of trauma than the general population and are less likely to be resilient to the effects of trauma. Therefore, it is not surprising that individuals with dual diagnosis exhibit a range of difficulties related to trauma exposure and have a relatively low incidence of recovery from traumatic incidents without comprehensive and developmentally appropriate therapeutic interventions. 1

Majority of individuals with dual diagnosis receiving services from WRC seek mental health help via the Los Angeles County Department of Mental Health (LAC DMH). 2 Yet LAC DMH providers receive limited training opportunities on how to provide comprehensive yet developmentally appropriate therapeutic interventions to clients with dual diagnosis. 2 Thus, many clinicians struggle to find effective and consistent therapeutic approaches to use with these clients. Additionally, LAC DMH providers are funded to provide Prevention and Early Intervention (PEI) therapies, but are restricted to offer specific and approved evidence-based practices (EBPs). These clinicians may benefit from interventions aimed at
increasing clinical knowledge and improving understanding of how to adapt selected EBPs to provide mental health services to individuals with dual diagnosis.

To address the needs of this community, Westside Regional Center set up to implement trainings to community mental health providers on how EBPs approved by LAC DMH can be adapted and used to more effectively treat mental health issues in individuals with dual diagnosis. Utilizing funding from Mental Health and Services Act (MHSA) in partnership with the Department of Developmental Services (DDS), Westside Regional Center developed and implemented the EPBs for Dual Diagnosis Project (the “Project”) during fiscal years 2014 to 2017.

This manual provides an overview of the Project, including a timeline of implementation steps (see Attachment 1), information about the EBPs trainings, methods for outreach and recruitment, as well as discussion of outcomes. We hope that the information contained in this manual will provide a useful model for anyone interested in promoting and enhancing the wellbeing of individuals with dual diagnosis.

**PROJECT DEVELOPMENT AND IMPLEMENTATION**

The development of the Project included the following steps:

1. Establish Project’s leading team
2. Develop partnership with LAC DMH
3. Conduct EBPs needs assessments
4. Implement EBPs training

**Establish Project’s Leading Team**

WRC selected a Project team to plan, develop and execute the components of EBP Project. The project team was comprised of staff and vendors from WRC (e.g. department directors from Clinical Services, Community Services, and Client Services, physicians, psychologists, social workers, education and autism specialists, therapists, and other allied health professionals) as well as parent representatives from the Westside Family Resource and Empowerment Center.

All aspects of the Project were developed by the leading team with the research and administrative support of the project coordinator (see Attachment 2 for the position description).

**Develop Partnership with Los Angeles County Department of Mental Health (LAC DMH)**

Project staff identified and met with the key LAC DMH administrators at their headquarters to discuss the project’s goals and collaborate on the development and delivery of trainings to LAC DMH clinicians for adapting EBPs to meet the needs of individuals with dual diagnosis. The administrators included the District Chief of the Prevention and Early Intervention (PEI) Administration, the Mental Health Clinical Program Head of the PEI Administration and the Mental Health Clinical Program Head of the Child, Youth and Family Program Administration. Through this meeting, project staff were able to gather crucial information regarding which EBPs are approved for use/billing by LAC DMH clinicians and for which client age groups. The administrators also shared with the leading team the LAC DMH training protocols and how to gather needs assessment data from LAC DMH clinicians from the different Service Areas.
Further, the administrators provided feedback on how to effectively incorporate training materials specifically addressing treatment of clients with developmental disabilities into the EBPs training.

**Conduct EBPs Needs Assessment**

Project staff conducted a two-part needs assessment to determine, first, which EBPs were most suitable to be adapted for individuals with dual diagnosis and, second, in which of those EBPs did LAC DMH clinicians most need training. For the first part of the needs assessment, project staff utilized previously collected survey data of local mental and behavioral health providers. This data was collected during Cycle II of MHSA grant funding (please contact project staff for a copy of the questionnaire).

Next, project staff developed a new survey for LAC DMH clinicians to determine the level of demand for training in the above-mentioned EBPs, additional EBPs that would be helpful for working with clients with dual diagnosis, and to address scheduling/location of trainings (see Attachment 3 for Mental Health Provider Questionnaire). Following the protocol established during the meeting with LAC DMH administration, project staff contacted the individual LAC DMH District Chiefs and Regional Center Liaisons from the three LAC DMH Service Areas (SA 5, 8, and 6) that overlap with Westside Regional Center’s geographic catchment area. Project staff explained the goals of the Project and enlisted support of the Chiefs and Liaisons in both gathering needs assessment data from agencies/clinicians and recruiting clinicians to participate in the upcoming EBPs trainings in their corresponding Service Areas. The LAC DMH Regional Center Liaisons assisted in the needs assessment process by inviting Project staff to present the Project and distribute surveys at various LAC DMH staff meetings as well as emailing surveys to agencies/clinicians in their Service Areas through their list serves. The LAC DMH Regional Center Liaisons also provided project staff with data on the agencies within each Service Area with clinicians trained and utilizing various EBPs.

The results from needs assessments indicated the following EBPs as being most needed and effective in treating clients with dual diagnosis:

- Trauma-Focused Cognitive Behavior Therapy (TF-CBT)
- Dialectical Behavior Therapy (DBT)
- Positive Parenting Program (Triple P)
- Seeking Safety (SS)
- Individual Cognitive Behavior Therapy (Ind CBT)
- Child-Parent Psychotherapy (CPP)
- Managing and Adapting Practice (MAP)

In addition, project staff learned through the needs assessment process that many DMH clinicians had little or no familiarity with the regional center system but were interested in learning more about how the system works, so it was important to incorporate detailed information about the system into our first series of training events.

**Implement EBPs Training**

Project staff collected and analyzed information about training costs (including costs for providing continuing education credits to licensed clinicians) and the duration of complete trainings for various
EBPs identified via needs assessment. We also developed a training timeline for all three fiscal years of the Project based on budgeted costs.

As requested by LAC DMH administration, project staff adhered to all training protocols developed by LAC DMH Prevention and Early Intervention (PEI) Division. The training protocols included information on all approved EBPs, training coordinators and authorized trainers, training materials, minimum training requirements before agencies are allowed to bill for their services under PEI, certification, and specific EBPs training protocols and costs. A copy of the training protocols is available at [http://file.lacounty.gov/SDSInter/dmh/201947_PEITrainingProtocolsrevised4-1-16.pdf](http://file.lacounty.gov/SDSInter/dmh/201947_PEITrainingProtocolsrevised4-1-16.pdf).

Next, project staff contacted and collaborated with implementation consultants from each organization identified in the training protocols (i.e., TF-CBT, Triple P, SS, DBT, MAP, CPP, etc.) to find the most appropriate trainers for the needs of this project and to determine logistics and costs for implementing trainings for different clinical cohorts. Project coordinator also contacted identified trainers for each EBPs training to discuss logistics, including fees, training curriculum, case studies pertaining to dual diagnosis, role playing, and training evaluations (pre, post, and three to six month follow up). The case studies and role-playing exercises were added to the curricula where appropriate. No part of the training was substituted or eliminated to accommodate the case studies and role-playing exercises. Project staff also created training flyers, Eventbrite registration pages, and evaluations. LAC DMH Liaisons for each Service Area in WRC’s catchment area assisted project staff in recruitment by sharing flyers and registration information via their list-serves. In addition based on costs and needs, project staff was able to provide Continuing Education Units to all clinicians interested in obtaining them. Trainings with free CEUs are difficult to find in the community, so project staff used them as incentives to increase enrollment in the trainings.

**EVIDENCE-BASED PRACTICE TRAINING SERIES**

1. **Trauma Focused Cognitive Behavioral Therapy (TF-CBT)**

Trauma Focused Cognitive Behavioral Therapy (TF-CBT) is an evidence-based psychotherapeutic intervention designed to help children, youth, and their parents overcome the negative effects of traumatic events. It was developed by integrating cognitive and behavioral interventions with traditional child abuse therapies focusing on enhancing interpersonal trust and empowerment. This EBP is authorized for children ages 3-18, and a certified TF-CBT trainer administered the following protocols:

- 2-Day Initial TF-CBT Training (2-days for clinicians and an extra ½ day for TF-CBT supervisors).
- Up to 16 consultation calls (up to eight clinicians per call including a TF-CBT supervisor).
- Booster Training (1 day for clinicians and an extra ½ day for TF-CBT supervisors) six months after the initial training.
- Participants to complete and submit up to two audio taped sessions for a review.

*Training Objectives Included:*

- Identify important assessment and engagement strategies for working with families utilizing the TF-CBT modality.
• Understand what constitutes complex trauma and how it differs from isolated traumatic events, with implications for assessment and treatment.
• Review the PRACTICE components and ensure the application of components in a structured, gradual exposure manner.
• Identify and share creative applications of the PRACTICE components.
• Focus on the Trauma Narrative and Cognitive Component, through case examples and role-plays.

2. Adapted Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

Individuals with intellectual and developmental disabilities experience high rates of abuse and neglect. In this one-day training, the trainer examined factors contributing to this vulnerability, clinical symptoms of traumatic stress, assessment techniques, and cultural competencies. An in-depth phase oriented trauma treatment model and adaptations was presented, based on Trauma Focused Cognitive Behavioral Therapy. Inclusion of caregivers and other systems of care, as well as therapists’ vicarious traumas was also considered.

Training Objectives Included:
• Examine high rates of abuse and neglect among people with disabilities and factors contributing to this vulnerability.
• Discuss trauma assessment techniques to help clinicians with diagnostic overshadowing and differential diagnosis.
• PRACTICE components of phase oriented trauma treatment and the adaptations to the model for individuals with intellectual and developmental disabilities.
• Explore techniques to incorporate therapist and caregiver resilience into trauma treatment in the presence of vicarious trauma.

3. Trauma Focused Cognitive Behavioral Therapy (TF-CBT) with Intellectual and Developmental Disabilities Workshop

This 3-hour workshop was available to community mental health providers to strengthen their knowledge of Regional Center eligibility and services, developmental differences profiles, and application of TF-CBT with special needs populations. The workshop also provided participants with an increased understanding of the clinical challenges and adaptive application of evidence-based interventions in the mental health treatment of individuals with intellectual and developmental disabilities. Participants had the opportunity to review vignette materials and present case challenges using the Trauma Focused Cognitive Behavioral Therapy evidence-based model.

Training Objectives Included:
• Demonstrate knowledge of the Regional Center system (i.e., eligibility and services).
• Demonstrate understanding of developmental differences, including intellectual disabilities.
• Apply the TF-CBT model with populations presenting with intellectual and developmental disabilities.
• Demonstrate understanding of how developmental differences and cognitive deficits impact the adaption of evidence-based practices.
4. Dialectical Behavior Therapy (DBT)

Dialectical Behavior Therapy (DBT) is a cognitive behavioral treatment developed to treat chronically suicidal individuals diagnosed with borderline personality disorder and it is now recognized as the gold standard psychological treatment for this population. In addition, research has shown that DBT is effective in treating a wide range of other disorders such as substance dependence, depression, post-traumatic stress disorder, and eating disorders. This EBP is authorized for individuals 18 and older, and a certified DBT trainer administered the following protocols:

- 2-Day Introductory DBT Training.
- 1-Day “Nuts and Bolts” Training.
- Weekly DBT Consultation Team meeting (1.5 hours per week)
- 1 year of monthly in-person consultation with DBT trainer at weekly DBT team Consultation Team Meeting.

Training Objectives Included:

- Explain the model of emotion dysregulation and the bio-social theory.
- Conceptualize suicidal ideation, self-harm, and other problem behaviors from the bio-social model using behavioral therapy.
- Utilize principles of DBT in therapy sessions including a dialectical stance and a nonjudgmental, validating approach toward the client.

5. Dialectical Behavior Therapy for Special Populations (DBT-SP) – Clinician Training

Dialectical Behavior Therapy for Special Populations (DBT-SP) is an adapted treatment approach designed to assist clinicians and care providers working with individuals with developmental disabilities and mental health conditions. The treatment approach addresses inability to tolerate distress, emotional instability and dysregulation, and interpersonal difficulties. This day and a half training was developed for clinicians interested in learning how to adapt their clinical DBT skills to working with clients with dual diagnosis and their family members.

Training Objectives Included:

- Become familiar with core terms and principles of DBT-SP.
- Learn characteristics of dysregulation and ways of supporting clients in using distress tolerance, emotion regulation, and relationship skills.
- Become familiar with group dynamics and increase group skills.
- Become skillful at leading therapeutic groups for individuals with developmental disabilities and behavioral health needs.

6. Dialectical Behavior Therapy: New Skills for Parents and Providers to Decrease Stress and Improve Cooperation and Relationships with Children and Adults with Developmental Disabilities and Mental Health Needs – Workshop for Parents and Providers

This four-hour workshop was designed to help parents improve relationships with their young and adult children through the use of DBT strategies. The workshop also offered an introduction to DBT and interventions that providers could use when working with individuals with developmental disabilities and co-occurring mental health conditions.
Training Objectives Included:

- Learn ways to decrease conflict.
- Increase cooperation and tolerance for distress.
- Improve communication and relationship skills.

7. Triple P – Positive Parenting Program (Standard Stepping Stones – Level 4)

Standard Stepping Stones Triple P has been developed for parents of children (up to 12 years of age) with a developmental disability. It provides parents with comprehensive support in managing their child’s behavior across settings (i.e. disobedience, fighting and aggression, and temper tantrums). This training course helped practitioners provide parents with a variety of parenting skills that will promote their child’s development and potential. A certified Triple P trainer administered the following protocols:

- 3-day Initial Training.
- 1-day pre-accreditation workshop.
- 1-day accreditation workshop.

Training Objectives Included:

- Detect and effectively manage child behavior problems.
- Recognize risk and protective factors operating within families.
- Describe core principles of positive parenting and behavior change.
- Perform advanced assessment of child and family functioning.
- Apply key parenting strategies to a broad range of target behaviors.
- Identify strategies for promoting generalization and maintenance of behavior change.
- Recognize indicators that suggest the presence of additional family risk factors.

8. Triple P – Positive Parenting Program (Standard Stepping Stones – Level 4 EXTENSION Course)

Level 4 Standard Stepping Stones Extension has been developed for parents of children with a developmental disability. It provides parents with comprehensive support in managing their child’s behavior across settings. This training course helped practitioners provide parents with a variety of parenting skills that will promote their child’s development and potential. All clinicians who attended the 1-day Extension course were already accredited in Level 4 Standard and took this shorter course to increase their clinical Triple P knowledge and learn how to assist parents of children with developmental disabilities and challenging behaviors.

Training Objectives Included:

- Early detection and effective management of child behavior problems.
- Risk and protective factors operating within families.
- Core principles of positive parenting and behavior change.
- Advanced assessment of child and family functioning.
- Application of key parenting strategies to a broad range of target behaviors.
- Strategies for promoting generalization and maintenance of behavior change.
- Identification of indicators suggesting the presence of additional family risk factors.
9. Seeking Safety (SS)

Seeking Safety (SS) is an evidence-based, present-focused counseling model to help people attain safety from trauma and/or substance abuse. The model was designed for flexible use. It can be conducted in a group or individual format; for men and women; adults or adolescents; for any length of treatment; any level of care (i.e. outpatient, inpatient, residential); any type of trauma, and any type of substance. This EBP is authorized for ages 13 and up, and a certified SS trainer administered the following protocols:

- 1-day or 2-day Training (WRC organized both one and two day trainings for three different cohorts of clinicians) with access to the SS manual during and after training.
- Developer highly recommends participation in Theme Based Calls (TBCs).

Training Objectives Included:

- Understand evidence-based treatment of trauma and substance abuse.
- Increase empathy and understanding of trauma and substance use.
- Describe SS, an evidence-based model for trauma and/or substance abuse.
- Provide assessment and treatment resources.
- Identify how to apply SS for specific populations, such as homeless, adolescents, criminal justice, HIV, military/veteran, individuals with developmental disabilities, etc.

10. Seeking Safety (SS) with Intellectual and Developmental Disabilities Workshop

This three-hour workshop was available for community mental health providers to strengthen their knowledge of Regional Center eligibility and services, developmental differences profiles, and application of SS with special needs populations. The workshop also provided participants with an increased understanding of the clinical challenges and adaptive application of evidence-based interventions in the mental health treatment of individuals with intellectual and developmental disabilities. Participants had the opportunity to review vignette materials and present case challenges using the SS evidence-based model.

Training Objectives Included:

- Demonstrate knowledge of the Regional Center system (i.e., eligibility and services).
- Demonstrate understanding of developmental differences, including intellectual disabilities.
- Apply the SS model with populations presenting with intellectual and developmental disabilities.
- Demonstrate understanding of how developmental differences and cognitive deficits impact the adaption of evidence-based practices.

11. Individual Cognitive Behavioral Therapy (Ind CBT)

Cognitive Therapy was developed by Dr. Aaron T. Beck to treat problems with depression and it has been shown to be an effective treatment for a range of problems. Ind CBT is a practical, empirically based, present-focused approach to treatment that focuses on interconnections between our thoughts, behaviors, and moods. Ind CBT helps people identify their distressing thoughts and evaluate how realistic those thoughts are. The emphasis on Ind CBT is on solving problems and initiating behavior change. This EBP
is authorized for individuals 18 and older, and a certified DBT trainer administered the following protocols:

- 3-day Initial Training (18 hours).
- 16 weekly 55 minutes Consultation Calls (no more than 8 clinicians per call).
- Submission of 1 audiotape and 1 case conceptualization on 3 current CBT clients reviewed by CBT trainer or designated consultant.
- 1-Day Booster Training (6 hours).

Training Objectives Included:

- The three primary components of the CBT model for the treatment of anxiety and depressive disorders.
- Two adjustments to CBT for the treatment of anxiety and depression in adults with developmental disabilities.
- The primary steps to build a case conceptualization and treatment plan for anxiety and depressive disorders in adults with developmental disabilities.
- The primary features of structuring a CBT session with adults with developmental disabilities.
- Two typical cognitive interventions in the treatment of anxiety and depressive disorders in adults with developmental disabilities.
- Two typical behavioral interventions in the treatment of anxiety and depressive disorders in adults with developmental disabilities.

12. Integrating Mental Health EBPs with Co-Occurring Intellectual Disabilities: Child Parent Psychotherapy (CPP)

This three-hour workshop was offered to community mental health providers to strengthen their knowledge of Regional Center eligibility and services, developmental differences profiles, and application of Child Parent Psychotherapy (CPP) with special needs populations. This training explored the application of CPP with intellectual and developmentally disabled populations. Participants explored the core concepts of evidence-based practice in special needs infant-preschooler populations, evaluate mental health treatment issues specific to special needs populations and trauma, and discuss integration of the CPP model. Participants also had the opportunity to share and explore treatment concerns and challenges.

Training Objectives Included:

- Demonstrate knowledge of the Regional Center system (i.e., eligibility and services).
- Demonstrate knowledge of trauma and special needs population.
- Demonstrate understanding of developmental differences impact on trauma treatment.
- Apply the CPP model with case study of intellectual and developmental disabilities.
- Demonstrate understanding of how developmental differences and cognitive deficits impact the adaption of evidence-based practice, CPP.

13. Mindful Practice: Tools to Reduce Stress and Burnout, and Promote Effective Communication

The two four-hour trainings were offered to service coordinators and other support staff directly working with individuals with or at risk for dual diagnosis and their family members. Since we cannot always
control what is outside of ourselves, we can use tools, like Mindfulness, to help reduce stress, create calm, promote effective communication, and cultivate a greater sense of fulfillment. This training allowed participants to explore the foundations of mindfulness through awareness of the body, emotions, and thoughts through both formal and informal on-the-spot practices.

*Training Objectives Included:*

- Learn the benefits of mindfulness.
- Learn how to increase awareness.
- Demonstrate understanding of emotion regulation.
- Apply mindful communication in daily interactions with others.

**OUTCOMES**

Project staff organized 16 EBPs trainings and EBPs-adapted workshops between May 2015 and December 2016 for over 630 clinicians from 67 mental health agencies. In addition, we were able to offer workshops to over 20 parents and other care providers of individuals with or at risk for dual diagnosis.

The goal of this project was to increase clinical knowledge and improve understanding of adaptive applications of EBPs in the mental health assessment and treatment of individuals with dual diagnosis. Based on reports from training evaluations, participants felt that the training sessions contributed to their increase in:

- Knowledge, comfort level, and professional expertise that may, in turn, increase the quality of life of patients/clients.
- Understanding of how to apply different EBPs to their work with specific populations such as homeless, adolescents, criminal justice, HIV, military/veteran, and individuals with developmental disabilities.
- Understanding of how developmental differences and cognitive deficits impact the adaptation of EBPs and that many of the EBPs are effective when working with clients with dual diagnosis, though they may need to be modified to ensure learning and new skill acquisition.
- Ability to make a diagnosis, develop treatment goals, and apply therapeutic models appropriate to treating people with dual diagnosis.

Participants also offered the following comments about the trainings and the value the information added to their clinical skill sets:

- “I learned a lot of qualitative skills I can use with different clients.”
- “I appreciated the information provided about people with intellectual disabilities and regional centers. Many of my clients have developmental symptoms and need more help.”
- “The training was extremely informative and helpful. I feel I can utilize the model more effectively now.”
- “Very good! I’m a DMH [Department of Mental Health] Social Worker and it applies to adults with DD [developmental disabilities] plus with other disorders. I’m much better equipped to recognize DD. Trainer is great, room very comfortable.”
- “How to discuss the needs of children with disabilities with parents.”
- “Modeling for parents how to interact with their children.”
- “Learned to adapt the skills to children with disabilities.”
- “Important skills learned for special needs population- students learned that wording/simple language is important in the communication process with parents. Also, the pacing of treatment is important to understand with this population (slower process may be therapeutically beneficial).”
Overall, this project allowed WRC to offer much needed EBPs trainings to community mental health providers in order to increase their clinical knowledge and improve understanding of various adaptations that can be used while working with dually diagnosed clients. It also allowed WRC to build relationships with therapists from local mental health agencies so we can refer clients with emerging mental health conditions to their agencies. We organized the trainings at WRC rather than a community-training venue. The goal was to introduce the training participants to regional centers. We also provided additional workshops on regional centers and resources to take back to their agencies. Some of the participants also invited project’s staff to provide additional in-service trainings at their agencies on regional centers’ eligibility and services.

Project staff is working on the final evaluation to be completed by June 2017. This evaluation will target all participants from all EBPs training offered in the last three fiscal years and will target questions about individual client outcomes.

For more information regarding EBPs Project or to request program materials, please contact Aga Spatzier, MPH, Wellness Manager, at agas@westsiderc.org.

**LESSONS LEARNED**

There are many steps that need to be taken when developing and implementing EBPs trainings for professionals in the community. Based on the training implementation experience and feedback from training evaluations, project staff would like to share the following lessons with others who may be interested in repeating our training series and creating successful collaborative care models:

1. Establish partnerships with local mental health providers (e.g. LAC DMH) before submitting grant proposal.
2. Based on the needs assessments, reach out to identified EBPs implementation consultants to inquire about training protocols and costs before submitting grant proposal.
3. Include additional community mental health organizations (e.g. Kaiser, UCLA, private clinics and practitioners) in your partnership and outreach efforts.
4. Continue communicating with your partners (e.g. LAC DMH) about your training development and implementation plans throughout the project.
5. Find an effective mechanism for follow-up with training attendees to establish a network of providers and continue developing collaborative care models for dually diagnosed clients.
6. The collaborative care models should include teams of providers at various mental health agencies, in each Service Area, to meet regularly to discuss cases and to work on completion of all training protocols.
7. The collaborative care models should also include supervisors at various mental health agencies supporting clinicians during and after the completion of training protocols.
REFERENCES


2. Unpublished data from needs assessments.